

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

January 29, 2026

[REDACTED]
GROVE MANOR CORPORATION
[REDACTED]

RE: THE PURPLE IRIS AT THE CARING
PLACE
103 NORTH 13TH STREET
FRANKLIN, PA, 16323
LICENSE/COC#: 46869

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/10/2025 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: *THE PURPLE IRIS AT THE CARING PLACE* License #: *46869* License Expiration: *03/02/2026*
 Address: *103 NORTH 13TH STREET, FRANKLIN, PA 16323*
 County: *VENANGO* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *GROVE MANOR CORPORATION*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *07/21/1995* Issued By: *Dept of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/10/2025*

Inspection Dates and Department Representative

12/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *32* Residents Served: *26*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/10/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2026*

01/16/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/21/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/30/2026*

Inspections / Reviews *(continued)*

01/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

96a - First Aid Kit

1. 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

The home's emergency first aid kit, located on the first floor was missing adhesive bandages and the emergency first aid kit, located on the second floor was missing adhesive tape.

Plan of Correction

Accept [redacted] - 01/16/2026)

On 12/11/2025 both first & second floor first aid kits were restocked by administrator. on 12/11/2025 administrator provided educations to all personal care staff on regulation 2600.96a. Administrator audits both first & second floor first aid kits every week. On 12/11/2025 Administrator audits A/R review monthly. Please see attached.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/29/2026)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:03 a.m., the temperature measured 8 degrees Fahrenheit and at 12:08 p.m. measured 5 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 01/16/2026)

On 12/11/25 administrator & dietary manager audited freezer and obtained -4 degree reading. on 12/11/2025 Dietary manager to conduct daily temp audits. On 12/11/25 all personal care staff & dietary staff in serviced by administrator & dietary manager on regulation. on 12/11/25 Scobell company inc - service arrived on site of facility. Company found temperature to be around 0 degrees. Door was stuck open due to failing door gasket. Turned freezer setpoint down 5 degrees and confirmed mechanics, operation. Ordered replacement door gasket. On 12/17/2025 Scobell Company installed replacement door gasket, after installing door gasket found that the closer was not closing the door tightly. Ordered closer. On 12/23/25 Scobell company picked up replacement door closer. Replaced and adjusted new door closer to insure the door closes tightly every time. On 12/12/25 administrator audits A/R review monthly See attached.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/29/2026)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

There was key FOB operated magnetic lock on the emergency exit door located next to the dietary, leading from the hallway to the first floor stairwell. The magnetic lock was engaged and blocked egress unless activated by a key FOB. The door was marked with an emergency exit sign.

There was key FOB operated magnetic lock on the emergency exit door located next to the elevator, leading from the hallway to the second floor stairwell. The magnetic lock was engaged and blocked egress unless activated by a key FOB. The door was marked with an emergency exit sign.

Plan of Correction

Accept () - 01/16/2026

Both first & second floor have key fob operated magnetic locks. All personal care residents will be given a key fob. On 12/11/25 Blairs locksmith were notified by maintenance supervisor of needing keypads. On 12/16/25 blairs locksmith came to building. Locksmith unable to provide keypad for door access. On 12/11/25 Administrator provided education to all staff on regulation. on 12/16/25 maintenance supervisor purchased key fobs to be given to each resident. On 12/30/25 all residents were issued a key fob to have access to 1st & 2nd floor stairwell - emergency exit door. All residents signed for key fob and will let personal care office personnel to reissue a key fob if resident misplaces their fob. Upon admission of new resident, resident will be issued a key fob for emergency exit doors for both 1st & 2nd floor. On 12/11/2025 administrator audits A/R review monthly. See attached.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented () - 01/29/2026

183b - Meds and Syringes Locked

4. 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 was a prescription tube of Volteran gel and two 7.1 oz. spray bottles of Thera Worx, unsecured, unattended, and accessible on a box next to the bed belonging to resident (). This resident was not assessed to self-administer these medications nor keep them at bedside.

Plan of Correction

Accept () 01/16/2026

On 12/10/2025 medications immediately removed from room. Lead med tech faxed PCP for an order for medication. Lead med tech & administrator immediately audited all resident rooms on 12/10/2025. On 12/11/2025 educations provided to all staff on regulation. On 12/12/2025 administrator & lead med tech will audit weekly of residents rooms to ensure no medications are in residents rooms. On 12/12/2025 administrator provided all residents & their families a letter that medications can not be left/stored in resident room without a physician order and resident is safely able to self-administer medications.

On 12/12/2025 Audit A/R review monthly.

See attached.

Licensee's Proposed Overall Completion Date: 01/12/2026

183b - Meds and Syringes Locked (continued)

Implemented (████) - 01/29/2026)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident █████ was prescribed █████, take 1 tablet daily as needed; however, the medication label indicated █████, take 1 tablet daily.

Plan of Correction

Accept (████) - 01/16/2026)

On 12/10/2025 medication bottle was immediately reviewed and placed a "directions change" label on medication bottle. On 12/10/2025 lead med tech reviewed/audit all resident medications and verified all medication prescription labels matched physician orders on EMAR.

On 12/11/25 administrator provided education to all staff on regulation.

12/12/25 weekly audits conducted by lead med tech & administrator to ensure medication labels match physician orders.

Audit A/R review monthly 12/12/2025

See attached.

Licensee's Proposed Overall Completion Date: 01/12/2026

Implemented (████) 01/29/2026)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident █████ has a diagnosis of █████. The support plan, dated █████, indicated a plan to meet this residents need was to Administer medications as orders. Follow physicians orders. Monitor lab, report changes. Additionally, the summary indicated change bag and wafer weekly and PRN; however, the support plan does not address who will change the bag and wafer weekly and as needed.

Plan of Correction

Accept (████) - 01/16/2026)

All residents RASP will be resident specific to properly care for resident.

On December 11, 2025 Lead med tech completed a new updated/resident specific rasp. RASP states that resident can care for █████ own █████ Resident changes █████ ostomy once a week and as needed. Staff will assist if resident needs assistance. On 12/11/25 administrator educated all staff on regulation 2600.227.d. Administrator audited all resident RASPs on 12/11/2025 to ensure rasps are resident specific. Administrator will audit all rasps going forward once completed annually or upon admission. On 12/12/25 Administrator audits A/R review monthly.

See attached.

227d - Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 01/29/2026)