



MAILING DATE: January 21, 2020

Mr. Mordy Lahasky
Member
Maybrook-C Evergreen OPCO, LLC
34 Lord Avenue
Lawrence, New York 11559

RE: The Grove at Harmony
191 Evergreen Mill Road
Harmony, Pennsylvania 16037
License #: 447570

Dear Mr. Lahasky:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/6/19, at approximately 10:51 a.m. the Licensing Inspection Summary, dated 11/8/18, was posted on the bulletin board by the elevator in the 1st floor lobby with the resident privacy coding document, listing residents' #1, #2, #3, and #4.

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.)

The Privacy coding list was removed immediately by this P.L.H.A. from the posted bulletin board by the elevator in first floor lobby. Audits were put in place to ensure that another HIPPA violation will not happen again in the future. Audits daily for one month then weekly for three months then monthly for three months. Personal care staff are responsible for these audits. Any issues will be reported to the Personal Care Home Administrator.

Legal Entity Representative

Signature: *Carriehar Loupen* Printed Name and Title: *Carrie Sihar LPUPCHA* Date: *1-13-20*

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The above plan of correction is approved as of 1/21/2020 (Date) Plan of correction implementation status as of 1/21/2020 (Date)

The above plan of correction was approved by *CS* (Initials) Implemented Not Implemented

84 - Heat Sources

Regulations

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 11/6/19, at approximately 9:28 a.m., the metal frame and grate of the radiator cover in bedroom #23, measured 177 degrees Fahrenheit, posing a burn hazard.

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.)

Room #23 is licensed as an Independent Living CCR Room. Maintenance immediately adjusted the boiler to lower the temperature. A new boiler was just installed at the time maintenance had been making adjustments. Maintenance placed a lock on the door to prevent Personal Care residents from entering the CCR bedroom. Audits were put in place to monitor that the door is locked. There is no resident currently residing in CCR room at this time door is kept locked and boiler is turned down.
Audits daily for one month then:
weekly for three months then:
monthly for three months Personal Care Staff is responsible for Audits

Legal Entity Representative

[Handwritten Signature]
Signature

Carrie Sparks
Printed Name and Title
11-20
Date

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(Date)

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(Date)

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(Initials)

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 11/6/19, at approximately 11:14 a.m., double door Emergency Exit Door, is rusted on the bottom of the left door, leaving an open space approximately 4" long and approximately 1/2" high along the bottom of the door center of the double door, on the first floor, east side of the building that leads to the driveway.

On 11/6/19, at approximately 11:37 a.m., the metal door in the boiler room that leads directly to the exterior stairwell to the side yard of the home, is rusted on the bottom and missing several slats in the air vent on the door. There was an opening measuring approximately 19" by 3 1/2".

Repeat violation 11/16/18

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.)

The Emergency Exit door bottom left on door was fixed by maintenance the 4" long by 1/2" high open space was covered with an aluminum patch
The metal door in the boiler room was fixed by maintenance Department the opening measured 19" by 13 1/2" was covered with an aluminum patch
Audits were put in place to check the doors to prevent this from happening again in the future
Audits every week for three months then every month for six months
Personal Care staff is responsible for doing these audits

Legal Entity Representative

See Page 4A of 7

Signature: *Carrie Spahr LP/PCA* Printed Name and Title: Carrie Spahr LP/PCA Date: 1-13-20

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The Grove At Harmony

Regulation 2600 88a continued Plan
of Correction

Any Issues found by personal care
staff will be reported to maintenance

~~Carrie Sphar LPN/CNA Carrie Sphar LPN/CNA 7-13-20~~

 1/21/2020

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/6/19, at approximately 10:13 a.m., the hot water temperature at the private bathroom sink in bedroom #26, measured 131.3 degrees Fahrenheit. At 3:34 p.m., a recheck measured 135.6 degrees Fahrenheit.

On 11/6/19, at approximately 10:25 a.m., the hot water temperature at the private bathroom sink in bed room #24, measured 131.3 degrees Fahrenheit. At 3:30 p.m., a recheck measured 134.7 degrees Fahrenheit.

On 11/6/19, at approximately 11:08 a.m., the hot water temperature at the private bathroom sink in bed room #17 measured 135.6 degrees Fahrenheit. At 3:00 p.m., a recheck measured 136.0 degrees Fahrenheit.

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.)

The hot water tanks were turned down immediately by maintenance. Audits were put in place to ensure hot water temperatures do not exceed 120°F so that this does not happen again in the future. Daily water temperature audits are being done by maintenance department. Any issues will be corrected by maintenance department.

Legal Entity Representative

[Signature]
Signature

Came Sphar LPN PCA
Printed Name and Title

1-13-20
Date

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/6/19, at 3:17 p.m., there is a constant drip from the sink faucet in the private bathroom of bedroom #15. Resident #5 reports making multiple requests over a 6-month period, for the faucet to be repaired; however, was told the home does not have the parts to fix it.

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.)

The drip in the sink faucet in room #15 was repaired by the maintenance Department. Audits were put in place to prevent this from happening again in the future. Audits every day for one month then weekly for three months then monthly for three months. Personal Care Staff is responsible for these audits and will notify maintenance Department if any issues.

Legal Entity Representative

Carrie Phara L PPRCHA
Signature

Carrie Phara L PPRCHA
Printed Name and Title

1-13-20
Date

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130a - Smoke Detector 15 ft Bedroom

Regulations

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

On 11/6/19, at approximately 10:40 a.m., there was only one smoke detector in the 2nd floor hallway, measured approximately 26' from bedroom #24.

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.)

A smoke detector was placed on 2nd floor hallway by bedroom #24 by maintenance

Legal Entity Representative

Signature: *Carrie Spahr* Printed Name and Title: Carrie Spahr LPCHA Date: 1-13-20

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