



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 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' (Department) annual licensing inspection on October 19, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's DME dated 08-01-17 was incomplete. Resident #1's immunization history was not check if he/she was current or unknown with their immunizations.

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 #1's DME was forwarded to the physician for completion of immunization history. (Attachment B)
Staff was educated on collecting the importance of immunization history going forward.
As DME's are completed they will be checked by the Quality Management team for approval.
The Administrator will ensure compliance going forward.

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 11/24/2017

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

The above plan of correction is approved as of

11/28/17
(Date)

Plan of correction implementation status as of

11/28/17
(Date)

- 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 - 10/19/2017 - O'Haire, Anne
 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

On 10/16/17 from 3:00pm to 11:00pm, the facility did not have anyone in the building that was qualified and or properly trained to administer medications to the residents.

Staff person A regularly administers medications to residents of the facility. Staff person A last completed the Medication Administration Annual Practicum on 9/1/16. Staff person A has completed 1 of the required 2 medication observations in order to complete the current Annual Practicum. Staff person A was required to complete the Annual Practicum by 9/1/17 in order to continue to administer medications to the residents.

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 person A has had her second observation, and a third will also be completed.

Medication Trainer was educated in the importance of completing both the MAR reviews and observations within the required time frame.

Quality Management team will review both the MAR reviews and observations on a quarterly basis to ensure compliance.

Administrator will review quarterly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):
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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 *11/24/2017*

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The above plan of correction is approved as of 11/28/17 (Date)

Plan of correction implementation status as of 11/28/17 (Date)

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

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

Violation Report: 21643 - 10/19/2017 - O'Haire, Anne
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a new DME completed on 08-01-17 due to a change in his/her mental status and diagnosis. The home did not update this change in resident #1's RASP dated 03-15-17 reflecting his/her hospitalization and rehabilitation 07-20-17 through 08-03-17.

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.

Nursing staff has been reeducated in following through with adding hospitalizations/rehabilitations onto current RASP's - only if there are no changes. Staff was educated in completing new RASP's for changes. (Attachment C.)

Quality Management will review all hospitalizations/rehabilitation residents quarterly with required paperwork for ensured compliance and follow through of care.

Resident #1's RASP was updated to show hospitalization/rehabilitation.

Administrator will review to ensure 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 11/24/2017

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11/28/17
 (Date)

Plan of correction implementation status as of

11/28/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 21643 - 10/19/2017 - O'Haire, Anne
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
Resident #2 died in the facility on [redacted] 17 and no death certificate was included in Resident's #2 resident record.
Resident #3's resident's record did not contain a current resident photo. Resident #3's photo was dated 03-31-15.

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.

Attempts to obtain a death certificate for Resident #2 have been unsuccessful. Family members were contacted a third time for a request. Funeral Home was also contacted and they confirmed only family members can obtain a death certificate. Will continue to urge family member to provide a copy.

Resident #3's photo was obtained upon his return to personal care (from hospitalization/rehabilitation stay).

Quality Management will monitor for compliance with these regulations on a quarterly basis. (Attachment D)

Administrator will review and ensure compliance going forward. Will continue to request certificate from Resident #2's family. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) Karen Abnizzese
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Abnizzese, Director Date 11/24/2017

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The above plan of correction is approved as of 11/28/17 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 11/28/17 (Date)
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