

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

January 9, 2025

[REDACTED]
GROVE MANOR CORPORATION
[REDACTED]
[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 12/10/2024 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: *03/02/2025*
 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: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/10/2024*

Inspection Dates and Department Representative

12/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *32* Residents Served: *25*
 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: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/10/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/06/2025*

01/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/09/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

01/09/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. However, the resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] 01/09/2025)

All residents DMEs audited for date of evaluation and date completed by administrator on 12/11/2024. Audits will be completed when resident has a new DME completed by physician by administrator/designee. Education provided on 12/11/2024 as to regulation & importance of timely completing annual medical evaluation. Audits will be conducted by administrator/designee monthly. Administrator will follow the DME/RASP tickler. Administrator/designee will complete monthly QAPI plan to be reviewed for compliance

See attached

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented [redacted] - 01/09/2025)

224a - Preadmission Screen Form

2. 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 [redacted] preadmission screening was not dated when completed, therefore, the timeliness of this prescreen cannot be measured.

Plan of Correction

Accept [redacted] 01/09/2025)

All residents' preadmission screening forms were audited by administrator for completion date on 12/11/2024. Audits will be completed when resident is admitted to facility for completion with date. Education provided on 12/11/2024 as to regulation and importance of date completed on pre-admission screening. Administrator/designee will complete monthly QAPI plan to review for compliance.

See attached.

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented [redacted] - 01/09/2025)

225a - Assessment 15 Days

3. Requirements

2600.

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

Resident [redacted] assessment, dated [redacted], does not include the resident's use of a bedrail/enabler.

225a Assessment 15 Days (continued)

Plan of Correction

Accept (█ - 01/09/2025)

Personal care home administrator completed an addendum to assessment immediately after founded. All residents' assessments audited for completion of initial assessment with all required devices & active orders. Audits will be completed when resident has a new RASP or significant change by administrator/designee that all required information is on initial assessment. Education provided on 12/11/2024 as to regulation & importance of timely completing initial assessment for RASP or significant change RASP. Audits will be conducted by administrator/designee monthly. Administrator will follow the DME/RASP tickler. Administrator/designee will complete monthly QAPI plan to be reviewed for compliance
See attached

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented (█ - 01/09/2025)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident █ most recent assessment was completed on █ However, the resident's previous assessment was completed on █.

Plan of Correction

Accept (█ - 01/09/2025)

All residents DMEs audited for date of evaluation and date completed by administrator on 12/11/2024. Audits will be completed when resident has a new DME completed by physician by administrator/designee that administrator/designee completed the RASP or significant change in a timely manner. Education provided on 12/11/2024 as to regulation & importance of timely completing annual medical evaluation & annual RASP or significant change RASP. Audits will be conducted by administrator/designee monthly. Administrator will follow the DME/RASP tickler. Administrator/designee will complete monthly QAPI plan to be reviewed for compliance
See attached

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented (█ - 01/09/2025)