

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

February 18, 2025

[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 01/23/2025 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: GROVE MANOR I License #: 45131 License Expiration: 03/26/2025  
 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: Dept L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 33 Waking Staff: 25

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/23/2025

**Inspection Dates and Department Representative**

01/23/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 40 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28  
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 5 Have Physical Disability: 0

**Inspections / Reviews**

01/23/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/15/2025

02/13/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/14/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/26/2025

Inspections / Reviews *(continued)*

02/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff person A and staff person B were not trained in first aid. These staff worked alone in the home, with at least 4 residents present on [redacted] between 3:00 p.m.-11:00 p.m.

Staff person A and staff person C were not trained in first aid. These staff worked alone in the home, with at least 4 residents present on [redacted] between 3:00 p.m.-11:00 p.m.

Plan of Correction

Accept ([redacted] - 02/13/2025)

63a- First aid/ CPR Training

2600.63.a At least one staff person for every 50 residents who is trained in first aid ad certified in obstructed airway techniques shall be present in the home at all times.

Violation- Staff A and staff person B were not trained in first aid. These staff worked alone in the home with at least 4 residents present on [redacted] between 3p and 11p

- Staff person A and staff person C were not trained in first aid. These staff worked alone in the home with at least 4 residents present on [redacted] between 3p and 11p.

2600.63a POC

1.This PCHA reviewed the posted schedule to ensure regulatory compliance was maintained with at least one staff being CPR and First Aid certified. No corrections were found to be needed at the time of review.

2. A CPR and First Aid class was scheduled to bring staff a, b, and c into compliance along with other identified uncertified staff. The class is scheduled for 02/18/25 at 315p with [redacted]. This class will occur within facility.

3. Education was provided to and signed off by Direct Care Staff. Opportunity was given to ask questions. 01/25/25

4. This PCHA will maintain the tracking log of all staff CPR and First Aid. This PCHA will audit the schedule with the tracking log weekly for 4 weeks, then monthly for 4 months. This PCHA will review this document and make updates weekly for 4 weeks, then monthly for 4 months.

5.Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ([redacted] - 02/18/2025)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:40 a.m., an unlabeled white gallon container with a blue lid, containing a liquid with a bleach-like odor, was stored on top of the washer machine in the unlocked laundry room near bedroom 111.

Plan of Correction

Accept ([redacted] - 02/13/2025)

82a- Poisonous Materials

**82a - Poisonous Materials (continued)**

2600.82.a Poisonous materials shall be stored in their original, labeled containers.

Violation- At approximately 1040a, an unlabeled white gallon container with a blue lid, containing a liquid with a bleach like odor, was stored on top of the washing machine in the unlocked laundry room near bedroom 111.

2600.82.a POC

1. Immediately, upon notification of the lock not working properly, maintenance staff began working on the lock and fixed the locking problem.

2. Upon notification to this PCHA, the unlabeled bottle was removed from the laundry room. It appeared that the label had come off of the bleach container as the bleach we order is in a white bottle with a blue lid.

3. All poisonous materials located within the laundry room were examined for labels with no other deficient practice noted.

4. An education was provided to and signed off by Direct Care Staff. Opportunity was given to ask questions.

01/25/25

5. Audits began immediately to ensure regulatory compliance. This PCHA or her designee will complete audits 3 times weekly for 4 weeks, weekly for 4 weeks, and then monthly for 2 months.

6. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented (█) - 02/18/2025)

**91 - Telephone Numbers****3. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

At approximately 10:00 a.m., the telephone numbers for emergency management and for personal care home complaint hotline were not posted nearby the hallway phone, next to bedroom 116.

**Plan of Correction**

Accept (█) - 02/13/2025)

91- Telephone Numbers

2600.91 Emergency Telephone Numbers- Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care complaint hotline shall be posted on or by each telephone with an outside line.

Violation- At approximately 10a, the telephone numbers for emergency management and for personal care home complaint hotline were not posted nearby the hallway phone, next to bedroom 116.

2600.91 POC

1. Upon notification, this PCHA placed the emergency telephone number card beside the outgoing telephone outside of room 116.

2. An education was presented to and signed off by Direct Care Staff. Opportunity was provided to ask questions.

01/27/25

3. Audits began immediately to ensure regulatory compliance.

4. This PCHA or her designee will audit all telephones with an outgoing line for the emergency number card weekly for 4 weeks, monthly for 3 months.

5. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

91 - Telephone Numbers (continued)

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 02/18/2025

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 10:13 a.m., the exterior ramp and sidewalk, outside the emergency exit door near bedroom 111, was covered in approximately ¼ inch of snow.

At approximately 10:13 a.m., the exterior stairs, outside the emergency exit door from the activity room, was covered in approximately 1 inch of snow.

At approximately 10:25 a.m., the exterior landing and stairs, outside the emergency exit door near bedroom 214, was covered in approximately ¼ inch of snow.

Plan of Correction

Accept ( ) - 02/13/2025

100b- Removal Snow/ Obstructions

2600.100.b The home shall ensure that ice, snow, and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Violation- At approx. 1013a the exterior ramp and sidewalk, outside the emergency exit door near bedroom 111, was covered with approx. ¼ inch of snow.

At approx. 1013a the exterior stairs, outside the emergency exit door from the activity room was covered in approx. 1 inch of snow.

At approx. 1025a the exterior landing and stairs outside the emergency exit door near bedroom 214 was covered in ¼ inch of snow.

