

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES, INC.

To operate GRACE MANSION

Located at 1200 SPRING STREET, BETHLEHEM, PA 18018

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 24, 2011 until November 24, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216430

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

JAN 06 2012

Ms. Judee M. Bavaria, President  
Catholic Senior Housing & Health Care Services, Inc.  
Grace Mansion  
1200 Spring Street  
Bethlehem, Pennsylvania 18018

Dear Ms. Bavaria:

As a result of the Department of Public Welfare's licensing inspection on November 8, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GRACE MANSION, 1200 SPRING STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 216430	
INSPECTION DATES (Include all dates of the inspection) 11/08/2011		REGIONAL REPRESENTATIVE Michele Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Aren Abonyse</i>	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Arne Graziano</i>	DATE 12-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>Located in an unlocked resident bedroom #205, the following poisonous materials were found. 1, 24 oz bottle of Clorox toilet Bowl Cleaner with Bleach; 2, 32oz Lysol Bathroom Cleaner 4-1; 1, Remedy Cleaning Body Lotion 8 oz.</p> <p>Located in a 3rd floor unlocked closet, left of resident bedroom #302, the following poisonous materials were found. Gallons of Pure Bright Germicidal Ultra Bleach; Gallons of Pro Link Knock out; Quarts of Breath O'Spring; Quarts of Orange Tough 15; Quarts of Hepacide Quart II; 21oz bottle of PVC foaming cleaner; 22oz Shout Triple Acting cleaner. All cleaning products listed stated to contact Poison Control if Swallowed. None of the residents living in this facility were assessed for the safe ability to use or store poisonous materials.</p>	11-23-2011	<p>All poisonous materials were removed and placed in a locked closet located on the third floor. Keys to the closet are in the possession of the Medication Assistant in charge of medications for the shift. Administration will conduct sporadic walk throughs of the building to ensure compliance.</p>	<p>AG 12-14-11</p>

**RECEIVED**

NOV 30 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GRACE MANSION, 1200 SPRING STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 216430	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Karen Abmygse</i>	DATE 11/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune Grazian</i>	DATE 12-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	The 3rd floor bathroom located to the right of resident bedroom #305, the toilet was smeared with feces and there were two full garbage bags found on the floor. Sanitary conditions were not maintained in this area.		<p>Resident in Room 305 had a BM accident. This Resident was <sup>educated</sup> <del>instructed</del> to call for assistance upon recurrence. All staff have been assigned to check bathrooms two to three times during shift and to clean areas. Administration will conduct sporadic walk throughs of the building to ensure compliance.</p> <p>Cleaned at time of inspection 11/8/2011.</p>	<p><i>QJ</i> 12-14-11</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Karen Abryese</i>	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michele Moskaicyzk</i>	DATE 12-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	Located in the second floor laundry room is a small black refrigerator. Behind this refrigerator was a fully loaded surge protector plugged into another fully loaded surge protector. The refrigerator and the two surge protector were plugged into one standard size outlet.	11/8/2011	Tu Way Radios were removed from area and plugged into other outlets. Refrigerator to be moved into new Medication Room upon completion. (estimated 12/2/2011.) Administrator will make periodic checks to insure that electrical outlets are not overloaded. At, 12-14-11	Steps have been taken to correct violation; full compliance is not verified. Date: 12-14-11 Initials: [Signature]

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluation for resident #1 dated 3-31-11, under the medication section, stated "see attached". The attachments to this document were dated 4-15-11.	11/23/2011	Supervisor in charge of medical evaluations is no longer employed here. Administration to review all Resident Records for compliance on a monthly basis.	<div style="text-align: center;"> <p>Steps have been taken to correct violation. All compliance is reflected.</p> <p><i>[Signature]</i></p> <p>Date: _____ Initials: _____</p> </div>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Karen Abmyse</i>	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Trozard</i>	DATE 12-14-11


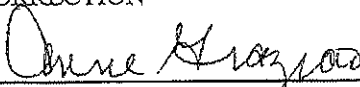
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	At 10:20AM on the day of this inspection, the medication cart located on the second floor, which houses all resident medications, was found unlocked and accessible to unauthorized persons.		<p><i>Staff Re-educated on inaportance of locking medication cart before leaving area to attend to Resident's cares.</i></p> <p><i>Medication cart to be moved to new Medication Room by December 2, 2011, placing medication cart under double lock.</i></p> <p><i>Administration to conduct sporadic walk throughs to ensure compliance.</i></p>	<p><i>AJG</i></p> <p><i>12-14-11</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Karen Abmyese</i>	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne H. Mazza</i>	DATE 12-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The Medication Administration records for the following residents, on the dates indicated were left blank. Resident #2, 11-6-11 – 5pm dose of Namenda 10 mg. Resident #3, 11-5-11 – 8pm dose of Sulfameth/Trimethoprim. Resident #4, 11-4-11 – 8pm dose of Bethameth ointment apply to right hand 2 x daily. Resident #5, 11-5-11 – 5pm dose of Metoclopramide 5mg tablet and the 8 pm dose of Omeprazole 20mg capsule. Resident #6, 11-4-11 – 8pm treatment, clean skin with antibacterial soap on leg affected by surgery until healed. Also, the 8 pm treatment of Amlactin 12% cream apply to topically affected area on legs at bedtime. MAR was left blank.	11/23/2011	Staff was re-educated on the importance of following all checks, including signing off for medications. Administration will review MAR's daily to ensure compliance. (Investigation showed pills were given to residents and residents confirmed receiving them.)	Steps have been taken to correct violation; full compliance has been verified. Date: 12-14-11 Initials: (DP)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE (2-14-11)

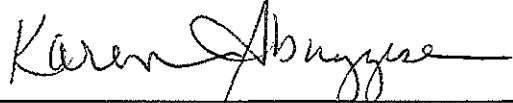

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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SIGNATURE OF LEGAL ENTITY <i>Karen Abuygse</i>	DATE 11/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Gray</i>	DATE 12-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c 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.	Resident #7 was admitted to the facility on 9-29-11. The last completed assessment was dated 10-14-10.	11/23/2011	Supervisor in charge of medical evaluations, is no support plans & assessments is no longer employed here. Administration to review all Resident Records for compliance on a monthly basis.	Steps have been taken to correct violation. Full compliance is now verified. <i>M. Gray</i> Date: 12-14-11 Initial: (D) Gray

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #7 was admitted to the facility on 9-29-11. The last completed support plan was dated 10-14-10.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> NOV 30 2011  SCRANTON FIELD OFFICE Adult Residential Licensing				