



November 14, 2019

Ms. Maria Galla  
Administrator  
Grove Manor  
435 North Broad Street  
Grove City, Pennsylvania 16127

RE: Grove Manor I  
License #451310

Dear Ms. Galla:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 25, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: GROVE MANOR I

License Number: 45131

Address: 435 NORTH BROAD STREET,, GROVE CITY, PA 16127

County: MERCER

Region: WESTERN

### Administrator

Name: Amanda Schepp

Phone: 7244587800

Email: ASCHEPP@GROVEMANOR.CARE

### Legal Entity

Name: GROVE MANOR

Address: 435 NORTH BROAD STREET, GROVE CITY, PA, 16127

**RECEIVED**

10/18/2019

Western Region Field Office  
Bureau of Human Services Licensing

### Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/28/1999

Issued By: Dept L&I

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 30

Waking Staff: 23

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

### Inspection Dates and Department Representative

09/25/2019 - On-Site: Amy Duncan, Barbara Barone

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 40

Residents Served: 30

#### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: 0

#### Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 29

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap at the sink in the shared bathroom of of bedroom #210.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.) See attached documents + performance Improvement Plan.

1. An audit to monitor all personal items are labeled in shared rooms to be completed by housekeeping + Administrator was started 09/25/19 and is on going. Audits will be weekly for one month, and then monthly to ensure compliance.
2. Education for Housekeeping + maintenance completed by Administration on 10/14/19. Completed.
3. Education will be provided to Residents at Resident Council on 10/29/19.
4. Admin will report findings to WAPI committee with POC.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Amanda Schepp RCHA 10/18/19

Printed Name and Title

Date

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The above plan of correction is approved as of

10/22/19  
(Date)

Plan of correction implementation status as of

10/22/19  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:53 am, there was an unlabeled and undated container of a noodle casserole in the activities room refrigerator.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*See attached performance Improvement plan + documents.*

- 1. An audit to monitor all foods are labeled + dated in refrigerators to be completed by Nursing personnel. This is an ongoing task.*
- 2. Monthly Audits to be completed to ensure compliance. Started 09/25/19. This is an ongoing task by Administrators + Nursing personnel.*
- 3. Education for ancillary + Personal Care staff to date + label food to be completed 10/18/19.*
- 4. Administrator to report findings to QAPI Committee with Plan of Correction.*

Legal Entity Representative

*A. Schupp*  
Signature

*Amanda Schupp RCHA*  
Printed Name and Title

*10/18/19*  
Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/12/19 at 11:38 pm indicates "N/A" for the amount of time to evacuate and for the exit route(s) used during the fire drill.

The fire drill record for the drill conducted on 9/2/19 at 2:05 am does not indicate the number of residents that were in the home at the time of the fire drill, exit route(s) used, problems encountered or planned corrective action, if any.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*See attached performance improvement plan + documents.*

- 1. Fire drill performed with total evacuation + documented on Fire Drill Record completed by Maintenance + Administrator 10/16/19.
- 2. Monthly audits to be completed to ensure compliance by Administrator. Started 09/25/19 + is ongoing monthly.
- 3. Education provided for maintenance by PC Director + Admin 10/16/19.
- 4. Admin will report findings to QAPI Committee with POC.

Legal Entity Representative

*A. Schupp*  
Signature

Amanda Schupp RCHA  
Printed Name and Title

10/18/19  
Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the home's fire drill records and staff interviews, no residents were evacuated during the fire drill conducted on 7/12/19 at 11:38 pm. No other fire drill was conducted in July 2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*See attached Performance Improvement Plan + documents.*

- 1. Fire drill performed with total evacuation + documented on Fire Drill Record. Completed 10/16/19 by Maintenance + Administrator*
- 2. Monthly audits to be completed to ensure compliance by Admin. Began 09/25/19 + is ongoing.*
- 3. Maintenance provided education on 10/14/19 by PC Director + Admin.*
- 4. Administrator will report findings to QAPI Committee with POC.*

Legal Entity Representative

*A. Schepp*  
Signature

Amanda Schepp RCHA  
Printed Name and Title

10/18/19  
Date

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181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers Sinex Severe nasal spray; however, the resident's most recent medical evaluation, dated 2/22/19, indicates the resident cannot self-administer medications, and the resident's most recent assessment, dated 4/18/19, indicates the resident cannot self-administer medications.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- All attached Performance Improvement Plan + documents.*
- 1. Sinex removed immediately from Resident's room by P.C. Manager 09/25/19. Resident re-educated on policies + regulations. Poiced understanding.*
- 2. Letter sent to all Residents + families regarding self administration. Completed 10/17/19.*
- 3. Monthly audits for compliance started 09/25/19 + is ongoing, weekly x4 weeks + then monthly.*
- 4. Report to QAPI Committee for any issues with POC.*

