

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

May 20, 2024

[REDACTED], OWNER  
SAFE AND SOUND INC  
[REDACTED]  
[REDACTED]

RE: THE GROVES  
103 W. MAIN STREET  
EPHRATA, PA, 17522  
LICENSE/COC#: 32227

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2024 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: *THE GROVES* License #: *32227* License Expiration: *06/17/2023*  
 Address: *103 W. MAIN STREET, EPHRATA, PA 17522*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *SAFE AND SOUND INC*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *04/23/2007* Issued By: *Borough of Ephrata*  
 Type: *C-2 LP* Date: *01/25/1993* Issued By: *Dept of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/20/2024*

**Inspection Dates and Department Representative**

03/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *15* Residents Served: *10*

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

Hospice  
 Current Residents: *1*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *10*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

03/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/08/2024*

05/20/2024 - Document Submission  
 Submitted By: [REDACTED] Date Submitted: *04/17/2024*  
 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

On 3/20/2024 at approximately 9:50 AM, the carbon monoxide alarm located in the basement laundry room had a label indicating that the batteries were last changed 12/24/2020. On 3/20/2024 at approximately 10:01 AM, the carbon monoxide alarm located in the basement boiler room had a label indicating that the batteries were last changed 10/14/2022. The battery must be replaced at least once annually as per the Care Facility Carbon Monoxide Alarm Standards Act.

Plan of Correction

Directed ( ) - 04/17/2024)

(Directed)

- The Administrator or designee will change and label the batteries on the identified carbon monoxide alarms by 4/24/2024.
- The Administrator or designee will audit all remaining carbon monoxide alarms in the home and ensure the batteries have been changed within the past 12 months and are clearly labeled with the date of installation. Audit will be completed by 5/1/2024.
- Education will be provided to all applicable staff by 4/24/2024 on the Care Facility Carbon Monoxide Alarm Standards Act by the Administrator or designee.
- Beginning 5/1/2024, quarterly audits will be completed by the Administrator or designee to ensure carbon monoxide alarm batteries have been labeled with the date of installation and replaced at least once annually.
- Documentation of completed audits and staff education will be kept by the home and available for review by the Department.

Directed Completion Date: 05/01/2024

Implemented ( ) - 05/09/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

The home does not currently have staff trained in Medication Administration during overnight shifts from 10:00 PM – 7:30 AM. As a result, the home is unable to provide medication administration services during this time. There are no scheduled medications at the home during this time; however, there are residents who are prescribed medications scheduled pro re nata (PRN).

Plan of Correction

Directed ( ) - 04/17/2024)

(Directed)

- The Administrator or designee will review staff schedules at least one week in advance starting no later than 4/24/2024 to ensure there is a trained medication technician available in the home for each shift.
- This process will continue to be in effect unless residents in the home are assessed to self administer their prescribed PRN medications.

60a - Staff/Support Plan (continued)

Directed Completion Date: 04/24/2024

Implemented (████) - 05/09/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member A, hired on █████, did not complete the Department-approved direct care training course and pass the competency test as of █████

Plan of Correction

Directed (████) - 04/17/2024)

(Directed)

- Staff Member A will not provide unsupervised ADL services until successful completion of the Department-approved direct care training course and passing of the competency test. The Administrator or designee will file Staff Member A's certificate in the staff member's record upon completion.
- The Administrator or designee will audit all direct care staff member's records by 5/1/2024 to ensure each staff member has the direct care training course certificate. Any staff member found to not have completed the course will be removed from providing unsupervised ADL services until the course has been completed as well as passing of the competency test.
- Education will be provided to applicable staff members on regulation 2600.65(d) by 5/1/2024.
- To maintain on-going compliance, the Administrator or designee will review staff records for any new hires on a monthly basis beginning 5/1/2024.
- Documentation of education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/01/2024

Implemented (████) - 05/09/2024)

81b - Resident Personal Equipment

4. 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

Resident #1's bed contains a half-length bed rail. The half rail was observed to not be secured to the bedframe and easily moved when handled, creating a potential entrapment hazard.

Plan of Correction

Directed (████) - 04/17/2024)

(Directed)

- Resident #1's half-length bed rail will be properly secured to the resident's bed by 4/24/2024.
- Education will be provided to all direct care staff members and other applicable staff on the requirement for

**81b - Resident Personal Equipment (continued)**

enablers/bed rails to be properly secured to the resident's bed to prevent injury. Education will be completed by 5/1/2024.

