



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

Mr. Michael B. Melnic, CEO & CFO  
Catholic Senior Housing & Health Care Services Inc.  
1200 Spring Street  
Bethlehem, Pennsylvania 18018

RE: Grace Mansion  
License #: 216430

Dear Mr. Melnic:

As a result of the Department of Human Services' annual licensing inspection on September 23, 2015 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.

Sincerely,

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

Matthew J. Jones  
Director <sup>SH</sup>

Enclosure  
License Inspection Summary



Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

2a. DESCRIPTION OF VIOLATION

Based upon staff interviews and signs posted throughout the community, the facility and the campus are smoke free. Smoking is not permitted anywhere on the facility's property. The resident home contract indicates that smoking is permitted in designated areas throughout the facility.

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.

2600.25(c)(8) The campus went smoke free on July 1, 2015. The Resident Home Contract has been updated to reflect this change for all new admissions, See Attachment Number 1 Section 13.2 Holy Family Residential Services Personal Care Admission Agreement.

The administrator shall monitor and assure ongoing compliance.

*[Signature]*  
 11/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
NANCY GORRINGE ASSISTANT PC ADM		November 9, 2015	

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The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>11/20/15</u> (Date)
	<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
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	

Violation Report: 21643 - 09/23/2016 - Foulkes, Kimberli  
 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.

Department Representatives observed an enabler bar attached to the frame of the bed located in resident room 309. The bar which has an opening of 14 by 6 inches does not have a cover which poses a safety risk of the resident's limbs becoming tangled and or entrapped within the bar.

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.*

2600.81(b.) The covering for the bar was removed by the Resident. The covering was put back in place at the time of inspection. The Resident was educated on the importance of the covering remaining intact for his safety protection. Direct care and administrative staff will continue to monitor to ensure the protective cover remain in place at all times.

Please see Attachment Number 2 for a picture of the covered bar.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Boninger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NANCY BONINGER ASST. PCAADM*      Date *11-9-15*

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

The above plan of correction was approved by M (initials)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed to have their blood glucose tested once daily every Monday. Department Representatives determined that the glucometer for resident #1 was used to test the blood glucose of resident #2 on 9/20/15 at 7:24pm and on 9/21/15 at 5:04am.

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.

2600.85(a) Staff have been educated with regard to the severity of sharing glucometers between Residents. New glucometers have been obtained for all diabetic residents who use glucometers at the expense of Grace Mansion. Administration will continue to monitor the history of each glucometers to ensure compliance.

Please see Attachment Number 3 for a copy of the invoice and check relating to the three glucometers.

The administrator shall monitor and assure ongoing compliance.

11/20/15

(PCP letters OK)  
 AM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Nancy Gorringer

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

Nancy GORRINGER

Date 11-9-15

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The above plan of correction is approved as of 11/30/15  
 (Date)

Plan of correction implementation status as of 11/20/15  
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by AM  
 (Initials)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the laundry area of the facility. A 1/4 inch layer of lint was observed behind the dryer on the floor, wall, baseboard and dryer vent itself. This lint poses a fire safety hazard as the lint is combustible.

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.

2600.125(a) Corrected at time of inspection. Night shift assigned to clean this area daily. Administration will monitor area for compliance.

Please see Attachment Number 4 for picture of lint free laundry area.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **NANCY GORRINBE ASSIST ADM PC** Date **11-9-15**

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The above plan of correction was approved by <u>M</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 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire drill observed by a fire safety expert was conducted on 8/21/14.

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.

2600.132(b) Annual fire drill has been rescheduled to be completed on Tuesday, November 17, 2015 with the City of Bethlehem Fire Department. Administration will ensure compliance going forward.

The administrator shall monitor and assure ongoing compliance.

*M*  
 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Borrine Assist PC Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Borrine Assist PC Adm*      Date *11-9-15*

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The above plan of correction was approved by _____ (Initials)	_____ (Date)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 3 was admitted to the facility on [redacted] 12. The resident's current medical evaluation was completed on 10/23/14. The resident's previous medical evaluation was completed on 9/13/13. The resident's current medical evaluation was not completed within 12 months of the resident's previous evaluation.

