

Department of Human Services
Bureau of Human Service Licensing

April 26, 2022

[REDACTED], CEO
[REDACTED]
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES - GROVE
CITY
400 HILLCREST AVENUE
GROVE CITY, PA, 16127
LICENSE/COC#: 41668

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/29/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

May 24, 2022

[REDACTED], CEO

RE: QUALITY LIFE SERVICES - GROVE
CITY
400 HILLCREST AVENUE
GROVE CITY, PA, 16127
LICENSE/COCC#: 41668

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2022 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: *QUALITY LIFE SERVICES - GROVE CITY* License #: *41668* License Expiration: *06/03/2023*
Address: *400 HILLCREST AVENUE, GROVE CITY, PA 16127*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/2002* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

03/29/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2022*

04/25/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

04/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/19/2022*

05/24/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 10:00 a.m., an unlabeled ¼ full clear 800ml spray bottle containing a blue liquid, described by the laundry staff as laundry detergent or an enzyme cleaner, was in the laundry room. However, the spray bottle did not contain the manufacturer's poison label.

Plan of Correction

Accept

Plan of correction

**The bottle of laundry detergent was disposed of by the Housekeeping Director on 3/29/22 while the surveyor was present.*

**An Audit was conducted 3/30/22 by Personal Care Admin to ensure that all poisonous materials were labeled in their original labeled containers with no additional findings. See attachment of completed audit*

**Current staff was educated by Personal Care Administrator on Regulation 82 (a)-Poisonous materials shall be stored in their original product manufactures labeled container by 4/19/22.*

**Weekly for six weeks Personal Care Administrator will review poisonous materials to ensure they continue to be stored in their original, labeled containers. Audit will start 04/01/22. Audit will be reviewed at our monthly QA meeting*

Completion Date: 04/19/2022

Document Submission

Implemented

No additional findings were found with the Audits .

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:30 a.m. sections of the floors in the walk-in refrigerator and walk-in freezer were covered with food particles, a sticky red substance, and other debris.

Plan of Correction

Accept

**The Kitchen floor ,walk in freezer, and refrigerator were cleaned immediately upon finding while surveyor was in the building.*

+An audit was conducted on 03/30/22 by Personal Care Administrator to ensure all areas of the kitchen were clean. No findings of food particles, or substance spills were noted. See attached completed audit.

**Current staff was educated by Personal Care Administrator on 4/19/22 on Regulation 85 (a) Sanitary Conditions shall be maintained.*

**Personal Care Administrator will audit kitchen twice weekly for four weeks to ensure sanitary conditions are being*

85a - Sanitary Conditions (continued)

met. Audits will start 04/01/22. Audits will be reviewed at monthly QA meeting

Completion Date: 04/19/2022

Document Submission

Implemented

Please see findings on audit form.

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

At 9:15 a.m., the dual-attached handrail on the toilet in the public bathroom across from room 103 was missing the right-side handrail.

Plan of Correction

Accept

Plan of correction

**The right sided handrail was re-attached immediately while surveyor was present.*

**An Audit was completed 03/30/22 by Personal Care Administrator to ensure all furniture and equipment was in good repair, clean, and free of hazards. No new findings were found. Completed audit attached.*

**Current staff educated on Regulation 95 Furniture and equipment must be in good repair, clean, and free of hazards by 4/19/22*

**Personal Care Admin will complete audits weekly for six weeks starting 04/01/22 to ensure compliance. Audits will be reviews at monthly QA meeting*

Completion Date: 04/19/2022

Document Submission

Implemented

Please see attached audit forms

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

At 11:00 a.m., there was no fire extinguisher in the basement of the home.

Plan of Correction

Accept

Plan of correction

**Fire extinguisher was placed in the basement within an hour of findings.*

**An audit was completed by the Maintenance Director of the building in its entirety to ensure compliance. No new findings. Completed Audit attached*

**Current Maintenance staff educated on Regulation 131 (a) There shall be at least one operable fire extinguisher with a minimum of 2-A rating for each floor, including the basement and attic by 4/19/22.*

**The monthly maintenance checklist has been updated to review fire extinguishers are present in all areas. Audits will start 4/1/22 and will be reviewed at monthly QA meetings.*

131a - Fire Extinguisher (continued)

Completion Date: 04/19/2022

Document Submission

Implemented

No findings from audits.