

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

March 18, 2026

[REDACTED], PCHA
GROVE MANOR
435 NORTH BROAD STREET
GROVE CITY, PA, 16127

RE: GROVE MANOR I
435 NORTH BROAD STREET
GROVE CITY, PA, 16127
LICENSE/COC#: 45131

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2026 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: GROVE MANOR I License #: 45131 License Expiration: 03/26/2026
 Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127
 County: MERCER Region: WESTERN

Administrator

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

Legal Entity

Name: GROVE MANOR
 Address: 435 NORTH BROAD STREET, GROVE CITY, PA, 16127
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/28/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 02/09/2026

Inspection Dates and Department Representative

02/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 30
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/09/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/05/2026

03/06/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/18/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2026

Inspections / Reviews *(continued)*

03/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/10/2026

03/18/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. 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

At approximately 11:36 a.m., the bedside enabler on the right side of resident #1's bed was able to be moved approximately 6 inches toward the head of the resident's bed and 6 inches towards the foot of the resident's bed, accounting for an aggregate range of motion of approximately 12 inches. The movement did not require significant force.

Plan of Correction

Accept () - 03/16/2026

2600.81.b POC

- 1. The device was immediately addressed for security and installation by the maintenance man. 02/09/26
- 2. An audit was created and implemented for safety and compliance. This PCHA, a maintenance person, or this PCHA designee will audit the enabler twice weekly for 8 weeks, then weekly for 8 weeks, and then every other week for 8 weeks. Audit began 02/13/26. Proposed overall completion 08/28/26.
- 3. An education was presented to and signed off by Direct Care Staff. Opportunity was provided to ask questions. 02/24/26
- 4. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 03/18/2026

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:29 a.m., there was a used unlabeled blue Bic shaving razor in the top sink drawer of the common bathroom located immediately adjacent to the home's main laundry room.

Plan of Correction

Accept () - 03/16/2026

2600.85.a POC

- 1. Immediately upon notification of the offending razor, it was removed from the bathroom and placed in the garbage. 02/09/26
- 2. An audit was created and implemented for sanitation and compliance. This PCHA or () designee will audit the common bath twice weekly for 4 weeks, then weekly for 4 weeks. Audit began 02/13/26. Proposed completion date 04/10/26.

85a - Sanitary Conditions (continued)

- 3. An education was presented to and signed off by Direct Care Staff. Opportunity was provided to ask questions. 02/24/26
- 4. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented () - 03/18/2026

103e - Left Overs

3. 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

At 11:21 a.m., there was an opened, undated clear plastic bag of chicken tenders in the white freezer located in the main kitchen's dry food area.

Plan of Correction

Accept () - 03/16/2026

2600.103.e POC

- 1. Immediately upon identification, the bag of chicken tenders was properly dated. 02/09/26
- 2. An audit was created and implemented. The Dietary Manager or () designee will audit the freezers for dating and regulatory compliance. Audits will occur twice weekly for 4 weeks, weekly for 4 weeks, then monthly for 3 months. Audit given to Dietary Manager to begin 02/18/26. Proposed completion date 06/30/26.
- 3. An education was presented to and signed off by dietary staff. Opportunity was provided to ask questions. 02/18/26
- 4. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 03/18/2026

171c - Home's Vehicle Documents

4. Requirements

- 2600.
- 171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

The home's Ford transportation van, used to transport residents, license plate (), most current vehicle registration expired on 10/20/25.

Plan of Correction

Accept () - 03/16/2026

- 1. Immediately upon identification of the issue, the Nursing Home Administrator, who handles the renewal was notified and the registration was updated. 02/09/26
- 2. This PCHA will place the renewal on () calendar for one month in advance to remind the Nursing Home

171c - Home's Vehicle Documents (continued)

Administrator to renew the registration. Expires 01/31/2027. Reminder placed on PCHA calendar 02/13/26 for 12/30/2026. PCHA will remind NHA on or before 12/30/25 to complete registration renewal and visualize completion.

Licensee's Proposed Overall Completion Date: 12/30/2026

Implemented (█) - 03/18/2026)

181c - Self-administration Assessment**5. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2's most recent assessment and support plan completed on █, indicated the resident was not assessed to self-administer medication. However, at approximately 11:45 a.m., there was a partially used tube of Neosporin on the resident's bedside dresser located in █ private resident room.

