



**MAILING DATE: July 2, 2019**

Ms. Amanda Topnick  
Administrator  
New Hope Gracious Senior Community  
300 Union Avenue  
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care  
Certificate #: 432100

Dear Ms. Topnick:

As a result of the Department's Bureau of Human Services Licensing inspection on March 13, 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, appearing to read "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE		License Number: 43210
Address: 300 UNION AVENUE, AVALON, PA 15202		County: Allegheny
Administrator: Amanda Topnick		Region: WEST
Legal Entity Name: NEW HOPE GRACIOUS SENIOR COMMUNITY		
Legal Entity Address: 300 UNION AVENUE, AVALON, PA 15202		
<b>Certificate(s) of Occupancy</b> I-2 03/07/2008 Avalon Borough		<b>RECEIVED</b> <b>JUNE 21 2019</b> WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/13/2019: Hoover, Josh		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 85 Number of Residents Served: 67 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 1	

*Amanda Topnick 6/21/19*

**Violation Report:** 43210 - 03/13/2019 - Hoover, JosF  
**PCH Name:** NEW HOPE GRACIOUS PERSONAL CARE

**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**

Staff interviews, observation and medical records for resident #1 indicate the resident had a significant change in condition prior to October 2018 and requires total physical assistance with all ADLs and IADLs, including eating, drinking, transferring, ambulation, toileting, and communication of needs. Also, resident #1 is ordered a pureed diet, received hospice services from October 2018 to January 2019, and has a Do Not Resuscitate (DNR) order dated 11/5/2018.

However, the assessment for resident #1, dated 3/1/2018, indicates that the resident is independent with eating and drinking, some physical assistance with transferring, ambulates with a wheeled walker. Also, the assessment indicates the resident is a full code - requiring CPR and resuscitation if she becomes unresponsive and does not include the resident's current order for a pureed diet.

The home did not complete a new assessment for resident #1 due to her significant change in condition.

**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.*

A Revision of Resident Assessment Support Plan was immediately completed and provided to the inspector. See Document # 1

Following the inspection, all staff directly involved with completing RASP's were trained on significant change requirements. This information will be included in annual training for all employees.  
 See Documents #2, 3

Monthly Audits will be completed by the Director of Resident Services to assure significant changes are correctly reflected on the RASP. See Documents #4

A new RASP for Resident #1's reflecting all changes was completed and placed on her chart.  
 See Documents #5 to 19

Within 30 days after receipt of this plan of correction - The administrator or designee will review the assessments of all current residents to ensure they are accurate. JRW 6/21/19


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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Amanda Topnick* Date *6/21/19*

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

The above plan of correction is approved as of 6/21/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/21/19  
 (Date)

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