pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: vsnyder@hfmanor.org
Mailing Date: December 30, 2019

Ms. Victoria R. Snyder
Personal Care Home Administrator
Catholic Senior Housing & Health Care Services Inc.
1200 Spring Street
Bethlehem, Pennsylvania 18018

RE: Grace Mansion
License #216430

Dear Ms. Snyder:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 25, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *GRACE MANSION* **License Number:** *21643*
Address: *1200 SPRING STREET,, BETHLEHEM, PA 18018*
County: *LEHIGH* **Region:** *NORTHEAST*

Administrator

Name: *Vicky Snyder* **Phone:** *6108656748* **Email:** *vsnyder@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:** *01/28/1993* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *21* **Waking Staff:** *16*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

11/25/2019 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served:** *18*

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: *17*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3*
Have Physical Disability: *1*

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged from the home on 9/21/19, the residents refund was not given until 11/6/19.

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.)

WHY IT HAPPENED:
In Sept 2019, the Finance Dept policy for notification to the billing dept regarding the need for a financial refund was done verbally by the Administrator (9/22/19).
The Administrator checked with the Finance Dept on 10/15/19 to determine the status of the refund and was told it was being processed.
The Finance dept sent an invoice to the Administrator on 11/6/19, 14 days past the date that the invoice should have been mailed.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
None was possible to correct this violation.

PREVENTION
WHO
The Administrator created a new policy.
WHEN
11/30/19
WHAT
Upon discharge of a resident a written notice will be sent to billing requesting a refund if any.
The Administrator will audit the progress of the refund at 15 days.
If no refund has been issued at 15 days the Administrator will send a written reminder to the Billing Dept.
If no refund is issued at a 20 day check the Administrator will verbally contact the CFO.
WHEN
11/30/2019
ATTACHEMENTS (IF ANY): New Policy

Legal Entity Representative

Signature	Printed Name and Title	Date
Victoria B Snyder	Victoria B Snyder	12/20/19

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The above plan of correction is approved as of 12-23-19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 12-23-19 (Date)

- [x] Fully Implemented
- [ ] ~~Partially Implemented - Adequate Progress~~
- [ ] ~~Partially Implemented - Inadequate Progress~~
- [ ] Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff member A hired 8/24/15 did not receive training in medication self-administration, instruction on meeting the needs of the residents per the DME and RASP and personal care service needs of the residents in 2018.

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.)

WHY IT HAPPENED:
Previous Administrator failed to provide this training. The reason is unknown.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
Though the violation was noted during the bi-annual training record audit in August 2019 the violation could not be corrected.

PREVENTION
WHAT
An audit will be conducted of all employee training records and individual plans .
WHEN
Every 6 months
WHO
By the Administrator and QM Committee attendees

ATTACHEMENTS (IF ANY): QM Audit of training form

Legal Entity Representative

Victoria B Snyder — Signature

Victoria B Snyder — Printed Name and Title

12/20/19 — Date

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65g - Annual Training Content

Regulations

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff member A hired 8/24/15 did not receive training in fire safety conducted by a fire safety expert or someone trained by a fire safety expert in 2018.

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.)

WHY IT HAPPENED:
Previous Administrator failed to provide this training. The reason is unknown.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
Though the violation was noted during the bi-annual training record audit in August 2019 the violation could not be corrected.

PREVENTION
WHAT
An audit will be conducted of all employee training records and individual plans .
WHEN
Every 6 months
WHO
By the Administrator and QM Committee attendees

ATTACHEMENTS (IF ANY): QM Audit of training form

Legal Entity Representative

Signature: Victoria B Snyder

Printed Name and Title: Victoria B Snyder

Date: 12/20/19

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87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The east fire tower loading dock exit is locked with a delayed locking device. The exit does not have a sign indicating to push the door for 15 seconds and the door will open.

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.)

WHY IT HAPPENED:
The new Maintenance Director did not consider the loading dock exit as a fire exit since it did not appear of the Fire Safety expert plan.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
A temporary sign was posted

PREVENTION
WHAT
The sign is permanently posted at all others exits were checked for proper signage.
WHEN
12/1/12019
WHO
Director of Maintenance

ATTACHEMENTS (IF ANY): Picture of sign

Legal Entity Representative

Victoria B Snyder — Signature

Victoria B Snyder — Printed Name and Title

12/20/19 — Date

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132c - Fire Drill Records

Regulations

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.

Description of Violation

The fire drill conducted on 6/12/19 at 4:30am do not indicate if the fire alarm was activated or operative.

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.)

