



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2018

Mr. Michael B. Melnic  
Chief Executive Officer & Chief Financial Officer  
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's Bureau of Human Services Licensing annual inspection on October 24, 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](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 "Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21643 - 10/24/2018 - DeVries, Kristin

PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

A plastic bag containing wheat bread had been opened and not resealed and was not labeled with the date it was opened.

**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 have been re-educated in using the plastic clip (instead of knotting the bag), and re-educated in having every item dated upon opening any item(s).

This education occurred on 10/24/2018. Quality management team will conduct periodic checks to ensure compliance. Administrator will review periodic checks.

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 of Residential Services

Date 11/23/2018

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 12-3-18  
(Date)Plan of correction implementation status as of 12-3-18  
(Date)

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

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

Violation Report: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 A container of HC Plus prune juice located in the home's refrigerator had a best by date of 10-20-18 and was expired.

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 has been re-educated in checking all foodstuffs in the dining area to ensure compliance. Staff have been educated in disposing of any items prior to or on the date of expiry.  
 This education occurred on 10/24/2018, quality management team will conduct periodic checks to ensure compliance.  
 Administrator will review periodic checks.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Abruzzese          Director of Residential Services</i>	Date <i>11/23/2018</i>
--	---------------------------

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

The above plan of correction is approved as of <u>12-3-18</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>12-3-18</u> (Date)  <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: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's notice to the fire department, dated 7-20-18, did not include the total capacity of the home.

**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 home's notice to the fire department has been updated to reflect the total capacity of the home. Administrator will ensure compliance going forward.

\* copy attached

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) <i>Karen Abruzzese          Director</i>	Date <i>11/23/2018</i>
--	------------------------

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

The above plan of correction is approved as of <u>12-3-18</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>12-3-18</u> (Date)  <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: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most recent annual DME does not include the date on which the resident was evaluated by the physician.

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.

Administrator will review all DME'S upon arrival to ensure compliance. (Date signed was the date the Resident was evaluated at the short term rehabilitation.)  
 The reviews will be completed at Quality Management for any discrepancies.

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) <i>Karen Abruzzese, Director</i>	Date <i>11/23/2018</i>
--	------------------------

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

The above plan of correction is approved as of <u>12-3-18</u> (Date)	Plan of correction implementation status as of <u>12-3-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 The home did not have documentation when Breo Ellipta 200 mcg and Spiriva Respimat were opened for resident #2. According to manufacturer's instructions, Breo Ellipta is to be discarded after 6 weeks of opening. Spiriva Respimat is to be discarded after 3 months of insertion of cartridge into inhaler.  
 The home did not have documentation when Advair HFA inhaler was opened for resident #3. According to the manufacturer's instructions, Advair HFA is good for one month after the moisture-protective foil pouch is removed.

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.

On 10/24/2018 staff was re-educated on the importance of dating every medications they open, including inhalers.  
 Quality management will conduct periodic checks on all medications, bottles, inhalers, drops, etc. to ensure compliance going forward.  
 Administration will review to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Abnize</i>	Date <i>11/23/2018</i>
---	------------------------

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

The above plan of correction is approved as of <u>12-3-18</u> (Date)	Plan of correction implementation status as of <u>12-3-18</u> (Date) <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
The above plan of correction was approved by <u>MM</u> (Initials)	

Violation Report: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #4's Medication Administration Record (MAR) instructs resident to take 1 tab of Atorvastatin 10mg every evening and prescription label on the medication instructs resident to take one-half tablet.

**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 #4 medication label was updated to reflect correct dosage.  
 MAR reviews will be conducted at least twice monthly by the quality management team.  
 Administrator will review monthly to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Abuzose Director</i>	Date <i>11/23/2018</i>
---	------------------------

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

The above plan of correction is approved as of 12-3-18  
 (Date)

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

Plan of correction implementation status as of 12-3-18  
 (Date)

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

Violation Report: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Staff did not initial the Medication Administration Record (MAR) of resident #5 on 10/01/2018 to indicate that formula 3 antifungal had been administered in the evening at 8:00 pm. Staff also did not sign or initial MAR for resident #4 on 10/01/2018 to indicate that Preser Vision Eye Vitamin had been administered in the evening at 5:00 pm.  
 The MAR for resident #4 did not indicate a diagnosis or purpose for Acetaminophen 500 mg, Diclofenac Sodium 1% gel, and Preser Vision Eye Vitamin.  
 The MAR for resident #6 did not indicate a diagnosis or purpose for Eliquis 2.5 mg.  
 The MAR for resident #5 did not indicate a diagnosis or purpose for Formula 3 antifungal, Vitamin D3, and Acetaminophen 325 mg.

**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.*

All medication records have been updated to include the diagnosis for the medications.  
 Quality management will provide checks twice monthly and report to the Administrator for compliance assurance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Amuzsek, Director</i>	Date <i>11/23/18</i>
--	----------------------

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

The above plan of correction is approved as of 12-3-18  
 (Date)

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

Plan of correction implementation status as of 12-3-18  
 (Date)

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

Violation Report: 21643 - 10/24/2018 - DeVries, Kristin  
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 #7 did not have an annual RASP completed timely in 2017. The most recent RASP on file for the resident is dated 12-01-2017. The RASP previous to this is dated 3-18-16. This exceeds the annual timeframe outlined in this regulation.

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.*

Going forward Administration will review all RASP documents on a monthly basis to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Amozese, Director</i>	Date <i>11/23/18</i>
--	----------------------

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

The above plan of correction is approved as of 12-3-18  
(Date)

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

Plan of correction implementation status as of 12-3-18  
(Date)

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

Violation Report: 21643 - 10/24/2018 - DeVries, Kristin  
 PCH Name: GRACE MANSION

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

Resident #8 did not sign his initial RASP, dated 1-30-18. There was no further indication that the resident was unable to or refused to participate or was unable to or refused to sign.

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.

Due to the Resident's dementia, he did not sign. In the future RASP's will be completed in the presence of "Designated Persons" and a signature will be obtained.

Administrator will 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) <i>Karen Abruzzese, Director</i>	Date <i>11/23/18</i>
--	----------------------

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

The above plan of correction is approved as of 12-3-18  
 (Date)

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

Plan of correction implementation status as of 12-3-18  
 (Date)

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