

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

July 22, 2024

[REDACTED], EXECUTIVE DIRECTOR
CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.
[REDACTED]

RE: GRIFFITH HOUSE
1345 APPLE WAY
ST. THOMAS, PA, 17252
LICENSE/COC#: 36335

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2024 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: *GRIFFITH HOUSE* License #: 36335 License Expiration: 09/28/2024
 Address: 1345 APPLE WAY, ST. THOMAS, PA 17252
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 12/10/1996 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 3 Waking Staff: 2

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/23/2024

Inspection Dates and Department Representative

05/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 6 Residents Served: 3
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 3
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/23/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/09/2024

06/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/19/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/27/2024

Inspections / Reviews *(continued)*

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/19/2024

07/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

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 home uses an oil burning furnace. During the 5/23/24 inspection, the carbon monoxide detector located in the furnace room was not working correctly.

Plan of Correction

Accept (█ - 06/24/2024)

A new carbon monoxide detector has been purchased and installed on May 24, 2024 by █ Houseparent/Maintenance █ Beginning in June of 2024, █ will check the carbon monoxide detectors on a monthly basis and sign checklist that █ did. The administrator/house parent, █ will make sure █ is doing this check on a monthly basis and will sign off that █ completed this task. This will also begin in June 2024. █ has already trained █ with the education necessary to complete this task.

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented (█ - 07/19/2024)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents #1 and #2 have not received a quarterly account of financial transactions since 1/14/24 and 1/22/24, respectively.

Plan of Correction

Directed (█ - 06/24/2024)

█ (Administrator) has completed these Quarterly Accounts and sent them out to their designated contacts. They are attached. As all of our residents have a diagnosis of IDD and their RASPs indicate that they are unable to manage their finances, we do not provide them with a copy. █ (Administrator) has reviewed the regs again on this and will check on a quarterly basis to ensure that these are completed and sent to designated contacts in a timely fashion.

Proposed Overall Completion Date: 06/24/2024

(Directed)

- █ (Administrator) has completed these Quarterly Accounts and sent them out to their designated contacts on 6/12/24.
- Residents and designated contacts will continue to receive copies of their quarterly account of financial transactions, despite their diagnoses unless a resident is court deemed incompetent.
- The Administrator will receive education on regulation 2600.20(b)(8) by 7/5/24.
- Documentation of completed education and quarterly financial transaction itemizations will be kept by the

20b8 - Quarterly Account (continued)

home and available for review by the Department.

Directed Completion Date: 07/05/2024

Implemented (█) - 07/22/2024)

94b - Non-Skid Surface

3. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The exterior wooden steps, leading from the second floor off the back of the home, to the back yard were slippery and not equipped with non-skid surfaces.

Plan of Correction

Directed (█) - 06/24/2024)

The contractor had been contacted by the Administrator, (█) to come and repaint the stairs with non-skid stain on May 24. Due to the contractor's busy schedule, the houseparents decided they will do it themselves. The stain with the grit in it will be applied and completed by July 1st, 2024. It will be put on the yearly Quality Management Plan to ensure that the steps are in good condition which is reviewed and competed in December of every year. House Parent, (█) has completed an initial audit of all the steps inside and outside the building for any safety issues and outside of these exterior steps, all are in good condition. The steps will be checked on a monthly basis and this check will be added to the monthly fire drill sign off paper.

Proposed Overall Completion Date: 06/24/2024

(Directed)

In addition to the above:

- House Parent, (█) has completed an initial audit of all the steps inside and outside the building for any safety issues and with the exception of these exterior steps, all are in good condition as of 6/24/24.
- All interior stairs, exterior steps and ramps will be checked monthly by the Administrator or designee beginning 7/1/2024 to ensure they are all equipped with nonskid surfaces.
- Documentation of repairs and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/01/2024

Implemented (█) - 07/22/2024)

132b - Safety Inspection/Fire Drill

4. 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 last fire drill observed by a fire safety expert was conducted on 5/5/21. The last fire safety inspection of the home by a fire safety expert was conducted on 1/24/23.

