

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

March 22, 2024

[REDACTED], REGIONAL MANAGER
MAYBROOK-C EVERGREEN OPCO LLC
[REDACTED]

RE: THE GROVE AT HARMONY
191 EVERGREEN MILL ROAD
HARMONY, PA, 16037
LICENSE/COC#: 44757

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2023 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: THE GROVE AT HARMONY License #: 44757 License Expiration: 02/15/2024
 Address: 191 EVERGREEN MILL ROAD, HARMONY, PA 16037
 County: BUTLER Region: WESTERN

Administrator

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

Legal Entity

Name: MAYBROOK-C EVERGREEN OPCO LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/16/1988 Issued By: L&I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 44 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: 2 Are 60 Years of Age or Older: 4
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/06/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/21/2023

01/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/12/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/25/2024

Inspections / Reviews *(continued)*

01/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/14/2024

03/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The door to bedroom #10 does not close and cannot be locked. The door strikes the door frame at the top and does not close. The bedroom is occupied by resident #1.

The door to bedroom #11 will not stay shut and cannot be locked. The latch for the door does not align with the strike plate on the door frame, causing the door to swing freely and cannot be shut or locked by resident #2, who attempted to shut the door multiple times and was not able during an interview.

Plan of Correction

Accept [redacted] - 01/25/2024)

The PCHA immediately inspected all doorways and locks on 1/10/24. PCHA will have the director of maintenance fix the doorway to room #11 by 1/12/24. PCHA will inspect all doorways and locks once a month starting on 1/15/24 and ongoing. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([redacted] - 03/22/2024)

65g Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff A did not receive training on fire safety by a trained fire safety expert during the January 2022 through December 2022 training year.

Plan of Correction

Accept [redacted] - 01/18/2024)

The PCHA immediately called the fire chief on 1/10/24 to set up an annual fire safety training for direct care staff A. PCHA will have direct care staff A and all other current direct care staff trained in fire safety by 3/31/24. PCHA will monitor fire safety training monthly for all direct care staff starting 1/10/24 and ongoing.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([redacted] - 03/22/2024)

65i Training Record

3. 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 training did not include the length of the training conducted for multiple trainings on training topics conducted on the following dates:

65i - Training Record (continued)

- *9/25/22 - Personal care needs of the resident, fall prevention and safe management techniques
- *2/10/22 - oxygen care and use
- *2/10/22 - falls and accident prevention

Plan of Correction**Accept** (█) - 01/25/2024)

The PCHA immediately reviewed the training done on 9/25/22 and 2/10/22 for all current direct care staff on 1/10/24. The PCHA will make all necessary corrections to the training done on 9/25/22 and 2/10/22 by 1/31/24. PCHA will audit all training monthly starting 1/15/24 until 12/15/24. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (█) - 03/22/2024)**85e - Trash Outside Home****4. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The right side lid of the dumpster was open.

Plan of Correction**Accept** (█) - 01/18/2024)

The PCHA immediately went to the head of maintenance and had them close the right side lid of the dumpster, on 1/10/24. All maintenance personnel will be trained to monitor that all receptacles have the lids closed at all times by 1/31/24. PCHA will monitor daily for the next 4 weeks that all trash receptacles are closed at all times, starting 1/11/24 until 2/8/24.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 03/22/2024)**88a - Surfaces****5. 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

There was a hole in the corner of the ceiling of the resident dining area, measuring approximately 12 x 24 inches, with evidence of water damage.

There was a hole in the ceiling of bedroom #24, measuring approximately 6 x 24 inches, with evidence of long term water damage and black mold. The floor, walls and furniture under the hole were discolored and had evidence of water damage.

Plan of Correction**Accept** (█) - 01/25/2024)

The PCHA immediately went to the head of maintenance to have them fix the hole in the corner of the ceiling of the residents dining area and for the hole in the ceiling of bedroom #24 on 1/10/24. PCHA will have maintenance fix the holes by 1/31/24. PCHA will have maintenance fix all water damage and black mold in room #24 by 2/29/24.

88a Surfaces (continued)

PCHA will inspect floors, walls, ceiling, windows, doors and other surfaces weekly for the next 8 weeks, starting on 1/15/24 until 3/4/24. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (█) - 03/22/2024)

92 - Windows**6. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There were 8 broken slats in the venetian blinds in bedroom #11.