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.

2600.141(b)(1) Administration will ensure compliance with annual documented medical evaluations within the required 12 month time frame

The administrator shall monitor and assure ongoing compliance.

*[Signature]* 11/24/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Gorman* ASSIST PC ADM

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

Nancy Gorman ASSIST PC ADM

Date 11-9-15

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11/20/15  
 (Date)

Plan of correction implementation status as of

11/24/15  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A is not a medical professional. Staff person A completed the annual practicum for the Department's medication administration training on 4/13/13 and the the next annual practicum on 9/20/14. This was not completed in the required time frame.  
 Staff person B is not a medical professional. Staff person B completed the initial Department's medication administration training on 7/11/14 and the annual practicum on 7/27/15. This was not completed in the required time frame.

**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.

2600.182(b) Previous medication trainer was dismissed from employment for failure to maintain records. Administrator will ensure compliance going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nancy Gonzalez* ASSIST. PC Adm

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *NANCY GONZALEZ ASSIST PC Adm* Date *11-9-15*

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The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PGH Name: GRACE MANSION

1. REGULATION 55 Pa. Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 does not include the staff members initials who administered Lantus on 9/2/15 and 9/3/15.

The medication administration record for resident #5 does not include the diagnosis or purpose for Citalopram.

The medication administration record for resident #5 does not include the staff persons initials who administered Levythyroxine at 7am on 9/20/15.

The medication administration record for resident #8 does not include the staff persons initials who administered Triamcinolone at 1pm on 9/23/15.

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.

2600.187(a) LPN/Supervisor will conduct monthly medication cart audits and report findings to Administrator upon completion. Administration will take action to ensure comprehension and accountability of staff are monitored for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Nancy Goringe Assist Adm. PC

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

Nancy Goringe Assist Adm PC

Date 11-9-15

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11/20/15  
 (Date)

Plan of correction implementation status as of

11/24/15  
 (Date)

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The above plan of correction was approved by

M  
 (Initials)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 4 is prescribed acetaminophen 325mg tablet, two tablets every 4 hours as needed. This medication was not available in the home.

Resident # 4 is to have blood sugar checks performed M-W-F. On Friday 8/28/15 and Friday 9/11/15, this resident did not have blood sugar checks performed.

The home has 3 residents with glucometers. Resident # 4 is to have blood sugar checks performed M-W-F. On Wednesday, 9/23/15, 150 was recorded on the residents log. None of the glucometers in the home had a reading of 150 on this date.

Resident # 5 is prescribed Polyethylene Glycol Powder once daily. This medication was not available in the home and was not administered 9/23/15.

Resident # 5 is prescribed Geri Lانا 30 ml by mouth every 6 hours as needed. This medication was not available in the home.

Resident # 6 has a physicians order for daily blood pressures which are done in the am. This was not completed on 9/4/15, 9/21/15, and 9/23/15.

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.*

2600.187(d) LPN/Supervisor will conduct monthly medication cart audits and report findings to Administrator upon completion. Administration will take action to ensure comprehension and accountability of staff are monitored for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Gorringer Assist PC ADM*

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

*NANCY Gorringer Assist PC ADM*

Date *11-9-15*

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The above plan of correction is approved as of

*11/20/15*  
 (Date)

Plan of correction implementation status as of

*11/24/15*  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 21643 - 09/23/2015 - Foulkes, Kimberli  
 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 home doesn't have a current picture of resident # 3. The most current picture of the resident was taken on 5/23/12.

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.

2600.252 Resident # 3 picture has been updated in [redacted] chart. Administration will review and update all pictures on a bi-monthly basis.

Please see Attachment Number 5 for updated picture of Resident # 3.

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

Signature of Legal Entity Representative (Required on EVERY Page) Nancy Gorringer Assist PC Assist

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) NANCY GORRINGER ASSIST PC ADMIN      Date 11-9-15

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- Not Implemented

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