

Department of Human Services
Bureau of Human Service Licensing

October 27, 2021

[REDACTED]
DIRECTOR
[REDACTED]

RE: GRIFFITH HOUSE
1345 APPLE WAY
ST. THOMAS, PA, 17252
LICENSE/COC#: 36335

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *GRIFFITH HOUSE* License #: *36335* License Expiration Date: *09/28/2021*
Address: *1345 APPLE WAY, ST. THOMAS, PA 17252*
County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *06/02/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/09/2021*

Inspection Dates and Department Representative

03/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *6* Residents Served: *5*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/09/2021 - Full

Lead Inspector: *Jason McCloskey* Follow-Up Type: *POC Submission* Follow-Up Date: *03/29/2021*

Inspections / Reviews *(continued)*

9/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/22/2021*

10/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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

The home was unlocked and accessible when licensing representatives arrived at 9 am. The medication cabinets in the kitchen were unlocked (and the key to operate the lock was in the lock cylinder in the cabinet). The cabinets contained the home's medication administration records (MARs) including resident names, dates of birth, medications and diagnoses. A lockable filing cabinet in the open utility room off the kitchen was unlocked and contained resident records, including the assessment and support plan (RASP) dated 4/23/18, for Resident 1. The RASP contained the resident's date of birth, date of admission and other confidential information.

Plan of Correction

Accept

Staff have been reminded that medication cupboards and filing cabinets are to be locked at all times. Administrator/House Parent will check to make sure staff are complying with this on a on going basis.

The administrator will conduct random, weekly spot checks to ensure the home is secured and medication cabinets are properly locked when unattended.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

We had a staff meeting where this was discussed and staff reminded to lock cupboards at all times.

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act (HB 1785) which went into effect July 2016 requires the posting of an Influenza Awareness Poster. The home did not have the required poster displayed.

Plan of Correction

Accept

Flu poster has been hung up and staff has been instructed not to remove said poster.

The administrator will conduct weekly spot checks to ensure the required influenza awareness poster is posted in the home.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Flu poster has been hung up in a public place.

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The financial transaction records for Residents 2 and 3 contain discrepancies in the amount of cash on hand versus the record. In each case, the discrepancy was \$20.

Plan of Correction

Accept

One resident had \$20 too much and one resident had \$20 too little. These residents have similar names and we are assuming that staff just got names mixed up when putting money in. Staff will be reminded to be more careful when handling resident's petty cash. Balances have been corrected.

The administrator will conduct quarterly reviews of resident financial records and available cash to ensure balances are accurate.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Petty cash was corrected in said residents accounts. Quarterly reviews will be conducted of petty cash.

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Two cash disbursements for \$20 were recorded for Resident 2, however, they were not signed for or marked by the resident.

Plan of Correction

Accept

Staff has been reminded to get signatures for petty cash at time of disbursement/deposit. Administrator will check petty cash registers monthly to ensure this is happening. Petty cash record has been signed.

The administrator will conduct quarterly reviews of resident financial records to ensure disbursements are properly documented and residents have signed the record.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Administrator is conducting quarterly reviews of petty cash receipts to ensure they are being signed properly. Petty cash receipts have been updated with said signatures.

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

The ceiling in the utility room off the kitchen is unclean and in poor repair as evidenced by water stains and a hole approximately 5" in diameter and crumbling plaster/drywall and peeling drywall tape. The affected area is above the home's refrigerators and freezers.

Plan of Correction

Accept

A building contractor has been contacted and we are on his list to have it fixed. Date listed below is tentative based on contractor's schedule.

The administrator will conduct a walk-through of the home on a monthly basis to inspect the condition of the home. If areas are identified that require repair, such repairs will be completed immediately.

Completion Date: 11/1/21

Completion Date: 04/19/2021

Document Submission

Implemented

Ceiling has been repaired.

103h - Thawing Food

1. Requirements

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

At 9:00 am, a tuna casserole was thawing on top of the stove. Staff Person A stated that it was left out so it could be cooked later in the day.

Plan of Correction

Accept

Staff has been re-instructed on proper thawing procedures.

The administrator will conduct weekly spot checks to ensure food is being thawed appropriately.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Staff has been re-instructed on proper thawing procedures.

The administrator is conducting weekly spot checks to ensure food is being thawed appropriately.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a - Combustible Storage (continued)

Description of Violation

A paper air filter and two cardboard boxes were stored on top of the electric water heater in the utility room off the kitchen.

Plan of Correction

Accept

Cardboard boxes have been removed. Staff has been reminded about the dangers of such practices. Administrator/House Parent will check to make sure water heater is free of combustible materials on an ongoing basis.

The administrator will conduct weekly spot checks to ensure combustible materials are stored appropriately.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Cardboard has been removed and staff has been instructed not to do this in the future due to fire is conducting weekly spot checks to ensure combustible materials are stored appropriately.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home has no menus posted. Staff Person A stated that menus are not prepared in advance.

Plan of Correction

Accept

Practice of posting menus in advance has been reinstated. Staff will write menu changes in as they occur.

The administrator will review menus weekly and ensure that meals served match the posted menus.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

Menus have been posted as required,

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

At 9:00 am, the medication cabinets in the kitchen were unlocked allowing access to all of the home's medications, including Resident 2's over-the-counter anti-diarrheal, 24 capsules, and [redacted] 00 ct.

Medications designated for destruction were stored in an unlocked filing cabinet in an open utility room off the kitchen. Medications included Resident 1's [redacted] and [redacted]

A [redacted] oral pain relief liquid was stored on Resident 4's nightstand and was unlocked and accessible.

Plan of Correction

Accept

Orajel has been removed from the resident's room.

Family members have been reminded that they are not allowed to give OTC medications to their family members to keep in their rooms.

Staff have been re-trained regarding locked medication storage. The Administrator will conduct random, weekly spot checks to ensure medication storage areas are locked.

Completion Date: 11/1/21

Completion Date: 03/29/2021

Document Submission

Implemented

[redacted] has been removed from the resident's room.

Family members have been reminded that they are not allowed to give OTC medications to their family members to keep in their rooms.

Staff have been re-trained regarding locked medication storage. The Administrator is conducting random, weekly spot checks to ensure medication storage areas are locked.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 2's [redacted] tablets were expired on 12/2020.

Plan of Correction

Accept

Expired medication has been properly disposed of. Medical Coordinator has been re-instructed of the need to check expiration dates monthly. In addition, Direct Care Staff has been instructed to also check expiration dates before administering OTC medications.

Completion Date: 03/29/2021

Document Submission

Implemented

Expired medication has been properly disposed of. Medical Coordinator has been re-instructed of the need to check expiration dates monthly. In addition, Direct Care Staff has been instructed to also check expiration dates before administering OTC medications.