

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

December 28, 2023

[REDACTED]
GROVE MANOR
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2023 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 CARING PLACE - P.C.* License #: *46869* License Expiration: *03/02/2024*
 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: [REDACTED]
 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: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/29/2023*

Inspection Dates and Department Representative

11/29/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *32* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: [REDACTED]

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/29/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/28/2023*

12/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

12/28/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar attached to Resident [REDACTED] bed was uncovered, exposing an area approximately 12" x 4" within the enabler between the two rail supports, and an area approximately 12" x 4" between the rail and the mattress, posing potential entrapment hazards.

Plan of Correction

Accept [REDACTED] - 12/28/2023)

Administrator purchased padded covers for residents enabler bar for safety.

On 12-18-2023 administrator completed and audit of enablers being covered. Administrator educated resident and staff on 12-18-2023 the regulation and importance of covered enabler bars. Administrator will educate new admissions upon admission and to notify administrator when requiring an enabler for safety. Monthly audits by administrator [beginning January 2024] will be completed to ensure compliance for 3 months. Audits will be reviewed monthly [beginning January 2024] at QAPI meetings.

See attached documents

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 12/28/2023)

102i - Soap Dispenser

2. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the shared bathroom of Room [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/28/2023)

On 12-18-2023 administrator purchased covered plastic containers for resident personal bar of soap and labeled with name. Administrator audited all resident bathrooms to ensure all residents with a personal bar of soap had a labeled container for soap. Administrator educated all staff on 12-18-2023 as to regulation and importance of labeled container for resident bar of soap. Administrator will complete monthly audits [beginning January 2024] for 3 months to ensure compliance. Personal care staff educated to immediately notify administrator if resident has a personal bar of soap and provided a labeled container. Audits will be reviewed during monthly QAPI meetings [beginning January 2024].

See attached documents.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 12/28/2023)

102i - Soap Dispenser (continued)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The 3/4 full plastic bag of frozen sausage, pepper and onion mix in the home's walk-in freezer was opened and unsealed.

Plan of Correction

Accept [redacted] - 12/28/2023)

On 12/7/2023 and completed 12/13/2023 Corporate provided training to all dietary staff on regulation and importance of storing food in closed or sealed containers. Dietary manager will review schedule for appropriate staffing for required tasks and census [beginning 12/9/23]. Dietary manager will conduct weekly compliance audits [beginning 12/5/23]. Audits will be reviewed in monthly QAPI meetings [beginning 12/23/23]. See attached documents.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 12/28/2023)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated plastic bag that was 3/4 full of a frozen sausage, pepper and onion mix in the home's walk-in freezer [redacted].

Plan of Correction

Accept [redacted] - 12/28/2023)

On 12/7/2023 and completed 12/13/2023 Corporate provided training to all dietary staff on regulation and importance of outdated or spoiled food or dented cans may not be used. Dietary manager will review schedule for appropriate staffing for required tasks and census [beginning 12/9/23]. Dietary manager will conduct weekly compliance audits [beginning 12/5/23]. Audits will be reviewed in monthly QAPI meetings [beginning 12/23/23]. See attached documents.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 12/28/2023)

103i - Outdated Food (continued)

126b - Furnace Cleaning

5. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

Multiple heating units in resident rooms were observed to have a build-up of dirt and debris on the interior of each unit. The home does not have documentation of cleaning the units according to Manufacturer's instructions.

Plan of Correction

Accept [redacted] - 12/28/2023)

On 12/5/2023 all furnaces were cleaned and free of debris. Maintenance staff also changed all filters in resident room furnaces On 12-18-2023 education as to regulation and importance of furnace cleaning by administrator. Furnace cleaning and filter changing will occur every 3 months for the next 6 months [beginning 12/5/23]. Administrator/designee will audit the maintenance log to verify completion and regulatory compliance [beginning 12/5/23]. QAPI plan to be reviewed at monthly meetings for compliance [beginning January 2024].

Proposed Overall Completion Date: 12/28/2023

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [redacted] - 12/28/2023)

184a - Resident's Meds Labeled

6. 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 [redacted] is prescribed [redacted] times a day before meals as per sliding scale: [redacted] and call MD. The medication is not labeled with a pharmacy label or sliding scale information.

Resident [redacted] is prescribed [redacted] sub-Q at bedtime. The medication is not labeled with a pharmacy label.

Resident [redacted] is prescribed [redacted] units sub-Q at bedtime. The medication is not labeled with a pharmacy label.

Resident [redacted] is prescribed [redacted] sub-Q at bedtime. The medication is not labeled with a pharmacy label.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accepted [REDACTED] 12/28/2023)

On 12-18-2023 administrator requested pharmacy to provide plastic bags for storage of [REDACTED] that have the pharmacy label & sliding scale. Plastic bags were delivered to facility on 12-18-2023. Administrator reviewed to make sure all residents with insulin have a plastic bag with correct pharmacy label with directions/sliding scale. Administrator provided education to all staff on 12-18-2023 as to the regulation and importance of medication labeling. Administrator will conduct audits monthly for proper medication labeling for 3 months [beginning January 2024]. Audits will be reviewed at monthly QAPI meetings [beginning January 2024]. Administrator and/or staff will contact pharmacy for more plastic bags when appropriate.
See attached documents.

Proposed Overall Completion Date: 12/27/2023

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [REDACTED] - 12/28/2023)