Plan of Correction

Accept (█) - 03/16/2026)

2600.181.c POC

1. Immediately, upon identification, the tube of Neosporin was removed from the resident's room. 02/09/26
2. A letter was sent to all residents, families, and POAs providing a reminder that no medication, OTCs, or topical medications are to be kept in resident rooms and if they feel there is a need, to reach out to the PCHA. 02/12/26
3. An audit was created and implemented. This PCHA or █ designee will audit 5 resident rooms twice weekly for 4 weeks, then weekly for 4 weeks, and then every other week for 4 weeks to ensure there are medications at bedside for resident's that do not have the self-administration assessment, physician order, and RASP necessary. Audit began 02/26/26. Proposed completion date 05/16/26.
4. An education was presented to and signed off by Direct Care Staff. Opportunity was given to ask questions. 02/24/26
5. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 05/16/2026

Implemented (█) - 03/18/2026)

184a - Resident's Meds Labeled**6. 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 #3 was prescribed Lantus Solar 100 unit / 1ML insulin pen, inject 15 units sub-Q at bedtime. However, the medication's label indicates Lantus Solostar 100-unit insulin pen inject 10-unit sub-Q once a day.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 03/16/2026

2600.184.a POC

1. Immediately upon identification, a change of direction sticker was placed on the medication label. 02/09/26
2. An education was presented and signed off on by Direct Care Staff. Opportunity was given to ask questions. 02/24/26
3. An audit was created and implemented. The PCHA or █ designee will audit all insulin pens for correct labeling per physician orders or placement of a change of direction sticker. Audits will be done twice weekly for 8 weeks, then weekly for 8 weeks, then monthly for 3 months. Audit began 02/13/26. Proposed completion date 08/14/26.
4. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented (█) - 03/18/2026

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

At approximately 11:45 a.m., there was an unattended unsecured partially used tube of Neosporin on the bedside dresser located in █ private resident room. The door to the private resident room was not locked.

Resident #3 was prescribed insulin Lispro injectable solution 100 unit per sliding scale, if 70 - 150 = 0 units, if 151 - 200 = 4 units, if 201 - 250 = 8 units, if 301 - 350 = 16 units, if 351 - 400 = 20 units, if 401 - 999 = 24 units, and call MD. The resident's February 2026, Medication Administration Record indicated a blood glucose reading of 317 on 2/5/26, at 7:00 p.m. However, there was no blood glucose measurement indicated on the resident's glucometer for the corresponding date / time.

Plan of Correction

Accept (█) - 03/16/2026

2600.185.a POC

1. Immediately, upon identification, the tube of Neosporin was removed from the resident's room. 02/09/26
2. A letter was sent to all residents, families, and POAs providing a reminder that no medication, OTCs, or topical medications are to be kept in resident rooms and if they feel there is a need, to reach out to the PCHA. 02/12/26
3. An audit was created and implemented. This PCHA or █ designee will audit 5 resident rooms twice weekly for 4 weeks, then weekly for 4 weeks, and then every other week for 4 weeks to ensure there are medications at bedside for resident's that do not have the self-administration assessment, physician order, and RASP necessary. Audit began 02/18/26. Proposed completion date 06/12/26.
4. An education was presented and signed off on. Opportunity was given to ask questions. 02/24/26
5. The PCHA or █ designee will audit glucometers for proper documentation, storage, and use twice weekly for 4 weeks, weekly for 4 weeks, and then every other week for 4 weeks. Audit began 02/18/26. Proposed completion 06/12/26.
6. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 06/12/2026

185a - Implement Storage Procedures (*continued*)

Implemented (█) - 03/18/2026)

187a - Medication Record

8. Requirements

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident #2 was ordered Provide 4 - 8 ounces of water at every med pass to encourage hydration 5 times a day. On 1/7/26, at 9:00 p.m., the resident was administered this treatment. However, the treatment's administration was not indicated on the resident's January 2026, Medication Administration Record for the corresponding date / time.

Plan of Correction

Accept (█) - 03/16/2026)

2600.187.a POC

1. An education was presented and signed off on by Direct Care Staff. Opportunity was given to ask questions. 02/18/26 and 02/24/26

2. All task oriented entries into the EMAR not requiring a physician order were removed and a new process is being initiated. Removal completed and working up of new process began 02/24/26.

3. The PCHA or █ designee will audit for EMAR documentation completion three times weekly for 8 weeks, twice weekly for 8 weeks, then weekly for 8 weeks. Audit began 02/18/26. Proposed completion 08/28/26.

4. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented (█) - 03/18/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was prescribed insulin Lispro injectable solution 100 unit per sliding scale, if 70 - 150 = 0 units, if 151 - 200 = 4 units, if 201 - 250 = 8 units, if 301 - 350 = 16 units, if 351 - 400 = 20 units, if 401 - 999 = 24 units, and call MD. On 2/5/26, at 4:00 p.m., a blood glucose measurement of 572 was indicated on the resident's Medication Administration Record. However, the home failed to notify the prescribing physician.

Plan of Correction

Accept (█) - 03/16/2026)

2600.187.d POC

1. An education was presented and signed off on by Direct Care Staff. Opportunity was given to ask questions. 02/16/26 and 02/24/26

2. An audit was created and implemented. The PCHA or █ designee will audit for proper physician notification per physician orders per the sliding scale. Audits will be occur three times weekly for 8 weeks, twice weekly for 8 weeks, then weekly for 3 months. Audit began 02/18/26. Proposed completion 08/31/26.

3. Results of the audits will be reported to QAPI for additional feedback related to regulatory compliance.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented ([REDACTED] - 03/18/2026)