



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2014

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 licensing inspection on October 9, 2014, 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.

Your regular license for the period November 24, 2014 to November 24, 2015 was issued on August 14, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director ^{6/14}

Enclosure
License Inspection Summary

**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: NORTHEAST
Legal Entity Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC		
Legal Entity Address: 1200 SPRING STREET, BETHLEHEM, PA 18018		
Certificate(s) of Occupancy C2 12/02/1992 L&I		
Staffing Hours Resident Support: NA Total Daily Staff: 24 Waking Staff: 18		
Type of Inspection: Ind - Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2014: Patton, Leslie; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 124 and 252 Random Indicators: 28a, 29b1, 41a, 42x, 63d, 82c		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 21843 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 Resident records, staffing notes regarding residents, and therapy notes from a home health agency were stored in the nursing office and were unlocked and accessible to residents and other individuals.

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.

All records have been relocated to the locked file cabinet provided for this purpose. Key to the file cabinet will be held by the medication assistant on duty and the Staff Supervisor.
 Staff have been re-educated with regard to this regulation (see attached.)
 Staff supervisor is responsible to conduct sporadic, periodic checks to ensure compliance with regulation and report findings during quality management meetings.
 • The administrator shall monitor for ongoing compliance *mn* 11/5/14

Repeat Violation: No.	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Karen Abuzzese</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 10/31/2014
Karen Abuzzese		

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

The above plan of correction is approved as of 11.5.14
 (Date)

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

Plan of correction implementation status as of 11.5.14
 (Date)

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

Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged from the home on 12/16/13. Personal funds belonging to the resident that were being managed by the home were not returned to the resident within 2 business days and were instead returned to the resident on 1/17/14.

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 has revised their financial management policy to reflect personal needs monies are ~~dische~~ refunded within 48 hours upon a Resident's admission to a short term rehabilitation center, or a long term care facility, or other such home. (see attached.)

The quality management team will review discharges, temporary or permanent to ensure compliance with regulatory standards.

• The administrator shall monitor for ongoing compliance. *M 11/5/14*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Karen Bonzzone</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Bonzzone Director of Residential Services</i>		Date <i>10/31/2014</i>

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 (Initials)

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie

PCH Name: GRACE MANSION

1. REGULATION 55 Pa. Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #2 utilizes a grab assist bar which was witnessed to be uncovered at the time of the 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.

A mesh cover was placed on Resident #2's grab assist bar at the time of inspection (photo attached). Staff re-educated on the importance of Regulation (see attached). Notice posted on public bulletin board for family members and residents to inform administration if such devices are provided by them.

Staff supervisor will complete sporadic and periodic checks of the resident rooms to ensure compliance with regulations and provide reports to Quality Management.

The administrator shall monitor for ongoing compliance

M
11.5.14

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 10/31/2014

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 An unknown cleaning solution was stored in an unlabeled industrial spray bottle in a cabinet in the second floor dining room.

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 unlabeled cleaning solution was disposed of. Staff has been re-educated with regard to correct labeling of cleaning products and their safe storage. (see attached.)

Staff Supervisor is responsible to conduct sporadic & periodic checks to ensure compliance with regulatory requirements. Staff Supervisor to report findings to Quality Management to ensure best practices are being followed.

The administrator shall monitor and assure ongoing compliance.

M
11/5/14

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Karen Abuzzese</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Abuzzese</i>		Date <i>10/31/2014</i>

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

Two towel bars were located in the bathroom adjoining double occupancy room #209. A total of 5 towels were hanging on the towel bars which were not labeled with the residents' names.

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.

Towel bar missing name has been labeled,
 (see attached)

Staff supervisor will conduct periodic + sporadic room checks to ensure compliance with regulatory standards + report findings to Quality Management for review + action (if necessary).

The administrator shall monitor and assure ongoing compliance -

M
 11/5/14

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The freezer section of the refrigerator located in the second floor dining room had a temperature of 18 degrees Fahrenheit at 2:05pm and a temperature of 14 degrees Fahrenheit at 3:10pm.

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.