- The Administrator or designee will audit all resident rooms for properly secured bed rails and enablers by 5/1/2024.
- To maintain on-going compliance, the Administrator or designee will complete monthly audits of all resident enablers/bed rails to ensure they remain securely attached to the resident's bed and are free from hazards. Monthly audits to begin no later than 5/1/2024.
- Documentation of education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/01/2024

Implemented (█) - 05/09/2024)

**89b - Hot Water Temperature****5. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

On 3/20/2024 at approximately 1:37 PM, the hot water temperature in Resident #1's bathroom measured 133.3 degrees Fahrenheit.

On 3/20/2024 at approximately 1:40 PM, the hot water temperature in the first floor communal bathroom measured 130.2 degrees Fahrenheit.

**Plan of Correction**

Directed (█) - 04/17/2024)

(Directed)

- The hot water temperature in Resident #1's bathroom and the communal bathroom on the first floor will be lowered by 4/24/2024.
- Education will be provided to applicable staff member's by 5/1/2024 on regulation 2600.89(b) by the Administrator or designee.
- Beginning 5/1/2024, the Administrator or designee will complete monthly water temperature checks in all bathrooms of the home.
- Documentation of staff education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/01/2024

Implemented (█) - 05/09/2024)

**103f - Refrigerator/Freezer Temps****6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f Refrigerator/Freezer Temps (continued)

Description of Violation

On 3/20/2024 at approximately 10:00 AM, there was no thermometer in the small white freezer in basement containing resident food items.

Plan of Correction

Directed ( ) - 04/17/2024)

(Directed)

- A thermometer will be placed in the small white freezer in the basement by 4/24/2024 by the Administrator or designee.
- An audit on all of the refrigerators and freezers will be completed by 5/1/2024 by the Administrator or designee to ensure there are thermometers present and food is being stored at the required temperatures.
- Education will be provided to all staff members on regulation 2600.103(f) by the Administrator or designee no later than 5/1/2024.
- To maintain on going compliance, an audit will be completed weekly on all of the home's refrigerators and freezers to ensure the thermometer is present and that food is stored at the proper temperatures.
- Documentation of education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/01/2024

Implemented ( ) - 05/09/2024)

124 - Notice to Fire Department

7. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed ( ) - 04/17/2024)

(Directed)

- The Administrator or designee will notify the local fire fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Notification will be completed no later than 5/1/2024 and documentation of the notification will be kept.
- This information will be updated when any of the information that appears on the notification (or is requested by the fire department) changes.

Directed Completion Date: 05/01/2024

Implemented ( ) - 05/20/2024)

132b - Safety Inspection/Fire Drill

**8. 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 most recent fire safety inspection and fire drill conducted by a fire safety expert was conducted on 9/19/2023. The previous fire safety inspection and fire drill conducted by a fire safety expert was conducted on 5/17/2022.*

**Plan of Correction****Directed (████) - 04/17/2024)***(Directed)*

- *The Administrator or designee will receive education on regulation 2600.132(b) by 5/1/2024.*
- *To maintain on-going compliance, the Administrator or designee will add a reminder to their calendar within 9 months from the previous fire safety inspection to schedule the next annual inspection date.*
- *Documentation of the education will be kept by the home and available for review by the Department.*

**Directed Completion Date: 05/01/2024****Implemented (████) - 05/09/2024)****227d - Support Plan Medical/Dental****9. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident #1 has a half bedrail attached to his/her bed. The resident's assessment and support plan dated ██████████ does not reflect the specific need for the resident's half-length bedrail, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.*

*The assessment and support plan dated ██████████ Resident #2 does not indicate a diagnosis of ██████████*

**Plan of Correction****Directed (████) - 04/17/2024)***(Directed)*

- *The RASP's for Resident #1 and Resident #2 will be updated by the Administrator or designee by 4/24/2024.*
- *The Administrator or designee will complete an audit of all current resident RASP's to ensure they properly reflect the resident's specific needs and supports. Audits and necessary updates to be completed by 5/1/2024.*
- *Education will be provided to all direct care staff members to ensure they notify the Administrator or designee of any changes to a resident's needs or supports to the RASP can be updated timely. Education to be completed by 5/1/2024.*
- *To maintain on-going compliance, all resident RASP's will be audited quarterly beginning 5/1/2024 to ensure the residents needs and supports are accurate and current.*

**Directed Completion Date: 05/01/2024**

227d - Support Plan Medical/Dental (*continued*)

Implemented ( [REDACTED] - 05/09/2024)