



**Sent via e-mail to: jfaines@hfmanorcare.org
Mailing Date: January 30, 2020**

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 inspection on June 20, 2019 and July 17, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: GRACE MANSION
Address: 1200 SPRING STREET, BETHLEHEM, PA 18018
County: LEHIGH Region: NORTHEAST

License Number: 21643

Administrator

Name: Jennifer Faines Phone: 6108656748 Email: JFAINES@HFManor.org

Legal Entity

Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC
Address: 1200 SPRING STREET, BETHLEHEM, PA, 18018

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

06/20/2019 - On-Site: Ryan Novak
07/17/2019 - On-Site: Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Residents Served: 22

Secured Dementia Care Unit

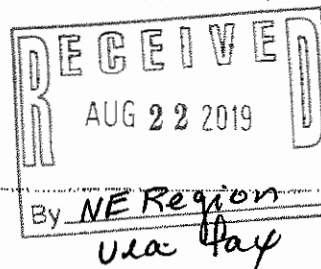
In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0



GRACE MANSION

21643

141a 1-10 Medical Evaluation Information

Regulations

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's DME dated 5/10/19 does not indicate temperature, special health or dietary needs, allergies, immunization history and body positioning.

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.)

A NEW EMPLOYEE (RESIDENT CARE COORDIANTOR) WAS HIRED TO ASSURE COMPLIANCE WITH REGULATIONS AND TO AUDIT ALL NEW-ANNUAL AND SIGNIFICANT CHANGE ON DME'S, TO ASSURE ALL INFORMATION IS FILLED IN AND SIGNED.

A NEW AUDIT FORM WAS COMPLETED AND WILL BE USED BY THE STAFF TO AUDIT THE DME UPON RECEIPT.

THE ADMINISTRATOR WILL AUDIT ALL DME'S AS A SECOND LOOK FOR COMPLETION.

SEE ATTACHED AUDIT FORM

Legal Entity Representative

Victoria B Snyder
Signature

Victoria B Snyder PCH ADMINISTRATOR

8/21/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

9-10-19
(Date)

Plan of correction implementation status as of

9-10-19
(Date)

The above plan of correction was approved by

ag
(Initials)

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

GRACE MANSION

21643

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's PRN Miralax powder was not available at the time of the inspection.

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 DIRECT CARE STAFF RESPONSIBLE FOR ADMINISTERING MEDS WILL BE IN-SERVICED ON THE NEED TO HAVE ALL MEDICATIONS ORDERED ON SITE FOR USE EITHER AS A ROUTINE MEDICATION OR PRN MEDICATION.

THE RESIDENT CARE COORDINATOR WILL BE RESPONSIBLE FOR WEEKLY AUDITS OF MEDICATION ORDERS AND AVAILABILITY.

THE ADMINISTRATOR WILL DO SPOT CHECKS TO ASSURE COMPLIANCE WITH REGULATIONS.

Legal Entity Representative

Victoria B Snyder
Signature

Victoria B Snyder PCH ADMINISTRATOR

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1's warafin 4mg tablet was not initialed as administered on 6/3/19 at 8pm.

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.)

A NEW AUDIT FORM WAS CREATED AND WILL BE UTILIZED BY THE 11-7 DIRECT CARE STAFF ADMINISTERING MEDS. THE AUDIT WILL REQUIRE THAT THE 11-7 STAFF CHECK ALL MARS DAILY TO ASSURE THAT ALL MED'S WERE ADMINISTERED AND/OR INITIALED. THE RCC WILL REVIEW THE FORM AND INVESTIGATE WHETHER A MED WAS MISSED OR IF THE MED WAS GIVEN AND THE DIRECT CARE STAFF FAILED TO INITIAL. THE RCC WILL INFORM THE ADMINISTRATOR OF EITHER OCCURRENCE AND WILL, FOR A MISSED MED, CONTACT THE FAMILY AND PHYSICIAN. THE ADMINISTER WILL MAKE A DETERMINATION OF A NEED FOR A STATE REPORTABLE INCIDENT AND MEDICATION REMEDIATION. SEE FORM ATTACHED

Legal Entity Representative


Signature


Victoria B Snyder PCH ADMINISTRATOR
Printed Name and Title

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201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #2's nursing notes indicate the resident is bossy with other residents, demanding, threatening, insulting and will yell at the other residents. The home did not implement positive interventions for Resident #2 to modify or eliminate a behavior that endangers the resident or others.

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 #2 VOLUNTARILY LEFT THE COMMUNITY ON JULY 3RD. THE EMPLOYEE WHO ADDRESSED THE SITUATION DID NOT DOCUMENT SEVERAL CONVERSATIONS WITH THE RESIDENT. THE EMPLOYEE ADDRESSED THE NEED TO DISCUSS CONCERNS DIRECTLY WITH STAFF AND TO AVOID BEHAVIORS THAT ARE UPSETTING OR A VIOLATION OF ANOTHER RESIDENT'S RIGHTS. THESE CONVERSATIONS WERE WITNESSED BY OTHER STAFF. THE CURRENT ADMINISTRATOR WILL UTILIZE THE TOOLS IN 2600.201 WHEN RESOLVING RESIDENT TO RESIDENT OR RESIDENT TO STAFF CONFLICTS. THE ADMINISTRATOR WILL DOCUMENT THESE CONVERSATIONS IN THE RESIDENTS RECORD AND IF NEEDED, ON A STATE REPORTABLE FORM IF THERE IS A VIOLATION OF A RESIDENT'S RIGHTS.

Legal Entity Representative

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Signature

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227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's nursing notes indicate the resident is bossy with other residents, demanding, threatening, insulting and will yell at the other residents. Resident #2's RASP dated 6/4/18 has not been updated to reflect any of these behaviors and how the home is going to meet Resident #2's care needs.

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 EMPLOYEE WHO ADDRESSED THE RESIDENTS BEHAVIOR FAILED TO MAKE A DOCUMENTATION ON THE RASP. THE RESIDENT LEFT THE FACILITY IN JULY.

THE ADMINISTRATOR WILL BE RESPONSIBLE FOR UPDATING THE RASP TO REFLECT ANY CHANGES AND TO REMAIN COMPLIANT WITH 2600.227d

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