Food in freezer was disposed of. Maintenance called to repair - discovered someone accidentally turned up temperature control. Freezer temperatures are being monitored daily for better control. (see attached)

Staff supervisor to monitor temperature control log to ensure compliance with regulatory compliance.

The administrator shall monitor and assure ongoing compliance.

m
 11/5/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Abuzzese* Date *10/31/2014*

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home does not have a copy of the emergency preparedness plan for the municipality or county in which the home is located.

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.

A new request was submitted to the municipality on 10/15/2014 via certified mail. A follow up phone call on 10/28/2014 was placed requesting the emergency plan.

* Administration will continue to follow up with requests for plan on an annual basis, and report requests + responses at Quality Management meetings.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Abuzzese* Date *10/31/2014*

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Plan of correction implementation status as of 11/5/14 (Date)

- Fully Implemented *11-6-14 Letter - OK*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21843 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The current letter to the local fire department (dated 7/1/14) does not indicate that the home serves two residents with mobility needs who would require assistance in the event of an emergency and therefore an updated letter must be provided.

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.

A corrected letter has been sent to the local fire department for assistance required. (Copy attached)

Staff Supervisor shall be responsible to update evacuation plan and notify Quality Management when there is a change in a resident's physical or mental status that would indicate a mobility need.

The administrator shall monitor and assure ongoing compliance.
 M 11/5/14

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's monthly fire drill records do not indicate AM or PM for the drills conducted on 8/1/14 at 10:30 and 8/21/14 at 1:15.

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.

Due to the number of staff on duty, Staff Supervisor was able to ascertain the times of drills (AM), and added times to the log.

Staff supervisor has been re-educated on fire drills and the necessary records to be kept. Staff supervisor is responsible to provide quality management records of fire drills held for discussion and best practices to follow. Quality management and Administration will review fire drill logs for compliance on a monthly basis.

M
11/5/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Abruzzese* Date *10/31/2014*

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed 100 units/ML of Lantus insulin at 8:00pm daily. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.
 Resident #4 is prescribed Advair 500/50 inhaler. The manufacturer directions indicate the Advair is to be used within 30 days of the packaging being opened. The home did not have documentation when the Advair Diskus was opened.

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.

Lantus and Advair prescriptions that were missing "date opened" have been discarded.

Staff has been re-educated to add date to all time sensitive medications.

Staff Supervisor will conduct sporadic and periodic medication cart audits to ensure compliance.

Staff Supervisor will report findings of medication cart audits to Quality Management for review and best practices to follow.

The administrator shall monitor and assure ongoing compliance. M 11/5/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Abuzzese* Date *10/31/2014*

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2800
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 Resident #4 had a sample of Advair 500/50 Inhaler provided by their doctor. The sample did not have written instructions from the prescriber or pharmacy label.

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.

Label was added to medication

Staff were re-educated to add/keep medications labeled.

Staff supervisor to conduct sporadic and periodic medication cart audits to ensure compliance with regulatory standards. Staff supervisor to report findings of med cart audits to Quality Management for review of best practices.
 • The administrator shall monitor and assure ongoing compliance. M 11/5/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Karen Abruzzese</i>		
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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The current RASP in the record of resident #2 (dated 3/25/14) does not indicate the resident utilizes a grab assist bar for mobility purposes.

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.

Staff Supervisor added use of grab assist bar for Resident #2 to RASP.

Staff Supervisor re-educated on the importance of keeping RASP's up to date and current at all times. Staff Supervisor to report all significant changes to Administrator as they occur to ensure compliance with regulations.

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* Date *10/31/2014*

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Violation Report: 21643 - 10/09/2014 - Patton, Leslie
PCH Name: GRACE MANSION

1. REGULATION 55 Pa. Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The record of resident #2 did not indicate the resident's identifying marks, if any.

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 #2's resident record has been updated to reflect identifying marks.

Staff Supervisor to review all Resident Records to ensure compliance with regulations. Staff Supervisor to report his findings to Quality Management for review of best practices.

The administrator shall monitor and assure ongoing compliance.

M
11/5/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) Karen Abruzzese

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Karen Abruzzese 10/31/2014

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