



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Mr. George Loudon,
President
Grace Park LTD
1222 Lower Cherry Valley Road
Stroudsburg, Pennsylvania 18360

RE: Grace Park
1170 West Main Street
Stroudsburg, Pennsylvania 18360
License #: 207360

Dear Mr. Loudon:

As a result of the Department of Human Services' annual licensing inspection on April 5, 2017 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: GRACE PARK		License Number: 20736
Address: 1170 WEST MAIN STREET, STROUDSBURG, PA 18360		County: Monroe
Administrator: George Loudon		Region: NORTHEAST
Legal Entity Name: GRACE PARK LTD		
Legal Entity Address: 1222 LOWER CHERRY VALLEY ROAD, STROUDSBURG, PA 18360		
Certificate(s) of Occupancy		
I-1 11/03/2011 Brough of Stroudsburg	I-1 09/15/2006 Brough of Stroudsburg	I-1 10/17/2005 Brough of Stroudsburg
Staffing Hours		Waking Staff: 47
Resident Support: 0	Total Daily Staff: 62	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2017: O'Haire, Anne; 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: 82 Number of Residents Served: 45* Secured Dementia Care Unit In Home: Yes Area: The Garden House Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 (45*) (10) Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

George Loudon 4/14/2017

Violation Report: 20736 - 04/05/2017 - OHaire, Anne
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home is using Tabula Pro for their preadmission, medical evaluation and resident assessment support plan (RASP) forms without a waiver from the Department.

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.

1. A request for a waiver from the state to utilize tabulapro's preadmission, medical evaluation and RASP's was sent immediately on 04/05/2017 at 12:04pm (See Attached Request for waiver of regulation form)

2. The States preadmission, medical evaluation and RASP's will only be utilized from this point forward, until waiver request is approved.

3. In the future a waiver request form will be submitted and must be approved before utilizing a state altered form.

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Loudon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Loudon Owner/Executive Director* Date *4/14/17*

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

The above plan of correction is approved as of 4/18/17 (Date)

Plan of correction Implementation status as of 4/18/17 (Date)

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

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

George Loudon 4/14/2017