

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

March 6, 2024

[REDACTED], EXECUTIVE DIRECTOR
GROVE MANOR
1 WOODCREST CIRCLE
SCOTTDALE, PA, 15683

RE: WOODCREST SENIOR LIVING
COMMUNITY
1 WOODCREST CIRCLE
SCOTTDALE, PA, 15683
LICENSE/COC#: 44212

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024 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: WOODCREST SENIOR LIVING COMMUNITY **License #:** 44212 **License Expiration:** 11/03/2024
Address: 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683
County: WESTMORELAND **Region:** WESTERN

Administrator

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

Legal Entity

Name: GROVE MANOR
Address: 1 WOODCREST CIRCLE, SCOTTDALE, PA, 15683
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 12/01/1995 **Issued By:** L&I
Type: C-2 LP **Date:** 07/26/1995 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/07/2024

Inspection Dates and Department Representative

02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 55 **Residents Served:** 41

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 1

Inspections / Reviews

02/07/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/03/2024

02/29/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/04/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/29/2024

Inspections / Reviews *(continued)*

03/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home's fire drill logs indicate that exit routes 100, 200, 300, 400 and 500 were used in all drills from 1/4/23 to 1/29/24. The home failed to use alternate exit routes during these fire drills.

Plan of Correction

Accept ([redacted] - 02/29/2024)

- Maintenance Supervisor, Richard Reese was educated on regulation 2600.132(f) by the Executive Director on 2/12/2024. (See Attachment A)
- Maintenance Supervisor, Richard Reese conducted a fire drill on 2/16/24 using alternate exits with a hypothetical fire in an exit path. Documentation of fire drill was completed stating all exits used except for Chapel Exit (location of hypothetical fire). (See Attachment B, 1-2)
- Moving forward, Executive Director or Designee will conduct a fire drill log audit review within 24 hours of fire drill completion to ensure alternate exits were used and documented accurately for 3 months. If an area of concern is noted, another drill will be completed within 24 hours. Documentation of review will be kept. (See Attachment C) Audit results will be discussed in monthly QI meeting.

All Attachments will be uploaded once POC is accepted.

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

Implemented ([redacted] - 03/06/2024)

184a - Resident's Meds Labeled

2. 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 #1 is prescribed [redacted] at bedtime and [redacted] - inject 3 times a day according to a sliding scale. These insulin pens are not labeled with resident's name or the initials of the person who opened the insulin pens.

184a Resident's Meds Labeled (continued)

There is no pharmacy label on Resident #2's [REDACTED].

Resident #3 is prescribed [REDACTED] Apply to affected area twice a day as needed for itching; however, the label on the resident's [REDACTED] indicates that Resident #3 is prescribed [REDACTED] Apply to affected area 3 times a day if needed.

Resident #3 is prescribed [REDACTED] 1 tablet as needed at bedtime for constipation; however, the label on Senna plus indicates the resident is prescribed [REDACTED] 1 tablet twice daily.

Plan of Correction

Accept [REDACTED] - 02/29/2024)

- On [REDACTED], Resident Care Coordinator, [REDACTED] immediately applied handwritten labels, per physicians order, to resident #1 insulin pens and resident #2 [REDACTED] inhaler.
On 2/7/2024, Resident #3 had a change in direction sticker placed on both medications to alert staff to refer to medication administration record for additional administration instructions.
[REDACTED] Pharmacy was contacted on 2/7/2024, and a new pharmacy label with instructions was delivered to the community on 2/8/2024 for each medication listed per physician's orders.
- On 2/7/2024, Resident #1, #2, & #3 medications were reviewed. No other infraction was found during this review.
- Resident Care Coordinator, [REDACTED] was re educated on regulation 2600.184(a) by the Executive Director on 2/7/2024.
(Attachment D)
- ED and/or RCC initiated education to all Medication Technicians on regulation 2600.184(a) to ensure proper labeling of medication is in place for all residents, this training will be completed by 2/28/2024.
(Attachment E)
- Moving forward, ED and/or RCC will complete Medication Cart audits on 10% of residents each week for 4 weeks, then monthly for 3 months to ensure that the medication labels are present and match the physician's order/MAR. (Attachment F) The audit will be discussed in monthly QI meetings.

All attachments will be uploaded once POC is accepted.

184a Resident's Meds Labeled (continued)

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

Implemented ([REDACTED] - 03/06/2024)