

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

January 30, 2023

[REDACTED], DIRECTOR  
CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.  
[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 12/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** GRIFFITH HOUSE **License #:** 36335 **License Expiration:** 09/28/2023  
**Address:** 1345 APPLE WAY, ST. THOMAS, PA 17252  
**County:** FRANKLIN **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED] **Phone:** [REDACTED]

**Legal Entity**

**Name:** CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-3 SP **Date:** 06/02/1999 **Issued By:** L & I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 4 **Waking Staff:** 3

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:** 0  
**Reason:** Renewal **Exit Conference Date:** 12/20/2022

**Inspection Dates and Department Representative**

12/20/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

| General Information                            |  |                  |                          |
|--|--|------------------|--------------------------|
| <b>License Capacity:</b> 6                     | <b>Residents Served:</b> 4                       |                  |                          |
| Secured Dementia Care Unit                     |  |                  |                          |
| <b>In Home:</b> No                             | <b>Area:</b>                                     | <b>Capacity:</b> | <b>Residents Served:</b> |
| Hospice  |  |                  |                          |
| <b>Current Residents:</b> 0                    |  |                  |                          |
| Number of Residents Who:                       |  |                  |                          |
| <b>Receive Supplemental Security Income:</b> 2 | <b>Are 60 Years of Age or Older:</b> 2           |                  |                          |
| <b>Diagnosed with Mental Illness:</b> 0        | <b>Diagnosed with Intellectual Disability:</b> 4 |                  |                          |
| <b>Have Mobility Need:</b> 0                   | <b>Have Physical Disability:</b> 0               |                  |                          |

**Inspections / Reviews**

12/20/2022 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/09/2023

01/19/2023 - POC Submission  
**Submitted By:** [REDACTED] **Date Submitted:** 01/30/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/13/2023

Inspections / Reviews (*continued*)

## 01/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/05/2023

## 01/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

*The last fire safety inspection and drill observed by a fire safety expert was conducted on 05/05/2021.*

Plan of Correction

Accept (█) - 01/30/2023

*The local fire department was contacted in 2022 but they did not come for a visit. In the future, if we do not hear back from our local fire department we will contact another nearby fire department until we can get one to come out to the facility. When they do come we will have them sign a new form with the time approved for fire drill evacuation. The home's administrator will be responsible for this. The fire department did visit on 1/24/23. Signed letter is attached.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/30/2023

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

*The fire drill record for the fire drills conducted on 3/23/22 and 11/15/22 do not include the evacuation times in minutes and seconds. The home recorded the time of day for those drills instead of the amount of time it took for the residents to evacuate.*

Plan of Correction

Accept (█) - 01/30/2023

*Staff will be instructed again as to how to do a fire drill at staff meeting on January 18, 2023. the Director will go over the fire drill form with staff and remind them of what is required during a fire drill including the amount of time it took for residents to evacuate the building. Attached is our fire drill record with an added column for accountability of correct completion of fire drill. Administrator will be responsible for its completion on a monthly basis.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (█) - 01/30/2023

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

## 225c - Additional Assessment (continued)

**Description of Violation**

Resident 1's most recent assessment was completed on [REDACTED]

**Plan of Correction**

Directed ([REDACTED] - 01/30/2023)

A new assessment was completed and is attached. A checklist has been created and is attached. [REDACTED] will be responsible for its completion on a monthly basis.

Directed-

An assessment for Resident 1 was completed on [REDACTED]. A monthly audit of all resident records will be completed by the home's administrator beginning in January of 2023.

Directed Completion Date: 01/30/2023

Implemented [REDACTED] 01/30/2023)