



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2013

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

RE: Grace Mansion  
License #: 216430

Dear Ms. Bavaria:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period November 24, 2013 to November 24, 2014 was issued on September 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

|   |   |   |
|---|---|---|
| PCH Name: GRACE MANSION   |   | License Number: 21643                   |
| Address: 1200 SPRING STREET, BETHLEHEM, PA 18018  |   | County: Lehigh                          |
| Administrator: KAREN ABRUZZESE  |   | Region: NORTHEAST                       |
| Legal Entity Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC.  |   |   |
| Legal Entity Address: 1200 SPRING STREET, BETHLEHEM, PA 18016   |   |   |
| Certificate(s) of Occupancy<br>C-2 LP<br>01/28/1993<br>LABOR AND INDUSTRY   |   |   |
| Staffing Hours  | Total Daily Staff: 20   | Waking Staff: 15                        |
| Resident Support: 0   | BHA Docket Number:  | Notice: Unannounced                     |
| Type of Inspection: Ind - 49 Indicators   |   |   |
| Reason(s) for inspection(s)<br>Indicator  |   |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>10/16/2013: Dumas, Gerald; Yellenic, Cindy  |   |   |
| Off-Site Inspection Dates and Inspectors, if Applicable   |   |   |
| Other Details   |   |   |
| Partial or Full Triggers:   |   | Random Indicators: 41A,56,86D,103F,130B |
| Resident Demographic Data as of Inspection Dates  |   |   |
| Licensed Capacity: 28<br>Number of Residents Served: 20<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 2<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 18<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |   |

*Karen Abruzzese* 11/5/2013

Violation Report: 21643 - 10/16/2013 - Dumas, Gerald  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/16/13, Resident #1 and Resident #2, each have their own glucometer. While checking the glucometers, Staff Person A witnessed the sharing of glucometers between the two residents, according to the blood glucose numbers recorded in the medication administration record. The staff was taking the two individuals blood sugar checks with the meter they happened to pick up that day. So, some days the two residents tests were done with Resident #1's glucometer and other days, the two resident's tests were done with Resident #2's glucometer.

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.

\*Investigation by Administration proved most staff were using glucometers machines interchangeably. All staff wee verbally instructed on cross contamination issues on 10/16/2013.

\*All staff will be re-educated in the correct policy and procedure for Finger Stick Testing by 11/11/2013.

\*The Assistant Director of Residential Services is assigned to complete glucometer memory checks at least monthly when completing medication cart audits and to report findings at quality management meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Karen Abuzzese*

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

Karen Abuzzese Director

Date 11/5/2013

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

The above plan of correction is approved as of

11/7/13  
 (Date)

Plan of correction implementation status as of

11/7/13  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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