

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

November 8, 2024

[REDACTED], ESQUIRE  
QUALITY LIFE SERVICES-GROVE CITY,LLC  
[REDACTED]

RE: QUALITY LIFE SERVICES-GROVE  
CITY  
400 HILLCREST AVENUE  
GROVE CITY, PA, 16127  
LICENSE/COC#: 45532

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2024 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: *QUALITY LIFE SERVICES-GROVE CITY* License #: *45532* License Expiration: *05/08/2025*  
 Address: *400 HILLCREST AVENUE, GROVE CITY, PA 16127*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *QUALITY LIFE SERVICES-GROVE CITY,LLC*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/04/2002* Issued By: *L&I*

**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: *08/20/2024*

**Inspection Dates and Department Representative**

*08/20/2024 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *20* Residents Served: *14*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*  
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *1*

**Inspections / Reviews**

08/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2024*

10/02/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/04/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2024*

Inspections / Reviews *(continued)*

10/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/05/2024

11/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 08/20/24 the home's regulation book, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [redacted] - 10/02/2024)

A copy of the regulation book was posted in the front entrance area of the home by the PC Administrator on 8-21-24.

Education was provided to the PC Administrator on 8/26/2024, by the NHA on the need to ensure that the regulation book is posted in a conspicuous area. Education will be kept on file.

Audits will be completed monthly times 3 month starting on 9/1/2024, by the PC Administrator, to ensure that the regulation book remains in place.

Results of the audits will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [redacted] - 11/07/2024)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] and [redacted], there were no staff certified in first-aid on the 10:30pm - 6:30am shift. There were 19 residents in the home on each occasion.

Plan of Correction

Accept [redacted] - 10/08/2024)

On 8-21-24 the PC Administrator checked and found all the CPR/First Aid certification that worked in the facility. That certification is on file.

On 8-23-24, the PC Administrator completed an audit of all employee files to ensure that all in house staff and agency staff had their CPR/First Aid certifications on file.

Education was provided to the PC Administrator 8/26/2024 by the NHA, on the need to ensure that all staff is CPR/First Aid certified. Education will be kept on file.

Audits will be completed quarterly, and upon hire, by the PC Administrator to ensure that staff has CPR/First Aid certification.

Results of the audits will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [redacted] - 11/07/2024)

65b - Rights/Abuse 40 Hours

3. Requirements

65b Rights/Abuse 40 Hours (continued)

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff person A did not have orientation training in the Emergency Medical Plan or Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.*

**Plan of Correction**

**Accept** [redacted] - 10/02/2024)

*On 8/26/2024 the PC Administrator reviewed the emergency medical plan and mandatory reporting of abuse and neglect with Staff Person A.*

*Education will be provided to the PC Administrator 8/26/2024 by the NHA on what is required for education on the emergency medical plan and mandatory reporting of abuse and neglect for staff. Education will be kept on file.*

*Beginning on 9-1-24 PC Administrator will track trainings to ensure that all mandatory trainings are being completed appropriately.*

*Results will be reviewed at the monthly QA meeting.*

**Licensee's Proposed Overall Completion Date: 09/26/2024**

**Implemented** [redacted] - 11/07/2024)

65f Training Topics

**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct care staff persons B and C did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Personal care service needs of the resident or Care for residents with mental illness or an intellectual disability, during training year 2023.*

65f Training Topics (continued)

Plan of Correction

Accept (redacted) - 10/02/2024)

Education was provided to the PC Administrator on 8/26/2024 by the NHA on the training required for staff under regulation 2600 65 f. Education will be kept on file.

On 8/26/2024 the PC Administrator reviewed education on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident and care for resident with mental illness or an intellectual disability with staff persons B and C. Education will be kept on file.

Beginning on 9 1 23 PC Administrator will track trainings to ensure that all mandatory trainings are being completed appropriately.

Results will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (redacted) - 11/07/2024)

103d - Storing Food Off Floor

5. Requirements

2600.