WHY IT HAPPENED:
The Co-Administrator conducting the June fire drill did not interpret the regulation to require full documentation on a failed fire drill. The repeated June fired drill and all other successful fire drills had all other date documented on the annual log.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
Not able to make a correction

PREVENTION
WHAT
The Administrator will document all information on the fire log regardless of wheter or not the drill was successful.
WHEN
Following the activation of the fire alarm for any reason
WHO
The Administrator

ATTACHEMENTS (IF ANY):

Legal Entity Representative

Victoria B Snyder — Signature

Victoria B Snyder — Printed Name and Title

12/20/19 — Date

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132h - Designated Meeting Place

Regulations

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

A resident refused to evacuate during the fire drill conducted on 6/12/19 at 4:30am.

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.)

WHY IT HAPPENED:
The resident originally asked to take a break while exiting from his room to a fire safe area.
When staff had evacuated all residents they returned to assist the resident to the exit.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
Staff was unable to convince the resident to evacuate. The resident refused to evacuate and
the drill went over time and the drill was terminated and documented as failed.
The Co-Administrator spoke to the resident to remind him that all fire drills are mandatory
And all residents and staff must be behind closed fire doors for safety reasons. The resident stated an understanding of the explanation.

PREVENTION
WHAT
Direct care staff will be instructed to use the same verbiage regarding the safety of staff and resident
When speaking to this resident during the next drill. Direct Care staff will go to this resident room. after all residents in the "fire area" are evacuated.
WHEN
During a drill if the resident fails to comply with an immediate evacuation.
WHO
Direct care staff

ATTACHEMENTS (IF ANY

Legal Entity Representative

Victoria B Snyder — Signature
Victoria B Snyder — Printed Name and Title
12/20/19 — Date

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141a - Medical Evaluation

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.

Description of Violation

Resident #2's DME dated 11/13/19 does not indicate anything for health status or cognitive functioning.

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.)

WHY IT HAPPENED:
The resident was admitted on 10/9/19. The DME was completed (in full) on 10/10/19.
It was reviewed and accepted as completed by the Administrator per protocol.
In late October the resident was admitted to our Rehab Unit.
On 11/18/19 he returned to Personal Care with NO significant changes.
A new DME was amongst his return paperwork. The direct care staff filed it in the chart without reviewing with the Administrator.
During the 11/25/19 inspection it was noted that the heath status and mobility function boxes.
On the 11/18/19 were not checked.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
On 11/21/19 a new DME was obtained from the PA

PREVENTION
WHAT
Direct care staff were instructed always bring a new DME to the Resident Care Coordinator or Administrator to review and initial before filing.
WHEN
Whenever a new DME is completed
WHO
Resident Care Coordinator or Administrator will review and initial before filing.

ATTACHEMENTS (IF ANY): 11/27/19 DME

Legal Entity Representative

Signature Victoria B Snyder Victoria B Snyder 12/20/19
Printed Name and Title Date

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181c - Self-administration Assessment

Regulations

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self administers medications. The residents DME dated 9/10/19 notes the resident is unable to self administer medications.

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.)

WHY IT HAPPENED:
The form was not reviewed before being inserted into the records file.
The person filing the report did not note that the box was mis-marked for this resident who has been self medication since admission.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
The DME was returned to the physician requesting that the correct box, per their direction, be checked and initialed. To date the physician has not returned the DME. Two calls and another fax was sent on 12/20/19 requesting that the form be addressed.

PREVENTION
WHAT
The RCC will audit all DME's monthly to assure that a DME has been received, all boxes are completed, dates are within DME guidelines, the form is signed and date.
Direct care will be reminded that no DME can be filed until it is reviewed and initialed by the Resident Care Coordinator or the Administrator.
WHEN
Within the DHS timeline.
WHO
The Administrator will be attempting to secure the corrected DME and will call on a daily basis until the memo has arrived.
ATTACHEMENTS (IF ANY): Memo-Fax-DME Audit form

Legal Entity Representative

Signature	Printed Name and Title	Date
Victoria B Snyder	Victoria B Snyder	12/20/19

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182b - Prescription Medication

Regulations

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member B's 2019 annual practicum only has one of the required two medication administration observations completed.

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.)

WHY IT HAPPENED:
The previous Administrator was the Certified Train the Trainer for the community.
Her record keeping was deficient.
When the new trainer was employed in May of 2019 she updated all training but because of the deficiencies in the previous Administrators record keeping it was difficult to determine how many observations were completed prior to that date.
IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
The second observation was completed immediately for staff member B.

PREVENTION
WHAT
The new QM form includes a section for auditing the med tech training requirements and it will be audited bi-annually.
WHEN
February 2020
WHO
Resident Care Coordinator (Trainer) and Administrator will review.

