

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

August 19, 2025

[REDACTED], NHA
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 06/16/2025 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: *QUALITY LIFE SERVICES-GROVE CITY* License #: *45532* License Expiration: *05/08/2026*
 Address: *400 HILLCREST AVENUE, GROVE CITY, PA 16127*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/04/2002* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/16/2025*

Inspection Dates and Department Representative

06/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *20* Residents Served: *15*

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: *15*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

06/16/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2025*

07/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/18/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2025*

Inspections / Reviews *(continued)*

08/19/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The window closest to the door in the shared bathroom, in bedroom 103, did not have any drapes, shades, curtains, blinds, shutters, or other means to provide privacy while using the toilet or shower.

Plan of Correction

Accept ([redacted]) - 07/14/2025)

- 1. Blinds were placed on window by Maintenance Director on 06/17/2025. Maintenance Director will be educated by PCHA regarding privacy by 08/10/2025.
- 2. Whole house audit was completed by PCHA on 06/18/2025 to ensure all bathrooms had blinds.
- 3. Audits will be completed by PCHA or designee on 10% of rooms weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ([redacted]) - 08/19/2025)

65b - Rights/Abuse 40 Hours

2. Requirements

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, hired on [redacted] completed 40 hours of work on [redacted] however, as of 6/16/25, did not complete the following required topics of the required orientation:

Emergency medical plan

Reporting of reportable incident and conditions

REPEAT VIOLATION: 8/20/24

Plan of Correction

Accept ([redacted]) - 07/14/2025)

- 1. Employee A completed 40 hours work orientation on 06/16/2025. PCHA signed papers on 06/16/2025.
- 2. No corrective action needed. PCHA will be educated by NHA on 40 hour orientation training by 07/09/2025.
- 3. Audits will be completed on 10% of employees by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

65b - Rights/Abuse 40 Hours (continued)

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At approximately 10:40 a.m., the home's first aid kit did not include breathing shield and eye coverings.

Plan of Correction

Accept () - 07/14/2025

- 1. All items were placed in or with first aid kit on 06/16/2025 by PCHA.
- 2. Staff will be educated on first aid kit items needed by PCHA by 08/10/2025.
- 3. Audits will be completed by PCHA or designee of first aid kit weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025

103d - Storing Food Off Floor

4. Requirements

2600.

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

Description of Violation

At approximately 10:05 a.m., at least 6 food boxes containing food were stored on the floor of the walk-in freezer in the main kitchen.

REPEAT VIOLATION: 8/20/24

Plan of Correction

Accept () - 07/14/2025

- 1. Removed all boxes off of the floor of the walk-in freezer in main kitchen on 06/16/2025 by kitchen cook.
- 2. Kitchen staff will be educated by PHCA or designee on storing food in kitchen by 08/10/2025.
- 3. Audits will be completed by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025

103e - Left Overs

5. Requirements

103e - Left Overs (continued)

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

At approximately 10:05 a.m., multiple slices of orange cheese were opened and not sealed in the upright stainless-steel refrigerator in the main kitchen.

Plan of Correction

Accept () - 07/14/2025

- 1. Disposed of the cheese and checked to make sure no other foods were left open or unwrapped on 06/16/2025 by kitchen cook. All food will be stored in containers, or wrapped, labeled and dated before putting it away.
- 2. Kitchen staff will be educated by PHCA or designee on storing of food, wrapping, labeling and dating by 08/10/2025.
- 3. Audits will be completed by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:05 a.m., multiple uncovered slices of cheese were opened and not dated in the upright stainless-steel refrigerator in the main kitchen.

Plan of Correction

Accept () - 07/14/2025

- 1. Disposed of the cheese and checked to make sure no other foods were left open or unwrapped on 06/16/2025 by kitchen cook. All food will be stored in containers, or wrapped, labeled and dated before putting it away.
- 2. Kitchen staff will be educated by PHCA or designee on storing of food, wrapping, labeling and dating by 08/10/2025.
- 3. Audits will be completed by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025

107a - Emergency Preparedness

7. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

107a - Emergency Preparedness (continued)

Description of Violation

At approximately 10:43 a.m., the home did not have the emergency preparedness plan for the local municipality.

Plan of Correction

Accept (█) - 07/14/2025

- 1. Local municipality emergency preparedness plan binder was relocated from Administrator office to the personal care unit on 06/17/2025 by the PCHA.
- 2. Personal Care staff will be educated on where the binder is located and to familiarize themselves with the contents by PCHA by 07/09/2025. All binders are together so that staff knows where to find them.
- 3. Audits will be completed by PCHA or designee weekly x4 and monthly x 3 on binder placement. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 08/19/2025

107b - Emergency Procedures

8. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

At approximately 10:43 a.m., the home did not have written emergency procedures.

Plan of Correction

Accept (█) - 07/14/2025

- 1. Emergency procedures binder was relocated from Administrator office to the personal care unit on 06/17/2025 by the PCHA.
- 2. Personal Care staff will be educated on where the binder is located and to familiarize themselves with the contents by PCHA by 07/09/2025. All binders are together so that staff knows where to find them.
- 3. Audits will be completed by PCHA or designee weekly x4 and monthly x 3 on binder placement. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 08/19/2025

132c - Fire Drill Records

9. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record, for the drill conducted on 4/21/25 at 2:23/2:29, did not indicate a.m. or p.m.

