

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate GRACE MANSION

NAME OF FACILITY OR AGENCY

Located at 1200 SPRING STREET, BETHLEHEM, PA 18018

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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, 2012 until November 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216430

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



NOV 27 2012

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

Dear Ms. Bavaria:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 17, 2012 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 Human Services Licensing so that compliance can be verified.

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

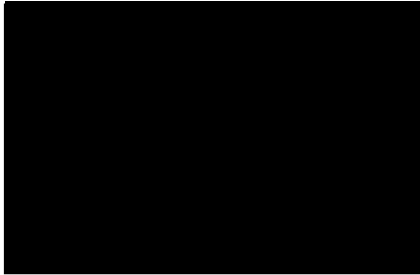

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: GRACE MANSION		License Number: 216430
Address: 1200 SPRING STREET, BETHLEHEM, PA 18018		County: Lehigh
Administrator: Karen Abruzzese		Region:
Legal Entity Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC		
Legal Entity Address: 1200 SPRING STREET, BETHLEHEM, PA 18018		
Certificate(s) of Occupancy C-2 12/02/1992 Department of L&I		
Staffing Hours Resident Support: Total Daily Staff: 19 Waking Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/17/2012: Hummel, Jesse; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

Violation Report: 21643 - 08/17/2012 - Hummel, Jesse
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 3/15/12, began providing unsupervised direct care to residents on 3/15/12. Direct Care Staff Person A did not complete the Department approved direct care training course or competency test until 4/24/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Hiring & training policy and procedure created to include DPW/DCS training with Administrative staff sign off required prior to Direct Care Staff working unsupervised. (Attachment #1)
 (Attachment #2)

• The administrator will monitor for ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Karen Abruzzese		8/17/12
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Karen Abruzzese, Administrator		8/22/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/7/12</u> (Date)	Plan of correction implementation status as of <u>11/7/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21643 - 08/17/2012 - Hummel, Jesse
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION

On 8/17/12, at 3:30pm Department Representatives observed a bottle of Tear Natural Marine Eye Drops prescribed to resident #1 unlocked and accessible inside resident room #309. Resident room # 309 was observed unlocked and unoccupied at the time of inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident in Room #309 counseled, and acknowledgment of understanding drafted + signed by Resident and Administrator. (Attachment #3)

Safety Report update to include staff checking for any OTC/CAM/Prescribed medications in Resident Rooms. These safety reports are completed weekly for all rooms and reviewed for Quality Management meetings.

- The administrator will monitor for ongoing compliance.

Ka
 11/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Abruzzese*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Abruzzese Administrator* Date *8/22/2012*

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The above plan of correction is approved as of 11/7/12
 (Date)

Plan of correction implementation status as of 11/7/12
 (Date)

The above plan of correction was approved by *Ka*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21643 - 08/17/2012 - Hummel, Jesse
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home's policy and procedures in regards to Controlled Medications state, "At the beginning and end of every shift, the medication assistant who is assisting with medications for the shift, shall be responsible to count all controlled and/ narcotic medications, within sight and witnessed by the outgoing shift." Department Representatives reviewed the Controlled Substance Record for resident #2 prescribed Alprazolam .25mg, and for resident #3 prescribed Lorazepam 1mg. It was determined that the staff of the facility are not counting the controlled medications as specified in the home's policy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home's policy and procedures in regards to Controlled Medications has been revised to complement the new pharmaceutical company's policies & procedures for packaging. (Attachment 5)

Flow Sheets for straight order controlled substances will be completed (including counts). (Attachment 6)

The administrator will assure ongoing compliance.

[Signature]
 11/7/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Karen Abruzzese, Administrator

Date

11/2/12

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The above plan of correction is approved as of

11/7/12
 (Date)

Plan of correction implementation status as of

11/7/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented