

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

July 11, 2025

[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 05/22/2025 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: *GRIFFITH HOUSE* License #: 36335 License Expiration: 09/28/2025
 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: 06/12/1997 Issued By: *Dept of Labor & Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 4 Waking Staff: 3

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 05/22/2025

Inspection Dates and Department Representative

05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 6 Residents Served: 4

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: 0 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/15/2025

06/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/07/2025
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/30/2025

Inspections / Reviews (*continued*)

07/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/07/2025

07/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2025

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 5/22/2025, the home's most current licensing summary issued by the Department, dated 5/23/2024, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 07/01/2025)

The most current licensing summary was posted 5/16/25 in the common area on the bulletin board by the home Administrator. The Administrator was instructed on 5/16/25 by the Director on Reg 3c (2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.) In the future, the administrator will ensure that future inspection summaries have been hung in the proper place and that it remains there throughout the year. This will be done by weekly walk through of this area beginning on 6/30/25 by the Administrator. The Office Administrator, will contact the administrator when the next summary has been sent to Griffith House from the main office to ensure she has received it.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 07/11/2025)

18 - Compliance With Laws

2. 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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/2016, requires the battery of battery operated carbon monoxide alarms are be labeled with the date of installation. On 5/22/2025, the carbon monoxide alarm in the resident bedroom hallway located on the second floor did not have a label indicating the date the battery had been installed.

Plan of Correction

Accept (█ - 07/01/2025)

A new battery was dated and installed on 6/12/25 in the carbon monoxide detector by the Home Administrator. The Administrator was trained on The Care Facility Carbon Monoxide Alarms Standards Act on 6/12/25 by the Director. The inspection of the CO2 monitors has been added to the yearly Quality Management checklist on 6/12/25 and to the yearly inspection of buildings checklist on 6/12/25. This was completed by the Administrator and the Office Administrator. The Administrator did an initial audit of the two CO2 alarms on 6/12/25 as QM Meeting will not be until Dec 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

18 - Compliance With Laws (continued)

Implemented () - 07/11/2025

20b8 - Quarterly Account

3. 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

The home provides financial management services for residents #1 and #2. Residents #1 and #2 have not received a quarterly account of financial transactions since 12/2024.

Repeated Violation - 5/23/2024

Plan of Correction

Accept () - 07/01/2025

Quarterly Reports for residents #1 and #2 were completed and sent to the appropriate family members and residents on 5/29/25 by the Office Administrator. The Office Administrator, has made a spreadsheet to keep track of this to ensure that quarterly reports are completed and mailed to the families on a timely basis. This was completed on 6/12/25. These are the only residents that we hold funds for. Beginning 7/1/25, the Director will check this spreadsheet on a quarterly basis to ensure reports are completed in a timely basis.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented () - 07/11/2025

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 5/22/2025 at approximately 9:50 AM, the refrigerator in the kitchen had unlabeled, undated food items, including:

- Apple butter stored in a green Tupperware container
- Yogurt parfait stored in a cup with plastic wrap
- a plate of fruit torts covered in plastic wrap

Plan of Correction

Accept () - 07/01/2025

The food was thrown out that day by the Administrator and House Parent. Staff was instructed on Reg 2600.103(e) - Food served and returned from an individual's plate may not be served again or used

103e - Left Overs (continued)

in the preparation of other dishes. Leftover food shall be labeled and dated.) A staff signature sheet that indicates that they have been trained on this by the Administrator. This will completed by 6/30/25. We have also added Food Safety to our yearly staff training plan for 8/5/25. The House Parent has assigned the DCS to check the refrigerator weekly on Wednesday evening to check the refrigerator to ensure all food has been dated labeled. If it is not, DCS has been instructed to throw it out **(Directed)-the weekly checks will begin no later than 7/7/25-**

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented () - 07/11/2025)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home most recently submitted their written emergency procedures to the local emergency management agency on 1/14/2025. The previous submission was on 12/5/2023.

Plan of Correction

Accept () - 07/01/2025)

This has been added to our yearly Quality Management Plan by the Office Administrator on 6/12/25 and implemented the same day. Office Administrator to ensure that it is completed on an annual and timely basis. Director, will ensure that this is accomplished on a yearly basis. The Director, Administrator and Office Administrator have met and reviewed 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. This was done on 6/12/25.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/11/2025)

109b - Rabies Vaccination

7. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/22/2025, a feline was present at the home; however, the home does not have a current certificate of rabies vaccination for the feline as the rabies vaccination expired on 8/5/2024.

109b - Rabies Vaccination (continued)

Plan of Correction

Accept (█ - 07/01/2025)

An appointment for the cat has been made for 6/26/25. The shot certification from this appointment is attached. The Administrator has instructed the House Parent on 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept. The Administrator, will make sure we are on the vet's vaccine reminder list. A review of our animal/pet policy was added to our annual Quality Management plan on 6/12/25 and will include animal licenses and vaccines. The QM Plan will be reviewed in December 2025. The Administrator reviewed all the other pet records on 6/12/25 and they were up to date.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 07/11/2025)

125b - Combustible Restrictions

8. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 5/22/2025, a propane tank was unlocked, unattended, and accessible to residents on the home's front porch.

Plan of Correction

Accept (█ - 07/01/2025)

The propane tank was 5/23/25 disconnected and stored in an outbuilding away from the home by the House Parent. The Administrator has instructed the House Parent and DCS on 2600.125(b) - Combustible materials shall be inaccessible to residents. █ Director, has ordered the lock for the valve on the propane tank. Anticipated date of delivery is 7/2/25. For now, the tank will be disconnected and stored elsewhere until an appropriate lock can be purchased. The House Parent and Administrator will continue to monitor the propane tank on a weekly basis to ensure that the DCS is locking it. **(Directed) weekly audits of the propane tank will begin no later than 7/7/25-█**

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented (█ - 07/11/2025)

132a - Monthly Fire Drill

9. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

An unannounced fire drill was not held during the month of April 2025.

Plan of Correction

Accept ([redacted] - 07/01/2025)

The Administrator, met with the house parent on 5/23/25, to remind [redacted] of the importance of and need for monthly fire drills. 2600.132(a) - An unannounced fire drill shall be held at least once a month. This will also be reiterated at the yearly staff training on Fire Safety on 10/1/25. The Administrator will check the fire drill sheets monthly to ensure they have been done and sign off they they have been completed each month. This was already in place. This happened during the transition between 2 House Parents.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/11/2025)

187a - Medication Record

10. Requirements

2600.

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

- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted]. However, resident's May 2025 medication administration record does not indicate dose, route of administration, frequency of administration, diagnosis or purpose for the medication.

Repeated Violation - 5/23/2024

Plan of Correction

Accept ([redacted] - 07/01/2025)

The May and June MAR were corrected by the Administrator/Med Coord on 5/ 22/25. The pharmacy was contacted by the Medical Coordinator on 6/23/25 and they have updated the MAR for July 2025. The Med Coordinator will check the MARs monthly when they come from the pharmacy to ensure that the MAR matches the prescriptions. If they do not, [redacted] will contact the pharmacy immediately. This was started on 6/23/25. The Medical Coord has reviewed 2600.187(a) (- A medication record shall be kept to include the following for each resident for whom medications are administered) with the DCS on 6/11/25.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/11/2025)