Legal Entity Representative

*A. Schupp*

Signature

*Amanda Schupp RCHA*

Printed Name and Title

*10/18/19*

Date

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184a - Labeling OTC/CAM

**Regulations**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #1 is prescribed Voltaren gel-Apply to painful area on back twice daily; however, the pharmacy label indicates to Apply topically to affected area twice daily as needed for pain.

Resident #2 is prescribed Triamcinolon cream 0.1%-Apply topically to red scaly area twice a day and as needed; however, the pharmacy label indicates to Apply topically to affected area twice a day.

Resident #3 is prescribed Metolazone 2.5 mg-Take 1 tablet by mouth 30 minutes prior to Bumex daily; however, the pharmacy label indicates Metolazone 2.5 mg-Take 1 tablet by mouth daily.

Resident #3 is prescribed Clobetasol cream 0.05%-Apply to affected area twice a day as needed; however, the pharmacy label indicates to Apply to affected area once daily as needed.

Repeat Violation: 10/3/2018

**Plan of Correction (POC)** *see attached Performance Improvement Plan + documents*

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

1. Chart audit for all Residents to ensure accuracy started 09/25/19 + completed 10/18/19.
2. Education for Nursing personnel on documentation, accuracy, + transcription.
3. Monthly audits for compliance.
4. Administrator will report to QAPI Committee for any issues with POC.

**Legal Entity Representative**

Immediately: A designated staff person shall review the pharmacy labels for all resident medications weekly for 1 month then monthly thereafter to ensure all medication pharmacy labels are accurate in accordance with prescribers' orders. *FM* 10/22/19

*Schopp*  
Signature

*Hilarie Schopp RCHA* 10/18/19  
Printed Name and Title Date

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184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #3's bottle of Aleve 220 mg tablets was in the medication cart; however, was not labeled with the resident's name.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*See attached Plan of Correction documents.*

- 1. Audit of all medications in med carts for labeling with name completed on 09/20/19 by Administrator.*
- 2. Monthly audits for compliance by Admin is ongoing monthly.*
- 3. Staff re-education on proper storage of medications by Admin completed 10/17/19.*
- 4. Admin will report to QAPI committee for any issues with Plan of correction.*

Legal Entity Representative

*A. Schupp*  
Signature

*Amanda Schupp RCHA*  
Printed Name and Title

*10/18/19*  
Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the following dates, resident #4's blood sugar readings on his glucometer did not match the blood sugar readings documented on the resident's September 2019 medication administration record (MAR):

Date	Time	Glucometer reading	MAR
9/20/19	7:24 am	152	156
9/23/19	9:11 pm	198	196

Repeat Violation: 10/3/2018

Plan of Correction (POC) *See attached Performance Improvement Plan + documents.*

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- 1. A weekly audit will be completed for accuracy in glucometer readings for 4 weeks + then monthly. Documentation of the audits shall be kept. <sup>FM</sup> 10/22/19*
- 2. Education provided for staff on proper reading + documentation of glucometers completed 10/17/19.*
- 3. Administrators will report findings to QAPI committee with POC.*

Legal Entity Representative

*A. Schepp*  
Signature

*Amarie Schepp RCHA* 10/18/19  
Printed Name and Title Date

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	(Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3's September 2019 MAR does not include a diagnosis or purpose for the following medications:

\*Metolazone 2.5 mg

\*Potassium CL ER 20 meq

\*Methotrexate 2.5 mg

Resident #4's September 2019 MAR does not include a diagnosis or purpose for Nystatin powder 100,000 units.

Plan of Correction (POC) *See Performance Improvement Plan*

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

1. All medications in in MARs reviewed for diagnosis
2. Staff education on necessity for diagnosis to accompany every medication.
3. Twice monthly audits for compliance - once upon receipt of MARs from Pharmacy + once during month.
4. Administrator to QAPI committee for any issues with Plan of Correction.

Legal Entity Representative

Signature

Amanda Schepp RCHA

Printed Name and Title

10/18/19

Date

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