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

Description of Violation

On 08/20/24 at 10:45 AM, a case of mashed potatoes was stored on the floor in the pantry.

Plan of Correction

Accept (redacted) 10/02/2024)

The case of mashed potatoes stored on the floor in the pantry was removed by the PC Administrator on 8 21 24 and stored appropriately.

Education will be provided to the PC Administrator and the Kitchen Manager on (pick a date) by the NHA/Designee on the appropriateness of where to store food. Education will be kept on file.

The pantry was checked on 8 23 24 by the PC Administrator to ensure that no other food was stored inappropriately.

Audits will be completed weekly x 4 weeks, then monthly x 3 months, by the Kitchen Manger/Designee to ensure that food is stored appropriately.

Results of the audits will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented (JW - 11/07/2024)

141a - Medical Evaluation

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1, admitted (redacted), does not include the date the resident was evaluated, medical diagnoses or an assessment on the resident's ability to self administer medications. These sections are blank.

141a - Medical Evaluation (continued)

Plan of Correction

Accept ( [redacted] ) - 10/02/2024)

The medical evaluation for Resident #1 was completed and signed by the resident's Physician on [redacted]. Education will be provided to the PC Administrator on 8/26/2024 by the NHA on the need for a medical evaluation by a Physician, Physican's Assistant or CRNP completed within 60 days prior to admission or within 30 days after admission. Education will be kept on file.

An audit was completed on all resident records by the PC Administrator on 9-4-23 to ensure that the medical evaluations were completed timely.

New admissions will be audited on admission to ensure that moving forward, the medical evaluations are completed timely.

Results of the audits will be reviewed at the QA meeting.

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented ( [redacted] ) - 11/07/2024)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]

Resident #3's most recent medical evaluation was completed on [redacted]

Plan of Correction

Accept ( [redacted] ) - 10/02/2024)

The annual medical evaluations for Residents # 2 and #3 was completed and signed by the resident's Physician on [redacted]

Education will be proved to the PC Administrator on 8/26/2024 by the NHA on the need for a medical evaluation to be completed annually. Education will be kept on file.

An audit was completed on all resident records by the PC Administrator on 9-4-24 to ensure the residents had an annual medical evaluation completed.

Audits will be completed, starting 10-1-24, by the PC Administrator/Designee quarterly to ensure the necessary paperwork is completed timely.

Results of the audits will be reviewed at the QA meeting

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented ( [redacted] ) - 11/07/2024)

225c - Additional Assessment

8. Requirements

2600.

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

Description of Violation

Resident #2's most recent assessment was completed on [redacted]

Resident #3's most recent assessment was completed on [redacted]

225c - Additional Assessment (continued)

**Plan of Correction**

Accept (█ - 10/02/2024)

*The assessments for resident #2 and #3 were updated by the PC Administrator on 8/23/2024.*

*Education will be provided to the PC Administrator on 8/26/2024 by the NHA on the need to ensure that resident's assessments are update in a timely manner. Education will be kept on file.*

*An audit was completed on all resident records by the PC Administrator on 9-4-24 to ensure that all assessments were current.*

*Audits will be completed starting 10-1-24 by the PC Administrator quarterly to ensure the necessary paperwork is completed timely.*

*Results of the audits will be reviewed at the monthly QA meeting.*

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented (█ - 11/08/2024)

227a - Support Plan 30 Days

**9. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident #1 was admitted on █; however, the resident's initial support plan was not completed.*

**Plan of Correction**

Accept (█ - 10/02/2024)

*Support plan for resident #1 was completed on █ by the PC Administrator.*

*Education was provided to the PC Administrator on 8/26/2024 by the NHA on initial support plan needing to be completed.*

*An audit was completed on all resident records by the PC Administrator on 9-4-24 to ensure that the support plans were completed.*

*Beginning 10-1-24, the PC Administrator/Designee will ensure that initial support plans are initiated on residents upon admission.*

*Results of the audits will be reviewed at the monthly QA meeting.*

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented (█ 11/08/2024)