132c - Fire Drill Records (continued)

Plan of Correction

Accept (█) - 07/14/2025)

- 1. Maintenance Director will correct the drills to include AM or PM by 07/11/2025.
- 2. The Maintenance Director or designee will provide education to maintenance department by 07/11/2025. Fire drills to include date and specific time showing AM or PM.
- 3. Audits will be completed by Maintenance Director or designee weekly x4 and monthly x 3 on binder placement. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 08/19/2025)

132i - Testing Fire Alarm

10. Requirements

- 2600.
- 132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

The fire drill record indicated drills were conducted on 5/27/25 at 8:36 p.m. and 6/16/25 at 2:07 a.m.; however, the fire alarm was not activated during either drill.

Plan of Correction

Accept (█) - 07/14/2025)

- 1. The Maintenance Director will correct the drills to state the correct information which is that the fire alarm was activated during both drills.
- 2. The Maintenance Director was educated by PCHA on fire alarm needs on 07/09/2025. Maintenance Director will educate his staff on how to document a fire drill by 07/14/2025.
- 3. Audits will be completed by Maintenance Director or designee weekly x4 and monthly x 3 on binder placement. Starting on 06/18/2025 ending by 10/03/2025.
- 4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 08/19/2025)

141a 1-10 Medical Evaluation Information

11. Requirements

- 2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

*The medical evaluation, dated 5/23/25, for resident #1 is blank in the ability to self-administer medication section.
REPEAT VIOLATION: 8/20/24*

Plan of Correction

Accept (█) - 07/14/2025)

1. The PCHA’s most recent DME on 05/27/25 for resident #1 had all items filled in; the original DME was corrected on 06/16/25 by PCHA.
2. PCHA will be educated by NHA on how to fill out a DME by 07/09/2025. The PCHA or designee will make sure that all boxes are filled in on all DME’s upon admission.
3. Whole house audit was done on 06/18/2025 by PCHA. Audits will be completed on 10% of charts by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 08/19/2025)

183b - Meds and Syringes Locked

12. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

There were multiple medications of over the counter(OTC) and CAM medication that were unlocked, unattended, and accessible in resident #2’s bathroom, to include: Preparation H, antacids, and Hair, Skin, Nails supplement gummies. This resident was not assessed to self-administer these medications nor assessed to keep them at bedside.

A bottle of vitamin D3, prescribed to resident #1, was available in the medication cart; however, this medication was discontinued.

A bottle of OTC Antifungal Powder containing Miconazole Nitrate 2.0%, belonging to resident #1, was in the medication cart; however this medication was not on the medication administration record (MAR) nor was there a current order for this medication.

183b - Meds and Syringes Locked (continued)

Vitamin B-12, prescribed to resident #3, was in the medication cart; however, this medication was discontinued.

Plan of Correction

Accept () - 07/14/2025)

1. Discontinued medications and powders were removed immediately from cart as of 06/16/25 by PCHA. Medications were removed from resident #2 bathroom by PCHA. PCHA completed a cart audit on 06/18/2025 and removed all D/C medications and any items we didn't have a script for. PCHA started audit of rooms on 06/23/2025 and determined which residents needed evaluations to determine if can self-administer and remove medications from rooms. All residents wanting a self-administration assessment have been assessed and had medications locked and an order placed by PCHA on 07/04/2025.
2. PCHA will be educated by NHA on self-administration assessment, OTC medications, proper storage of medications, and discontinued medications by 07/10/2025.
3. Whole house audit was done on 06/18/2025. Audits will be completed on 10% of resident rooms and 10% of resident's medications in cart by PCHA or designee weekly x 4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025)

224a - Preadmission Screen Form

13. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2, admitted 4/29/25, does not have a preadmission screen.

Plan of Correction

Accept () - 07/14/2025)

1. PCHA provided surveyor team the prescreen document for resident #2, during our exit.
2. PCHA will be educated by NHA on preadmission screen by 07/10/2025.
3. Whole house audit was done on 06/24/2025 by PCHA. Audits will be completed by PCHA or designee on 10% of all charts weekly x4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 08/19/2025)

225a - Assessment 15 Days

14. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial assessment for resident #2, signed 4/29/25, does not include page 1 of the Department's Resident Assessment and Support Plan recommended form was missing; resulting in missing information, to include the following: resident name, date of birth, admission date, formal supports, informal supports, and date assessment completed.

Plan of Correction

Accept (█ - 07/14/2025)

1. PCHA provided surveyor team page 1 of the RASP assessment; for resident #2, during exit.
2. PCHA will be educated by NHA on the RASP assessment by 07/10/2025.
3. Whole house audit was done on 06/24/2025 of all charts by PCHA. Audits will be completed by PCHA or designee on 10% of all charts weekly x4 and monthly x 3. Starting on 06/18/2025 ending by 10/03/2025.
4. Results will be submitted to QAPI.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█ - 08/19/2025)