ATTACHEMENTS (IF ANY): SEE QM FORM

Legal Entity Representative

Victoria B Snyder — Signature

Victoria B Snyder — Printed Name and Title

12/20/19 — Date

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183b - Meds and Syringes Locked

Regulations

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The first aid kit located on the 3rd floor in the hallway contained OTC triple antibiotic ointment and antiseptic skin cleanser. These medications were unlocked and accessible to the residents.

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.)

WHY IT HAPPENED:
THE BOX HAD BEEN UNLOCKED FOR USE. THE PLASTIC LOCK WAS NOT REPLACED.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
THE BOX WAS SECURED BY THE RESIDENT CARE COORDINATOR UPON NOTIFICATION OF THE VIOLATION.

PREVENTION
WHAT
PER THE ADVICE OF THE INSPECTOR SMALL ANTISEPTIC WIPES WERE ADDED TO THE FIRST AIDE KIT
WHEN
11/30/2019
ATTACHEMENTS (IF ANY): PURCHASE ORDER FOR WIPES

Legal Entity Representative

Victoria B Snyder
Signature

Victoria B Snyder 12/20/19
Printed Name and Title Date

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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 #4 has an order for oxycodone 5mg at bedtime. The resident also has an order for oxycodone 5mg every 12 hours as needed. The home does not have the medication for the straight order.

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.)

WHY IT HAPPENED:
The pharmacy refused to send over the medication for the straight order for this medication stating that there were too many tablets being sent to cover both orders. The Medication staff did not notify the RCC but instead used the PRN medication to cover the starting order at bedtime. It was also noticed that the resident requested this PRn medication daily at 8AM.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
The residents physician was informed that the resident was requesting the PRN medication every morning and discounted the PRN medication and added a new order for the medication to be given at 8AM and HS.

PREVENTION
WHAT
Medication staff received a memo dated 11/26/19 regarding the clarification that even if there is an order for the same med to be given at *AM and HS, if the medication is NOT in a pharmacy bottle but instead is on 2 separate cards. One medication, regardless of whetted it is the same strength, cannot be use to cover a medication with a different order on the label.
The memo also reminded med techs that they should discuss any concerns with receiving or recording any medication to assure that all meds match orders and all orders have meds in the building.
WHEN
11/26/19
WHO
The 11-7 Med Tech who performs monthly order/expiration audits will review all PRN NARCOTIC medications to determine if the resident is taking the medication on a regular basis.
The Med Tech will notify the Resident care Coordinator, who will check to see if there is a straight order for the same medication.
The RCC will reach out to notify the physician and discuss any new orders.
The RCC will speak with the pharmacy to secure medications and avoid repeat violations.

ATTACHEMENTS (IF ANY): New Order and Memo

Legal Entity Representative

Victoria B Snyder — Signature
Victoria B Snyder — Printed Name and Title
12/20/19 — Date

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187b - Date/Time of Medication Admin.

Regulations

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 has an order for oxycodone 5mg at bedtime. The MAR was initialed as administered from 11/1-11/24/19. The medication was not administered as a straight order, it was administered from the PRN order.

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.)

WHY IT HAPPENED:
The pharmacy refused to send over the medication for the straight order for this medication stating that there were too many tablets being sent to cover both orders. The Medication staff did not notify the RCC but instead used the PRN medication to cover the starting order at bedtime. It was also noticed that the resident requested this PRn medication daily at 8AM.

IMMEDIATE ACTION TAKEN TO CORRECT THE VIOLATION:
The residents physician was informed that the resident was requesting the PRN medication every morning and discounted the PRN medication and added a new order for the medication to be given at 8AM and HS.

PREVENTION
WHAT
Medication staff received a memo dated 11/26/19 regarding the clarification that even if there is an order for the same med to be given at *AM and HS, if the medication is NOT in a pharmacy bottle but instead is on 2 separate cards. One medication, regardless of whetted it is the same strength, cannot be use to cover a medication with a different order on the label.
The memo also reminded med techs that they should discuss any concerns with receiving or recording any medication to assure that all meds match orders and all orders have meds in the building.

WHEN
11/26/19

WHO
The 11-7 Med Tech who performs monthly order/expiration audits will review all PRN NARCOTIC medications to determine if the resident is taking the medication on a regular basis.
The Med Tech will notify the Resident care Coordinator, who will check to see if there is a straight order for the same medication.
The RCC will reach out to notify the physician and discuss any new orders.
The RCC will speak with the pharmacy to secure medications and avoid repeat violations

ATTACHEMENTS (IF ANY): New Order and Memo

Legal Entity Representative

Signature | Printed Name and Title: Victoria B Snyder | Date: 12/20/19

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