132b - Safety Inspection/Fire Drill (continued)

Repeated Violation - 12/20/22.

Plan of Correction

Accept (█ - 06/24/2024)

The House Parent/Administrator █ contacted the local fire safety expert on May 24, 2024, to schedule a visit. █, Fire Safety Expert, responded and is scheduled to come on June 24th, 2024 at 4:00pm. This will be added to the yearly Quality Management Plan to ensure that it is being done on a yearly basis. Our Quality Management team meets in December of 2024. It is also on our fire drill form which is completed by the administrator. █ Administrator, has reviewed the regulations in regard to the Fire Safety Expert visit and has added it to █ electronic calendar as a reminder for next year.

Proposed Overall Completion Date: 06/24/2024

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented (█ - 07/19/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on █. The resident's previous medical evaluation was completed on █.

Plan of Correction

Directed (█ - 06/24/2024)

This Medical Eval was scheduled by █ (House Parent) 6 months in advance to get in the required time frame. The doctor called and changed the appointment the day before it was scheduled to occur. The next available appointments were outside the required time frame. We will try our best to prevent this from happening in the future. █ next Medical Eval is scheduled on 7/18/24 which is within the appropriate time frame. All of the residents Medical Evaluations have been checked as of June 3, and they are all in compliance. This was done by █ Administrator. █ will contact the DR offices as soon as █ is legally able to, due to insurance constraints, to schedule these yearly evaluations. Unfortunately, we are at the mercy of the DR offices.

Proposed Overall Completion Date: 06/24/2024

(Directed)

In addition to the above:

- Education will be provided to staff member(s) responsible for ensuring medical evaluations are completed per regulatory timelines by 7/5/2024.

141b1 - Annual Medical Evaluation (continued)

- An initial audit on all resident medical evaluations was completed on 6/3/24 which will be followed by quarterly audits to ensure medical evaluations are completed timely and to confirm the next evaluation has been scheduled, as applicable, to meet the regulatory timelines.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/05/2024

Implemented (█) - 07/22/2024)

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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label on the medication box of pouch/rolls of medications for Resident #1, does not include their current order of █. The resident's current order is to administer █

█ The pharmacy label read, █

Plan of Correction

Accept (█) - 06/24/2024)

Please see attached explanation. In the future, if the ER makes a mistake on a scrip, the Medical Coordinator, █ will contact the Primary PCP of the resident to get a corrected prescription sent to the pharmacy. █ (Administrator/Med Coordinator) has reviewed the 2600.184(a) regs as of June 24th. █ (Admin/Med Coord) has checked all the other medications and has ensured that the labels are all correct. This was completed by June 3rd. Beginning on July 1st, █ (Admin/Med Coord) will check the medication labels when the new med boxes are picked up from the pharmacy.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█) - 07/22/2024)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.
- 9. Administration times.
- 14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

Resident #1 is prescribed [redacted]. However, Resident's #1 May 2024, medication administration record (mar) indicates staff are administering [redacted]

Resident #1's May 2024, mar does not record the time when their [redacted] is administered to them.

Resident #2 is prescribed [redacted] Resident #2's May 2024, medication administration record (mar) does not include the initials of the staff person who administered [redacted]

Plan of Correction

Directed ([redacted] - 06/24/2024)

Please see attached explanation. In addition, the DCS will be reminded to sign the MAR neatly so that initials can be read. DCS was educated on May 24th by [redacted] (Admin) to sign MARs neatly. [redacted] has also educated all other DCS of this regulation. [redacted] the medical coordinator, will ensure that the MARs are written correctly by the pharmacy and that the staff is completing them properly and neatly. [redacted] will also remind the pharmacy to make sure that the MAR is changed when a new script comes through for a resident and that it matches the DR's prescription. [redacted] talked to the pharmacy on May 24th, 2024. [redacted] reviewed all the other MARs on May 24 and they are correct. [redacted] (Admin) will continue to review the MARs on a monthly basis when they arrive from the pharmacy. The current MAR reflects the current dose and time and was completed by [redacted] Pharmacy on June 1.

