



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: kabruzzo@hfpersonalcare.org
Mailing Date: December 8, 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' licensing inspection on August 4, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21643 - 08/04/2017 - Harvey, Jason
 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

Resident #1's support plan dated 4/2/2017 does not address the resident's suicidal ideations and how the home will assist the resident in meeting these needs.

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 and the follow through of documented information bears significant information on how to best meet the Resident's needs. Although staff noted suicidal ideations on the pre-screen paperwork, some staff failed to note that information on the Resident Assessment and Support Plan. This was missed because the physician failed to document this information on the DME (Documented Medical Evaluation) due to the hospital discharge papers stating the suicidal ideations were resolved with medications upon discharge. Going forward, Administrator will review all pre-screens, Discharge paperwork, DME's & RASP'S to ensure all cares needed are captured with instruction(s) to best meet Resident Needs. note - Resident in question was discharged to [redacted]

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 11/7/2017

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

The above plan of correction is approved as of 12-6-17
 (Date)

Plan of correction implementation status as of 12-6-17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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