

Department of Human Services
Bureau of Human Service Licensing

November 29, 2021

[REDACTED], DIRECTOR
GROVE MANOR
435 NORTH BROAD STREET
GROVE CITY, PA 16127

RE: GROVE MANOR I
435 NORTH BROAD STREET
GROVE CITY, PA, 16127
LICENSE/COC#: 45131

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2021, 09/10/2021 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: *GROVE MANOR I* License #: *45131* License Expiration Date: *03/26/2022*
Address: *435 NORTH BROAD STREET, GROVE CITY, PA 16127*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244587800* Email: [REDACTED]

Legal Entity

Name: *GROVE MANOR*
Address: *435 NORTH BROAD STREET, GROVE CITY, PA, 16127*
Phone: *814-807-2716* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/28/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/10/2021*

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]
09/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/24/2021*

11/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/11/2021*

11/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance.

On 9/9/21, the carbon monoxide detector in the personal care furnace room was affixed to the wall, approximately 8 feet away from the Number 2 hot water heater.

Plan of Correction

Accept

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

2600

18

- 1. The Carbon monoxide detector was immediately moved approximately 15 feet from the hot water tank in the basement of the facility.
- 2. Education provided for all Maintenance people, Environmental Director, Director of Facility Management, and Assistant Director of Facility Management. They each read and signed off understanding and acknowledgement.
- 3. A weekly audit of placement of Carbon Monoxide detectors will be completed for one month to ensure continued compliance with the regulation.
- 4. QAPI Plan has been initiated to ensure compliance of placement of carbon monoxide detectors. The plan will be monitored by the Director of Environmental Services and Personal Care Home Administrator, reported to the QAPI committee for compliance with findings to include any corrective action identified during the audit.
- 5. Date of Compliance 09-09-21

Completion Date: 10/08/2021

Document Submission

Implemented

Submitted

141b1 - Annual Medical Evaluation

1. Requirements

2600.

- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation was conducted on [REDACTED]. However, the resident's previous medical evaluation was conducted on [REDACTED]

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

141 b A resident shall have a medical evaluation at least annually
2600

141b1 A resident shall have a medical evaluation at least annually

1. All DME's for all residents shall be reviewed to ensure evaluations have been completed annually.
2. Education provided to all staff members to monitor for annual evals. Staff will sign off understanding and acknowledgement.
3. A weekly audit of 5 charts will be completed to ensure continued compliance with the regulation.
4. QAPI Plan has been initiated to ensure compliance of completion of annual medical evaluations. The plan will be monitored by the Personal Care Home Administrator, reported to the QAPI committee for compliance with findings to include any corrective action identified during the audit.

Completion Date: 10/20/2021

Document Submission

Implemented

Submitted

184a - Labeling OTC/CAM

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 2. The name of the medication.
 4. The prescribed dosage and instructions for administration.

Description of Repeat Violation

Resident #1 is prescribed [redacted] take two tablets by mouth every day for supplement. However, the medication label indicates [redacted] by mouth daily.

Resident #1 is prescribed [redacted] - take one tablet twice a day. However, the medication label indicates [redacted] - take one tablet by mouth twice a day as needed.

Repeat Violation: 9/25/19

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

184a Labeling OTC/CAM- The original container for prescription medications shall be labeled with a pharmacy label that includes the following: 2. The name of the medication 4. The prescribed dosage and instructions for administration.

2600

184a- 2,4

- 1. The medication immediately were labeled with change of directions stickers. The PCHA immediately researched orders and contacted the Pharmacy. Pharmacist arrived timely to facility to apply corrected labels that matched the Physician's orders as they stated that they were unsure why they printed the label incorrectly when their system reflected the same instructions as facility's order.*
- 2. Full house review of OTC/CAM and narcotic medications completed to ensure that there were no other bottles/packages inappropriately labeled.*
- 3. 2 separate education sheets provided to the Med Techs to ensure understanding and that no other infractions of this nature occur.*
- 4. PCHA, Wellness Nurse, and Med Techs will monitor for compliance on new residents, changing OTC/CAMs, and all OTC/CAM brought in by family. PCHA will periodically audit monthly the cart to ensure compliance with labeling of OTC/CAMs and narcotics.*
- 5. QAPI PLAN has been initiated to monitor OTC/CAM and narcotic labeling and storage. The plan will be monitored by the Personal Care Home Administrator and Wellness Nurse, reported to the QAPI committee for compliance with findings to include any corrective action identified during the audit.*
- 6. Date of compliance 09-10-21*

Completion Date: 10/20/2021

Document Submission

Implemented

Submitted