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

September 1, 2026

[redacted], OWNER
SAFE AND SOUND INC
[redacted]

RE: THE GROVES
103 W. MAIN STREET
EPHRATA, PA, 17522
LICENSE/COC#: 32227

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2026, 06/11/2026 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: *THE GROVES* **License #**: *32227* **License Expiration**: *06/17/2027*

Address: *103 W. MAIN STREET, EPHRATA, PA 17522*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *SAFE AND SOUND INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *R-3*	**Date**: *04/23/2007*	**Issued By**: *Borough of Ephrata*
Type: *C-2 LP*	**Date**: *01/25/1993*	**Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/12/2026*

Inspection Dates and Department Representative

06/10/2026 - On-Site: [redacted]

06/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* **Residents Served**: *10*

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**: *10*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/10/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

Inspections / Reviews *(continued)*

07/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/28/2026*

07/31/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/10/2026*

09/01/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident #2 made a complaint alleging Resident #1 told Resident #2 to shut up and touched Resident #2's [redacted] Staff member E was aware of the complaint; however, this alleged incident of abuse was not reported to the Department.

[redacted], Resident #1 slapped Resident #4 on the arm; this incident was not reported to the Department.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/15/2026 by the Administrator to informed all staff of the change/update to the Personal Care Home Regulatory Compliance Guide regarding regulation 2600.16c.

On 06/15/2026 the Administrator educated all staff both verbally and in writing regarding the update. Staff were informed that the Regulatory Compliance Guide for 2600.16.c was updated to include any act of physical violence by one resident to another resident, even where the victim does not sustain an injury must now be reported to the Department, The Administrator updated the homes Reportable Incident policy to include this change. Completion date of 06/16/2026.

Effective 06/16/2026 the Resident Coordinator will have all new staff review and sign off on the reportable incident policy, this will be ongoing. Effective 07/20/2026 the Resident Staff Coordinator or Administrator will review monthly all journal entries in resident records through 12/30/2026. This review will ensure ongoing compliance with reporting any incident or condition of abuse, by one resident to another, to the Department's personal care home regional office. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

On 7-23-2026 the Resident Coordinator filed with the DHS the incident reports for the reportable incidents that occurred on [redacted] and [redacted]

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 09/01/2026)

131f Fire Extinguisher Inspection

3. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the home's third floor attic has not been inspected by a fire safety expert since July 2024.

131f - Fire Extinguisher Inspection *(continued)*

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2026 by the House Coordinator. Encore Holding LLC was contacted to have attic fire extinguisher inspected or serviced.

On 06/25/2026 the House Coordinator added the Attic fire extinguisher to the yearly Fire Extinguisher check sheet. Encore was scheduled to inspect or service attic extinguisher, with a completion date of 07/17/2026.

Effective 07/16/2026 the House Coordinator will perform a semiannual review of all fire extinguishers, through 09/30/2027 to maintain ongoing compliance with ensuring fire extinguishers are inspected and approved annually by a fire safety expert, and to ensure the date of the inspection is on each extinguisher. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 09/01/2026)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 04/27/2026 at 6:58 AM. The previous sleeping hours fire drill was conducted on 10/2/2025.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/15/2026 by the Resident Coordinator to add the next fire drill needed during sleeping hours to the fire log.

On 6/15/26 staff responsible for conducting monthly fire drills where educated by the administrator that sleeping hour fire drills need to be conducted within 6 months of the calendar date of the last sleeping hour fire drill rather than within the 6th month as the home had been doing for 20 plus years. Starting on 06/15/2026 the Resident Coordinator will conduct the night time fire drill every 5 months to ensure that it is done within the required 6 month time frame, with a completion date of 09/26/2026.

Effective 06/15/2026 the Resident Coordinator will review monthly the Fire drill log, through 12/30/2027 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 09/01/2026)

183e - Storing Medications

5. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/10/2026 at approximately 2:55 PM, Staff Member A used scissors to open a medication sachet pack for Resident #5 to administer the resident's [redacted] as there had been an ordered change in the time of administration to 2:00 PM. Staff Member A used tape to seal the pharmacy sachet for the remaining medications to be administered at the later time and placed the sachet back in the cabinet with resident's medication.

On 6/11/2026 at approximately 11:25 AM, the #11 blister on Resident #6's [redacted] had a piece of taped paper covering the opened blister.

