

Department of Human Services
Bureau of Human Service Licensing

July 7, 2022

[REDACTED], DIRECTOR

RE: THE CARING PLACE - P.C.
103 NORTH 13TH STREET
FRANKLIN, PA, 16323
LICENSE/COC#: 46869

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/25/2021 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

Facility Information

Name: *THE CARING PLACE - P.C.* License #: *46869* License Expiration: *03/02/2022*
Address: *103 NORTH 13TH STREET, FRANKLIN, PA 16323*
County: *VENANGO* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *GROVE MANOR*
Address: *103 NORTH 13TH STREET, FRANKLIN, PA, 16323*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *07/21/1995* Issued By: *Dept of Health*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/25/2021*

Inspection Dates and Department Representative

10/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *32* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

10/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2021*

Inspections / Reviews *(continued)*

01/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/11/2022*

01/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/25/2022*

07/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of trainings required under § 2600.65(a) for staff person A, hired [REDACTED], does not include the date of the trainings.

Plan of Correction

Accept

Review completed to ensure all staff training was dated and signed. Errors at this time were immediately corrected. PCHA will audit staff training binder after each new hire to ensure all training has been completed, signed, and dated appropriately.

Completion Date: 10/25/2021

Document Submission

Implemented

Administrator audits training records after each new hires orientation.
Please see attached audit sheet

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was a large, gray, uncovered trashcan in the kitchen that was approximately half full of various food trash.

Plan of Correction

Do Not Accept

1. The trash can in the kitchen was removed and replaced with a trash can that had a lid
2. All other trash cans were observed to be acceptable
3. Staff will be educated that kitchen trash cans must have lids on them at all times
4. Administrator/designee will monitor the trash can in the kitchen to ensure that the lid remains on the trash can at all times.

This will be reported to the QAPI committee for compliance review

Completion Date: 10/25/2021

Update: 01/04/2022

Please indicate the date staff were educated.

Please indicate the frequency of monitoring.

Plan of Correction

Accept

Staff was educated on 10/26/2021. Administrator/designee will monitor trash can to ensure the lid remains on the trash can after each meal when garbage is taken out.

Completion Date: 10/26/2021

Document Submission

Implemented

Administrator monitors trash can throughout the month to ensure the lid remains on the trash at all times. All staff in-serviced to apply lid on trash can after taking out trash on 10/26/2021.

Please see attached administrators audit throughout the month

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] take 2 every 4 hours as needed for pain; however, the pharmacy label for this medication indicates, "take 2 every 6 hours as needed for pain."

Plan of Correction**Do Not Accept**

That physician orders will be transcribed accurately to the MAR and medication. Medication will be administered according to the physician order. Educate care staff to proper reading, transcribing, and administering medication according to physicians' orders. Audit to ensure all physician orders are accurate, transcribed accurately and administered per physicians' orders. Report findings to QAPI Committee for review and system changes needed. Review completed to ensure all residents charts were correct

Completion Date: 10/26/2021

Update: 01/04/2022

Please indicate education date.

Please indicate frequency of audit.

Please indicate date chart review was completed.

Plan of Correction**Accept**

All medication certified staff was educated on 1 [REDACTED]. Audit will be completed by wellness nurse/administrator each week. Chart review was completed on 11/2/2021.

Completion Date: 11/02/2021

Document Submission**Implemented**

Administrator and/or designee audits the medication carts per physician orders each week. Administrator/designee makes sure all residents medications have residents name, medication name, dosage, route, instructions on how to give, prescriber, expiration date, date prescription issued, etc.

Please see attached audit sheets

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2 began receiving hospice services on [REDACTED] however, the support plan for resident #2, dated [REDACTED], was not updated to include the type and frequency of services that are being provided by the hospice agency.

Plan of Correction**Do Not Accept**

Aseracare hospice services will monitor vital signs and change in condition. Hospice aide will assist staff will attending to residents hygiene and complete shower once a week on Wednesday. Staff will continue to follow

227c - Support Plan Revision (continued)

7/13/2021 support plan.

Completion Date: 10/25/2021

Update: 01/04/2022

Please update resident #2's support plan to include hospice information, and add a step in POC indicating when the plan was updated.

Please add an audit step, to include an initial audit within 14 days of all support plans and monthly thereafter.

Plan of Correction**Accept**

Please see attachment of the updated "Assessment & Support Plan Updates & Changes". Plan was updated on 10/25/2021.

Administrator/wellness nurse will audit all resident RASPs within 14 day after initial RASP is completed and will continue to audit monthly.

Completion Date: 10/25/2021

Document Submission**Implemented**

Administrator continues to audit RASPs monthly.

Please see attached audit sheet.