



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2018

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' (Department) annual licensing inspection on March 14, 2018 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: Theresa Shroba		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 Borough of Stroudsburg	I-1 09/15/2006 Borough of Stroudsburg	I-1 10/17/2005 Borough of Stroudsburg
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/14/2018: Foulkes, Kimberli; 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: 55 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: 17 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 27	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

Violation Report: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract in the record for resident #1 was not signed by the resident or indicated that the resident refused or unable to sign due to the resident's dementia diagnosis.

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 Contract signed by the resident
See attached document
- ② Chart review done to make sure all contracts are signed or marked unable or refusal to sign.
- ③ Contract has been updated to include the following under resident signature unable to participate, declined to participate, refused to sign and unable to sign. See attached document.
- ④ Staff educated on the above regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):	The administrator shall monitor and be responsible for ongoing compliance.
Signature of Legal Entity Representative (Required on EVERY Page)		<i>M. Gordon</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		George Gordon Executive Director
		Date 4/24/2018

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

The above plan of correction is approved as of 5/1/18
(Date)

Plan of correction implementation status as of 5/1/18
(Date)

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

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

m
 5/1/18

Violation Report: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #2, who was not evacuated during the fire drill conducted on 2/27/18 does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

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 Written certification - from residents doctor recieved 3/14/18 see attached document.

② Staff educated on the above regulation.

The administrator shall monitor and be responsible for ongoing compliance.

5/1/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) George London Executive Director	Date 4/24/2018
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The above plan of correction was approved by <u>[Signature]</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: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 There is no statement of informed consent from resident #2's power of attorney regarding the resident not evacuating during fire drills. The resident was not evacuated during fire drill conducted on 2/27/18.

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 Informed consent signed by residents POA on 3/14/18 see attached document.
 ② Staff educated on the above regulation.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature] 5/1/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) George Loida Executive Director Date 4/24/2018

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 (Initials)

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Violation Report: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

During the fire drill held on 2/27/18 the home did not train a staff person responsible for simulating an evacuation during a fire drill or evacuating resident #2 if a real fire occurs.

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 Staff trained on kneel drop carry/blanket carry, two person swing carry and transfer of an immobile resident from a bed to wheelchair (See attached trainings). Training will be done during initial orientation and annually.
 ② Once a hospice resident is actively dying a fire evacuation plan will be developed, specifically for that residents needs, including number of staff persons needed and all wellness staff trained.
 ③ During a fire drill wellness staff will simulate fire evacuation plan for any hospice resident that is actively dying.

Repeat Violation: No

Date(s) of Previous Violation(s): - The administrator shall monitor

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] and be responsible for ongoing compliance

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

George London Executive Director

Date 4/24/2018

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 (Initials)

M
5/1/18

Violation Report: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

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 drill conducted on 4/28/17 at 9:19am had documented that there were 65 residents in the home at the time the alarm sounded. It had documented that 54 personal care residents and 17 independent residents evacuated. According to the home there were actually 71 residents in the home and it was documented incorrectly.

The fire drill record for the drill conducted on 2/27/18 at 9:23am had documented that there were 59 residents in the home at the time the alarm sounded and that 59 residents evacuated, 46 personal care and 13 independent living. At this time resident #2 was on hospice, actively dying, and did not evacuate, however it was documented that the resident did 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.

① All fire drill records will have a 2 person check, first the Executive Director and then the Assistant Executive Director, to ensure accuracy of calculations.

The administrator shall monitor and be responsible for ongoing compliance.

m
5/1/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
George London Executive Director	4/24/2018

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Violation Report: 20736 - 03/14/2018 - Foulkes, Kimberli
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #1 dated 12/28/17 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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 Support plan signed by the resident
 see attached document.

② Chart review done to make sure
 all support plans are signed or marked
 unable or refusal to sign.

③ Staff educated on the above
 regulation

The administrator shall monitor and be responsible
 for ongoing compliance.
 m 5/1/18

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) George Loulop Executive Director Date 4/24/2018

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