

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

February 9, 2024

[REDACTED], EXECUTIVE VICE PRESIDENT OF OPERATIONS
GROVE MANOR
[REDACTED]

RE: GROVE MANOR I
435 NORTH BROAD STREET
GROVE CITY, PA, 16127
LICENSE/COC#: 45131

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/09/2024 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: GROVE MANOR I License #: 45131 License Expiration: 03/26/2024
 Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127
 County: MERCER Region: WESTERN

Administrator

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

Legal Entity

Name: GROVE MANOR
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/29/1999 Issued By: Dept. of L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/09/2024

Inspection Dates and Department Representative

01/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 25

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2024

01/24/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/06/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/07/2024

Inspections / Reviews *(continued)*

02/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

At 10:57 AM, the carbon monoxide detector was located approximately 5 feet from the furnace, in the furnace room by the front door.

Plan of Correction

Accept (████ - 01/24/2024)

- 1. CO2 detector was moved to the foyer area under the fire alert box ~ 16 feet from furnace by the Maintenance person on 01/10/2024.
- 2. Education provided to the maintenance staff by PCHA to ensure understanding of regulation and compliance on 01/15/2024.
- 3. Audits were conducted weekly x4 weeks, then monthly x3 months by the Director of Environmental Services.
- 4. Audits will be reported to QAPI committee for review and recommendations to maintain compliance by Director of Environmental Services.

Licensee's Proposed Overall Completion Date: 01/21/2024

Implemented (████ - 02/09/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff person A received only 4 hours of annual training in the 1/1/23 – 12/31/23 training year.

Plan of Correction

Accept (████ - 01/24/2024)

- 1. DCS person noted in privacy coding was contacted and sent the necessary trainings. 9 trainings total to total 9hrs was sent via email by PCHA. DCS will complete trainings no later than 01/25/24. 6 trainings of 9 have been received completed.
- 2. A new education training plan has been implemented effective 01/01/2024 which includes Relias assigned trainings and educational documents created by Affinity Health Systems for PCH use.
- 3. Education provided to all DCS on 01/15/24 by PCHA regarding regulatory requirements for annual training to ensure compliance and understanding.
- 4. PCHA will audit training compliance by all staff every 2 weeks x 3 months and then monthly x3 months to ensure compliance with mandatory training and Training plan.
- 5. Audits will be reported to QAPI committee for review and recommendations to maintain compliance by PCHA.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (████ - 02/09/2024)

85d Trash Receptacles

3. 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

At 10:30 AM, there was an uncovered large garbage can full of trash, and 3 full garbage bags stored on the personal care home patio.

Plan of Correction

Accept ([REDACTED] 01/24/2024)

- 1. Garbage was removed from the patio and placed in the dumpster 01/09/24 by DCS shortly after identification.
- 2. Staff education was presented 01/15/2024 by PCHA to ensure staff understanding and compliance.
- 3. Audits will be completed by the PCHA weekly x 4 weeks, every other week x4 weeks and then monthly x3 months to ensure proper garbage disposal. Begun 01/15/2024.
- 4. Audits will be reported to QAPI committee for review and recommendations to maintain compliance by PCHA.

Licensee's Proposed Overall Completion Date: 01/21/2024

Implemented [REDACTED] 02/09/2024)

92 Windows

4. 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

At 10:47 AM, there were no screens in the front window of the activities room.

Plan of Correction

Accept [REDACTED] - 01/24/2024)

- 1. An audit was completed by the Director of Environmental Services to identify any other windows lacking screens on 01/09/2024. None others were identified.
- 2. Staff education was presented 01/15/2024 by PCHA.
- 3. Bids are being sought for screens for Activity room windows. Anticipated receipt date of bids 01/23/2024. Placement would be scheduled with the company chosen from bids or within 1 week of receipt of product by Maintenance personnel at facility.
- 4. Upon receipt and placement of screens, audits will begin to ensure compliance- monthly x 3 months by the Director of Environmental Services. PCHA or designee will periodically audit screen placement on windows in PC.
- 5. Audits will be reported to QAPI committee for review and compliance by Director of Environmental Services.

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

Implemented [REDACTED] - 02/09/2024)

103d Storing Food Off Floor

5. Requirements

2600.

103.d. Food shall be stored off the floor.

103d Storing Food Off Floor (*continued*)**Description of Violation**

At 10:29 AM, there were multiple boxes of frozen food stored on the floor of the outside freezer.

Plan of Correction

Accept [REDACTED] - 01/24/2024)

1. *Delivery was immediately put away off the floor by dietary staff on 01/09/2024.*
2. *Education was presented 01/15/2024 to Dietary Staff by PCHA.*
3. *Audits will be completed by Dietary Manager twice weekly x4 weeks, weekly x4 weeks, then monthly x3 months. PCHA or designee will periodically audit for food stored on the floor.*
4. *Audits will be reported to QAPI committee for review and recommendations to maintain compliance by Dietary Manager.*

Licensee's Proposed Overall Completion Date: 01/21/2024

Implemented [REDACTED] - 02/09/2024)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:20 AM, there were undated plastic containers of Cheerios, Bran Flakes, and Corn Flakes stored in a cabinet under the counter in the personal care home kitchen.

Plan of Correction

Accept [REDACTED] - 01/24/2024)

1. *Dates placed on cereal containers with stickers replenished from the dietary department by DCS 01/09/2024.*
2. *Written education provided to DCS 01/15/2024 by PCHA.*
3. *Audits will be completed for dating and sticker availability twice weekly x 4 weeks, weekly x4 weeks, then monthly x 3 months by PCHA.*
4. *Audits will be reported to QAPI committee for review and recommendations to maintain compliance by PCHA.*

Licensee's Proposed Overall Completion Date: 01/21/2024

Implemented [REDACTED] - 02/09/2024)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

At 10:44 AM, there was not a 3 day supply of emergency food present in the home.

Plan of Correction

Accept [REDACTED] - 01/24/2024)

1. *01/10/24 order placed with US Foods to replenish emergency food supply with mindful ordering after review of the RCG. Shipment received 01/11/24. Dietary manager placed and received order. PCHA reviewed order and placement*
2. *Education provided to Dietary staff 01/16/2024 to ensure understanding and compliance by PCHA.*
3. *Audits will be completed weekly x4 weeks, then monthly x3 months by the Dietary Manager. PCHA will*

107c - Food/Water 3 Day Supply (continued)

periodically audit the emergency food stock.

4. Audits will be reported QAPI committee for review and compliance by the Dietary Manager.

Licensee's Proposed Overall Completion Date: 01/21/2024

Implemented [REDACTED] - 02/09/2024)