On 6/11/2026 at approximately 11:33 AM, the #19 blister on Resident #6's [redacted] had tape covering the opened blister.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

The ordered change in the time of administration came at the beginning of the weekly cycle fill for the medication sachet. The pharmacy will not allow medications to be returned, and insurance will not cover the cost for additional medications. Instructions were to dispense the [redacted] from the later time sachet to ensure that the Resident #5 received the medication. Staff Member A removed the [redacted] from the sachet through a small slit, leaving the other medications in the original sachet. Staff Member A taped the slit on the sachet without touching or contamination of the remaining medication. Medication was removed from the sachet packet in the same manner as opening a pill bottle and then placing the lid back on. The Pharmacy will deliver medication with tape sealing the sachet, if they need to make a change to the medication after filling.

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/15/2026 by the Med Tech Trainer. On 6/15/26 all medication staff were informed by the Med Tech Trainer that if they need to remove medication from the Sachet for dispensing, all other medications in that sachet may not be used and must be destroyed. Medication staff were instructed that if any blister pack has a blister cell with a torn or punctured foil that all medication in that blister cell must be destroyed.

Effective 07/27/2026 the Resident Coordinator or assigned Med Tech will bi-weekly review blister packs for damage to the foil on blister cells. This will continue through 12/30/2027 to maintain ongoing compliance

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented ([redacted] - 09/01/2026)

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:
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled *(continued)*

Description of Violation

The pharmacy label for Resident #1's [redacted]

The pharmacy sachets for Resident #1's [redacted] *not include the instructions for administration.*

The pharmacy sachets for Resident #7's [redacted] *did not include the instructions for administration.*

The pharmacy label for Resident #6's [redacted]*. The current order as of 5/18/2026 for* [redacted]

Plan of Correction ***Accept (- 07/31/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/13/2026 by the Resident Coordinator. Pharmacy was contacted to inform them that the prescribed dosage and instructions for administration must be added to the sachets. Staff have been asking the Pharmacy for several months to add this information. Pharmacy is exploring options on how to add this information to the current Sachet. Resident Coordinator contacted PCP for clarification on Resident #6 [redacted]

To enhance the currently compliant operations, on 07/14/2026 the Resident Coordinator will work with pharmacy to covert to medication sachets that can have all the required information printed on them, including prescribed dosage and instructions for administration. [redacted] *may not be returned to the pharmacy to have labels updated when a dosage change occurs. Pharmacy will not print and send updated labels to place on* [redacted]*. Pharmacy will send a sticker to place over pharmacy label that say "Dosage change, see medical record". Resident Coordinator is working with Pharmacy and PCP to come up with a solution to meet regulation, with a completion date of 07/31/2026.*
Resident # 6 two new written orders for [redacted] *on 5/18/2026 were in addition to the standing PRN order of* [redacted]*. PCP did not want to DC the standing order incase resident needed additional* [redacted]
Starting 8-1-26 and continuing through 7-3-27, the Resident Coordinator or Assigned Med Tech will review weekly all new medications that were received during the prior week to ensure that all medications received have a pharmacy label that includes the prescribed dosage and instructions for administration attached to the original container.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 09/01/2026)

190c - Record of Training

7. Requirements

190c - Record of Training *(continued)*

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Member D did not indicate if the staff member was requalified and did not include the student signature and date on the annual practicum due April 2026.

Plan of Correction ***Accept (- 07/31/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/16/2026 by the Trainer to check the box on the annual practicum form to indicate Staff Member D was requalified. All required medication passes and medication reviews where completed on the form to indicate student had qualified. Staff member D [redacted] he

To enhance the currently compliant operations, on 06/16/2026 the Administrator will review medication annual practicum forms to ensure information is completed correctly, with a completion date of 06/20/2026.

Effective 06/16/2026 the Administrator will every 3 months perform a review of medication training records to maintain ongoing compliance. This will ensure that all medication training records include the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 09/01/2026)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated [redacted] indicated that the resident requires no supervision either in the home or when in the community. However, staff were providing consistent supervision and redirection for Resident #1's [redacted] The assessment did not include resident's need for supervision for [redacted] The assessment did not indicate that the resident's [redacted]

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/17/2026 by the Resident Coordinator to Resident Support plan was updated to include updated information. This included need for supervision [redacted]

To enhance the currently compliant operations, starting on 07/27/2026 a new assessment and support plan with be created for any resident when new behavior traits manifest or a resident's behavior changes, . Review of each Resident's behaviors and care will be performed at each staff meeting so that all staff can communicate any changes that need to be added to the support plan or require a new assessment, This will continue until 12-30-27

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 09/01/2026)