



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

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 30, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21643 - 09/30/2016 - Dumas, Gerald  
 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 fire drill record for the drills conducted on the following days and times did not include seconds: on 8/20/15 at 3:12 p.m. 2 min., 9/18/15 at 7:30 p.m. 2 min., 10/30/15 at 2:30 a.m. 4 min., 3/7/16 10:06 p.m., 2 min., 4/27/16 at 6:45 p.m. 2 min., 5/18/16 at 2:55 p.m. 2 min., and 6/24/16 at 7:40 p.m., 2 min. and 8/31/16 at 3:00 p.m. 3 min. Fire drill logs must include the amount of time to evacuate which includes both minutes and seconds to evacuate.

**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.*

This regulation is vital to ensure Resident safety for the evacuation of the home due to internal disaster or fire. The home failed to document '0' seconds on the log in several instances. The amount of time determined to evacuate the building by a fire safety expert is 10 minutes

Going forward, all fire drills will have the seconds recorded on the log (along with the minutes).

Administrator will ensure compliance by reviewing the fire drill log on a monthly basis.

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

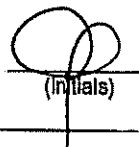
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Abruzzese*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Abruzzese, Director*      Date *11/23/2016*

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

The above plan of correction is approved as of 12-15-16  
 (Date)

Plan of correction implementation status as of 12-15-16  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 21643 - 09/30/2016 - Dumas, Gerald  
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 # 1 is prescribed to have accuchecks every Monday. On the following Mondays : 8/15/16, 8/29/16, 9/5/16, and 9/12/16 resident # 1 did not have his/her accuchecks completed as the resident was sleeping.

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 regulation is instrumental to comply with prescribers instructions for Resident health & well-being.

Resident and staff have been counseled on the importance of obtaining fingersticks when prescribed to. Resident agreed to comply with Am checks going forward.

LPN Supervisor will monitor for compliance weekly & report any non-compliance to Administrator. Administrator will monitor for compliance.

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 Director


Date 11/23/2016

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Violation Report: 21643 - 09/30/2016 - Dumas, Gerald  
 PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - 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.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 did not have an annual assessment completed in 2015. Resident # 2 had an assessment completed on 10/24/2014 and on 03/08/2016.

**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.*

This regulation is necessary for continuum of care for the Resident.

The Resident's DME was returned on 3/8/2016, from the office visit on 11/20/2015. RASP was completed then. (Resident was away in [redacted] for [redacted] months.)

Administrator will ensure that going forward the DME & RASP are completed for this Resident prior to [redacted] trip to [redacted]

All DME/RASP schedules will be addressed at the quarterly quality management meetings for compliance.


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, Director*      Date *11/23/2016*

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