

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

May 12, 2025

[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 03/13/2025, 03/21/2025 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: 11/03/2025  
 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] Email: [REDACTED]

**[REDACTED] of Occupancy**

Type: I-1 Date: 12/30/2019 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/21/2025

**Inspection Dates and Department Representative**

03/13/2025 - On-Site: [REDACTED]  
 03/21/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 55 Residents Served: 40

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 4

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

**03/13/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2025

Inspections / Reviews *(continued)*

04/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/01/2025

04/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/14/2025

05/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On 1/17/25, while staff member A was transferring resident #1 from [REDACTED] wheelchair to toilet, the resident started to fall, and staff member A lowered the resident to the floor. Staff member A then called staff member B to assist. The staff were picking up the resident and placing [REDACTED] on the toilet when resident #1 became upset and called staff members names. Staff member A told the resident that [REDACTED] "couldn't talk to staff that way" and "if it continued, (staff) was going to reporting it to staff member C, (the home's administrator)." Resident #1 said "go ahead." Both staff member A and staff member B left the room. Upon returning to the resident #1's room, staff member A asked the resident if [REDACTED] was "calmed down" before asking if the resident "would like to get off the toilet yet." Resident #1 then began calling staff member A names, and staff member A told resident #1 to "stop talking to me like that" or the staff would leave the room. Staff member A then left the room. Resident #1 indicated [REDACTED] feels like [REDACTED] is being treated like a child.

**Plan of Correction**

Accept ( [REDACTED] - 04/24/2025)

- On 3/14/25, Resident #1's responsible party and Primary Care Physician (PCP) were notified (Attachment A, 1-4 – Nurses Notes).
- On 3/14/25, Executive Director (ED/LPN) evaluated resident #1 and identified no apparent negative side effects from these findings.
- On 3/17/25, current residents were interviewed by the Executive Director (ED) to ensure they felt they are being treated with dignity and respect, and no other violations of regulation 2600.42c were identified.
- On 3/25/25, ED re-educated current staff (including staff member A and staff member B) on the requirements set within regulation 2600.42c. and strategies on how to address residents with challenging behaviors. Documentation of this education will be retained within the community. (Attachment B, 1-9 – Inservice)
- On 4/15/25, [REDACTED], RN, Clinical Consultant Affinity Health Services conducted an additional in-service for all DCS on Residents Rights, Dignity and Respect (Attachment C, 1-15 – Inservice)
- Starting 4/1/25, ED or designee will interview 4 residents weekly x 3 weeks, then 4 (different) residents bi-weekly x 2 weeks to ensure they feel they are being treated with dignity and respect and ensure continued compliance with regulation 2600.42c (Attachment D – 1-3, Audit Tool). Feedback and education will be provided to staff at the time if any resident feels they have not been treated properly.
- Starting in May 2025, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing or other interventions are necessary to achieve and maintain compliance. Documentation will be retained within the community.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ( [REDACTED] - 05/12/2025)

## 81b - Resident Personal Equipment

## 2. 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 had an enabler bar on [REDACTED] bed that was strapped loosely to a plywood board, positioned between the mattress and boxspring, that was able to be moved out from the bed posing an entrapment hazard.

Resident #2 had an enabler bar attached to [REDACTED] bed that moved approximately 6-inches from the mattress posing an entrapment hazard.

Resident #3 had an enabler bar attached to [REDACTED] bed that moved approximately 4-inches from the mattress posing an entrapment hazard.

Resident #4 had an enabler bar attached to [REDACTED] bed that moved approximately 6-inches from the mattress posing an entrapment hazard.

## Plan of Correction

Accept ([REDACTED] - 04/24/2025)

- On 3/13/25, the bed enabler bars in resident rooms [REDACTED] were immediately inspected and secured by the Maintenance Supervisor while inspector was onsite and verified.
- On 3/14/25 an audit of all resident rooms was completed by the Maintenance Supervisor and no further violations of 2600.81B were identified.
- Current residents and staff were re-educated by the Executive Director on the requirements of regulation 2600.81B on 3/18/25 (Attachment E, 1-8 – Inservice) documentation of the education will be retained within the community.
- Starting on 4/1/25 the ED or designee will provide education to all new residents upon admission of regulation 2600.81B and the importance of notifying the ED prior to purchasing and/or installation of any type of enabler or safety device. (Attachment F, 1-2 – policy)
- Starting on 4/1/25, the medication technicians will inspect current bed enablers daily to ensure safety and security and will document findings on EMAR. Maintenance Supervisor or designee will audit 5 resident room's/equipment weekly X3 weeks (Attachment G, 1-3 – Audit Tools) then bi-weekly X2 weeks to ensure compliance. The findings of these audits will be reviewed at our monthly Safety Committee Meeting.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 05/12/2025)

## 183d - Prescription Current

## 3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

Resident #5 had 48 syringes of Morphine Sulfate, 20mg/1ml solution, in the home's medication refrigerator. However,

183d - Prescription Current (continued)

the medication was discontinued on 12/18/24. In addition, the medication had expired on 3/9/25.

Plan of Correction

Accept ( [redacted] ) - 04/24/2025)

- On 3/13/25, immediately upon identification the Morphine Sulfate was removed and discarded by the Resident Care Coordinator
- On 3/17/2024, a Med cart & Refrigerator audit was completed by the Resident Care Coordinator, and no further violations of 2600.183d were identified.
- On 3/25/25, Current Med Techs were re-educated on the requirements of 2600.183d and the proper disposal of discontinued and/or expired medications by the Executive Director (Attachment H, 1-9 – Inservice). Documentation of this education will be retained within the community.
- Starting the week of 4/8/2025, The Resident Care Coordinator or designee will audit medications for 10 residents a week for 3 weeks, then 5 residents a week for 3 weeks to ensure continued compliance with regulation 2600.183d (Attachment I, 1-3 – Auditing tool)
- Starting in May 2025, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing or other interventions are necessary to achieve and maintain compliance. Documentation will be retained within the community.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented ( [redacted] ) - 05/12/2025)

225c - Additional Assessment

4. 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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Multiple staff interviews indicate resident #1 can become irritated and agitated, often yelling at staff and calling staff names. However, this change in condition is not indicated on resident #1's assessment, dated [redacted]

Plan of Correction

Accept ( [redacted] ) - 04/24/2025)

- On 3/14/25, the RASP for resident #1 was updated to address the assessment for irritability, agitation, and aggression (Attachment J – RASP addendum), current staff were notified via RASP Addendum sign off.

**225c - Additional Assessment (continued)**

- *On 3/31/25, an audit of RASPs for existing residents was completed by the ED and Resident Care Coordinator to ensure compliance with regulation 2600.225c. No other violations were identified.*
- *Starting 4/17/25, ED or designee will audit 4 RASPs weekly for 3 weeks, then 4 RASPs biweekly to ensure continued compliance with regulation 2600.225c for changes in existing conditions (Attachment K, 1-2 – Audit Tool)*
- *Starting in May 2025, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing or other interventions are necessary to achieve and maintain compliance. Documentation will be retained within the community.*

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented ( [REDACTED] - 05/12/2025)