2600.100.b POC

1. Upon identification, the snow and ice were immediately removed.
2. Education was provided to and signed off on by Maintenance staff and Direct Care Staff. Opportunity was provided to ask questions. 01/27/25
3. Audits began immediately to ensure regulatory compliance during episodes of inclement weather.
4. All exit doors will be checked daily by staff on duty to ensure no obstructions and adequate snow and ice removal for one month, then twice weekly for one month, then weekly for one month. An audit will be available for use by staff at all times for documentation. Staff on duty will notify the Maintenance Department as needed.
5. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 02/18/2025

131f - Fire Extinguisher Inspection

5. 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 transportation vehicle has not been inspected since July 2023.

Plan of Correction

Accept ( [redacted] - 02/13/2025)

131f- Fire Extinguisher Inspection

2600.131.f Fire extinguishers shall be inspected and approved annually by fire safety expert. The date on the inspection shall be on the extinguisher.

Violation- The fire extinguisher in the home's transportation vehicle has not been inspected since July 2023.

2600.131.f POC

1. Upon identification, the Director of Environmental Services removed the fire extinguisher from service and replaced it with one that had been properly inspected and dated.
2. Education was provided to and signed off by Maintenance staff. Opportunity was provided to ask questions. 01/27/25
3. Fire extinguishers located with in the transport van and within the facility will be checked once monthly for 6months by the Director of Environmental Services or [redacted] designee for proper servicing, inspection, and dating.
4. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( [redacted] - 02/18/2025)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Eleven individual droppers contained Refresh eye drops stored in the medication cart, prescribed to resident #1, expired in October 2024.

Plan of Correction

Accept ( [redacted] - 02/13/2025)

183d- Prescription Current

2600.183.d Only current prescriptions, OTC, sample, and CAM for individuals living in the home may be kept in the home.

Violation- Eleven individual droppers contained Refresh eye drops stored in the medication cart, prescribed for Resident #1, expired in October 2024.

2600.183.d POC

1. Immediately upon identification, the eye drops were removed from the medication cart and disposed of. Other, currently in date, Refresh tears were present and available for use.
2. An education has been presented and signed off on by Direct Care Staff. Opportunity given to ask questions. 02/06/25
3. Complete cart audits were completed the day following survey 01/24/25.
4. Cart audits will be completed on 10 Residents weekly for 4 weeks (different residents each week), every other week for 2months, and then monthly for 2 months.
5. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

## 183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 02/18/2025

## 183e - Storing Medications

## 7. 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

One loose Vitamin C tablet was observed in resident #1's medication box.

## Plan of Correction

Accept ( ) - 02/13/2025

183d- Prescription Current

2600.183.d Only current prescriptions, OTC, sample, and CAM for individuals living in the home may be kept in the home.

Violation- Eleven individual droppers contained Refresh eye drops stored in the medication cart, prescribed for Resident #1, expired in October 2024.

2600.183.d POC

1. Immediately upon identification, the eye drops were removed from the medication cart and disposed of. Other, currently in date, Refresh tears were present and available for use.

2. An education has been presented and signed off on by Direct Care Staff. Opportunity given to ask questions. 02/06/25

3. Complete cart audits were completed the day following survey 01/24/25.

4. Cart audits will be completed on 10 Residents weekly for 4 weeks (different residents each week), every other week for 2months, and then monthly for 2 months.

5. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( ) - 02/18/2025

## 184a - Resident's Meds Labeled

## 8. 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 #1 was prescribed Benzonatate Capsule 200mg, take 1 capsule by mouth three times daily as prescribed; however, the label indicated Benzonatate Capsule 100mg, take 2 capsules by mouth every 8 hours as needed for 7 days.

## Plan of Correction

Accept ( ) - 02/13/2025

183d- Prescription Current

2600.183.d Only current prescriptions, OTC, sample, and CAM for individuals living in the home may be kept in the

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

home.

Violation- Eleven individual droppers contained Refresh eye drops stored in the medication cart, prescribed for Resident #1, expired in October 2024.

2600.183.d POC

1. Immediately upon identification, the eye drops were removed from the medication cart and disposed of. Other, currently in date, Refresh tears were present and available for use.
2. An education has been presented and signed off on by Direct Care Staff. Opportunity given to ask questions. 02/06/25
3. Complete cart audits were completed the day following survey 01/24/25.
4. Cart audits will be completed on 10 Residents weekly for 4 weeks (different residents each week), every other week for 2months, and then monthly for 2 months.
5. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented (█) - 02/18/2025)

**227d - Support Plan Medical/Dental****9. 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 #1 was prescribed a grab bar assistive device for bed mobility (enabler); however, this resident's support plan did not indicate the need for an enabler or how the resident's need will be met.

**Plan of Correction**

Accept (█) - 02/13/2025)

227d- Support Plan Medical/ Dental

2600.227.d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, and 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 the services. This requirement does not require a home to pay cost of these medical and behavioral services.

Violation- Resident #1 was prescribed a grab bar assistive device for bed mobility (enabler); however, this resident's support plan did not indicate the need for an enabler or how the resident's need will be met.

2600.227.d POC

1. Correction made to cited RASP by way of RASP Addendum. Direct Staff notified via RASP Addendum sign off.
2. This PCHA audited the RASP for the one additional enabler/ bed cane present in facility. Any necessary corrections made.
3. Once a week for 4 weeks this PCHA will review any new orders related to enablers and audit documentation RASP related to ensure compliance. After initial 4 weeks, this PCHA will perform the audit related to enablers and RASP documentation monthly x 3 months.
4. Results of audits will be reported during QAPI for additional feedback related to regulatory compliance.

227d - Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented ( [REDACTED] ) - 02/18/2025