Plan of Correction

Accept (█) - 01/25/2024)

The PCHA immediately went to head of maintenance to have them fix the 8 broken slats in the venetian blinds in bedroom #11 on 1/10/24. PCHA will have head of maintenance replace all broken venetian blinds in bedroom #11 by 1/31/24. PCHA will have direct care staff audit all blinds in all residents rooms for the next 4 weeks starting on 1/15/24 until 2/12/24. PCHA will have direct care staff continue to monitor all blinds in residents rooms for any damage monthly starting 2/1/24 and ongoing. PCHA will have direct care staff monitor with audits monthly on all blinds in resident's rooms for any damage. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented (█) - 03/22/2024)

95 - Furniture and Equipment**7. Requirements**

2600.

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

Description of Violation

The door to bedroom #10 does not close and cannot be locked. The door strikes the door frame at the top and does not close. The bedroom is occupied by resident #1.

The door to bedroom #11 will not stay shut and cannot be locked. The latch for the door does not align with the strike plate on the door frame, causing the door to swing freely and cannot be shut or locked by resident #2, who attempted to shut the door multiple times and was not able during an interview.

The left side door did not close on the double fire doors exiting from the main floor stairwell to the parking lot. The top left strike plate was loose and partially detached preventing the latch from closing the door.

The home's elevator was out of order. According to staff interviews, it has been inoperable for at least 3 to 4 weeks.

Plan of Correction

Accept (█) - 01/18/2024)

The PCHA immediately went to head of maintenance to have them fix the door to bedroom #10 so it would close

95 - Furniture and Equipment (continued)

and lock on 1/10/24. PCHA also had head of maintenance look at bedroom #11 door to fix so it would close and lock on 1/10/24. PCHA will have maintenance fix both bedroom #10 and bedroom #11 door so they will both close and lock by 1/31/24. PCHA will have direct care staff audit all residents' doors are staying closed and that all locks are working weekly for 4 weeks starting 1/31/24 until 2/28/24. PCHA will have direct care staff monitor all residents' doors and locks monthly starting 2/28/24 and ongoing. PCHA also immediately had the head of maintenance look at the left side door on the double fire doors exiting from the main floor stairwell to the parking lot on 1/10/24. PCHA will have maintenance fix the top left plate to the double doors by 1/31/24. PCHA will have direct care staff audit double doors weekly for the next 4 weeks starting 1/31/24 until 2/28/24.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented () - 03/22/2024)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was a layer of lint on the lint traps of both the home's operable dryers. There was approximately a 1/8 - 1/4 inch layer in dryer #1 and approximately a 1/4 to 1/2 inch layer in dryer #2.

Plan of Correction

Accept () 01/25/2024)

PCHA immediately went to laundry and had laundry remove all lint from lint traps and drum on 1/10/24. PCHA will retrain all laundry staff on proper way of removing lint from all traps and drums by 1/31/24. PCHA will have head of laundry audit all lint traps and drums are free of lint daily for the next 4 weeks starting 1/15/24 until 2/12/24. PCHA will have head of laundry re-educate all laundry and maintenance staff on manufacturer's instructions on the lint being

cleaned from the vent duct and internal and external ductwork of clothes dryers by 1/31/24. PCHA will have head of laundry monitor all lint removal monthly starting 2/1/24 and ongoing. PCHA will have all monitoring be documented as audits. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented () - 03/22/2024)

131f - Fire Extinguisher Inspection

9. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The inspection tag was expired and indicated the last inspection was conducted in October 2022 on multiple fire extinguishers in the home to include: the fire extinguisher by the front door, by the dietary entrance, inside the kitchen, the ANSUL pull station in the kitchen, the boiler room, second floor hallway and third floor hallway.

Plan of Correction

Accept () - 01/18/2024)

The PCHA immediately went and checked all inspection tags on all fire extinguishers on 1/10/24. PCHA will have a

131f - Fire Extinguisher Inspection (continued)

fire safety expert in to inspect all fire extinguishers by 2/29/24. PCHA will educate maintenance department on inspections of all fire extinguishers by 1/31/24. PCHA will have maintenance monitor all fire extinguishers monthly for up-to-date inspections starting 3/1/24 and ongoing.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented (████) 03/22/2024)

132b - Safety Inspection/Fire Drill**10. 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 home's last fire safety inspection and supervised fire drill by a fire safety expert was conducted on 10/14/22.