Proposed Overall Completion Date: 06/24/2024

(Directed)

In addition to the above:

- All staff who administer medications will receive education on 2600.187(a) by the Administrator or designee no later than 7/5/24.
- Beginning June 1, 2024, the Administrator or designee will complete monthly MAR audits to ensure they contain required information.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/05/2024

Implemented ([redacted] - 07/22/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted]. However, Resident #1 was administered [redacted]

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed (████ - 06/24/2024)

Please see attached explanation. In the future, if the ER makes a mistake on a scrip, the Medical Coordinator, █████ (Administrator), will contact the Primary PCP of the resident to get a corrected prescription sent to the pharmacy. In the future, if a resident goes to the ER, █████ (Med Coordinator) will ensure that the prescription has been completed correctly according to DHS regs.

Proposed Overall Completion Date: 06/24/2024

(Directed)

- All staff who administer medications will receive education by 7/12/2024 on regulation 2600.187(d) and the home's procedures and procedures for medication administration by the Administrator or designee.
- Beginning 7/1/2024, the Administrator or designee will review a resident's order for new orders upon return from a medical appointment or emergency room visit. The resident's medication administration record will then be updated to correctly reflect any new or changed medication orders.
- Beginning 7/1/2024, if the home receives orders from a physician or emergency room pharmacy that contains incorrect packaging or instructions, the PCP or pharmacy will be immediately contacted by the Administrator or designee for an updated order or package of medications.
- Beginning 7/1/2024, the Administrator or designee will review resident medication administration records monthly to ensure medications are being administered as prescribed.
- Documentation of education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/12/2024

Implemented (████ - 07/22/2024)

225c - Additional Assessment

9. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3's current assessment was completed on █████. However, the resident's previous assessment was completed on █████.

Repeated Violation - 12/20/22.

Plan of Correction

Accept (████ - 06/24/2024)

The RASP will be completed on a yearly basis and staff will no longer wait for yearly updated medical evaluation as they had been. The administrator, █████ and █████ the Administrative Assistant will continue to check that these are being done in a timely fashion. This resident's current RASP is dated 7/13/23 and we will ensure that █████ next RASP will be within the required time frame. █████ and █████ have both reviewed the regs in regard to RASPs to re-educate themselves. As of June 3, they have checked all the other RASPs of the residents, and they are in compliance. These will be checked on a quarterly basis beginning July 1 by █████ and █████

225c - Additional Assessment (continued)

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 07/22/2024)

227e - Self Administer Medication

10. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #3's current RASP, dated (), indicates the resident can self administer medications. However, per staff interviews, due to a change in needs, staff have been self administering the resident's medications for approximately ()

Plan of Correction

Directed () - 06/24/2024)

The RASP has been changed to reflect this change in the resident's ability to self-medicate. This was updated on 6/17/24 by () In the future, the House Parent () will notify () (Admin. Assistant) of all changes as they occur so that RASPs can be updated in a timely basis. New RASPs will be put in resident's file and in the MAR. () (Administrator) and () (Administrator) will complete a review of all other RASPs and update them as required in regard to Med Administration by July 31.

Proposed Overall Completion Date: 07/31/2024

(Directed)

In addition to the above:

- Staff member(s) responsible for completing/updating RASP's will be educated on regulation 2600.227(e) by the Administrator or designee.
- An audit of all current resident RASP's will be completed by 7/15/24 by the Administrator or designee to ensure their assessments correctly reflect their ability to self administer medications, or not; quarterly audits will continue following the 7/15/24 audit.

Directed Completion Date: 07/15/2024

Implemented () - 07/22/2024)