Plan of Correction

Accept (████) - 01/18/2024)

The PCHA immediately reviewed all documentation of a fire safety inspection and supervised fire drill conducted by a fire safety expert on 1/10/24. PCHA will have a fire expert in to conduct a fire safety inspection and supervised fire drill by 3/31/24. PCHA will generate an appropriate checklist with all fire safety requirements, to ensure compliance by 2/1/24. PCHA will monitor the checklist monthly starting 2/1/24 and ongoing. PCHA will keep all documentation of fire safety inspection and supervised fire drill.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented (████) - 03/22/2024)

132d - Evacuation**11. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's safe evacuation time is 2 minutes 30 seconds. However, the home exceeded their safe evacuation time during fire drills conducted on multiple dates and times:

*8/25/23 at 5:15 a.m. – 3 minutes 52 seconds

*7/21/23 at 11:03 a.m. – 2 minutes 45 seconds

*6/24/23 at 11:25 a.m. – 2 minutes 52 seconds

*5/29/23 at 5:140 a.m. – 3 minutes 42 seconds

*4/27/23 at 6:45 p.m. – 4 minutes 0 seconds

*3/29/23 at 7:25 a.m. – 3 minutes 18 seconds

*2/28/23 at 8:30 a.m. – 3 minutes 20 seconds

*1/28/23 at 3:00 p.m. – 3 minutes 15 seconds

132d - Evacuation (continued)

Plan of Correction

Accept (████) - 01/18/2024)

The PCHA immediately reviewed fire drills conducted on 8/25/23, 7/21/23, 6/24/23, 5/29/23, 4/27/23, 3/29/23, 2/28/23 and 1/28/23 on 1/10/24. PCHA will retrain all direct care staff on safe evacuation time by 1/31/24. PCHA will re-educate residents on safely evacuating the facility in a timely manner by 1/31/24. PCHA will continue with monthly fire drills without exceeding the facility's safe evacuation time starting 1/31/24 and ongoing.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████) - 03/22/2024)

141a 1-10 Medical Evaluation Information

12. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The initial medical evaluation for resident #3, dated █████ is incomplete. Section #4 – special health or dietary needs is blank.

Plan of Correction

Accept (████) - 01/25/2024)

PCHA immediately reviewed all residents charts on 1/10/24. PCHA reviewed residents #3 medical evaluation form on 1/10/24. PCHA will have residents #3 medical evaluation in compliance with section #4 by 1/12/24. PCHA will generate an appropriate checklist to follow all sections of the medical evaluation by 1/31/24. PCHA will monitor resident's charts monthly starting 1/31/24 and ongoing. PCHA will have all monitoring documented as audits. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████) - 03/22/2024)

141b1 - Annual Medical Evaluation

13. 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 completed on █████. However, the resident's previous medical evaluation was completed on █████.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept [REDACTED] - 01/25/2024)

PCHA immediately reviewed resident #1 medical evaluation on 1/10/24. PCHA will generate an appropriate checklist to maintain resident's charts, to ensure compliance by 1/31/24. PCHA will monitor resident's charts monthly starting 1/31/24 and ongoing. PCHA will have all monitoring documented as audits. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 03/22/2024)

224a - Preadmission Screen Form

14. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre-admission screening for resident #3, dated [REDACTED] is incomplete. The section assessing the resident's ability to handle poisonous and hazardous materials is blank.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

PCHA immediately reviewed resident #3 preadmission screening on [REDACTED]. PCHA will complete resident #3 pre-admission form, to ensure compliance by 1/12/24. PCHA will generate an appropriate checklist to follow all sections of the pre-admission forms by 1/31/24. PCHA will monitor resident's charts monthly starting 1/31/24 and ongoing. PCHA will have all monitoring documented as audits. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 03/22/2024)

225c - Additional Assessment

15. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #1's annual assessment and support plan was completed on [REDACTED]. However, the resident's previous assessment and support plan was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/25/2024)

PCHA immediately reviewed resident's #1 annual assessment on [REDACTED]. PCHA will complete resident #1 annual assessment by 2/1/24, to ensure compliance. PCHA will generate an appropriate checklist for all resident's charts on annual assessment and support plans by 1/31/24. PCHA will monitor resident's charts monthly starting 1/31/24 and ongoing. PCHA will have all monitoring documented as audits. PCHA will have all documentation kept on file.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 03/22/2024)