

Department of Human Services
Bureau of Human Service Licensing

August 19, 2020

ALEXIS MARTINI, VICE PRESIDENT OF OPERATIONS
MOS GRACE MGT LLC
118 PARKER ROAD
CHESTER, NJ 7930

RE: GRACE MANOR AT NORTH PARK
9565 BABCOCK BOULEVARD
ALLISON PARK, PA, 15101
LICENSE/COC#: 45085

Dear Ms. Martini,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2020, 07/02/2020, 07/10/2020, 07/31/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *GRACE MANOR AT NORTH PARK* License #: *45085* License Expiration Date: *02/03/2021*
 Address: *9565 BABCOCK BOULEVARD, ALLISON PARK, PA 15101*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Gail Martin* Phone: *9739869629* Email:

Legal Entity

Name: *MOS GRACE MGT LLC*
 Address: *118 PARKER ROAD, CHESTER, NJ, 7930*
 Phone: *9739869629* Email: *ALEXIS@MAGSENIOR.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/18/2020* Issued By: *Township of McCandless*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint,Incident* Exit Conference Date: *07/31/2020*

Inspection Dates and Department Representative

07/01/2020 - On-Site: Ashley Roser
07/02/2020 - Off-Site: Ashley Roser
07/10/2020 - Off-Site: Ashley Roser
07/31/2020 - Off-Site: Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *25*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

07/01/2020 - Partial

Lead Inspector: *Ashley Roser*Follow-Up Type: *POC Submission*Follow-Up Date: *08/13/2020*

8/14/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *08/18/2020*

8/19/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's most recent support plan, dated 10/15/19, does not address the resident's tendency to wander and the need for supervision outside of the home.

Plan of Correction

Accept

It is always our intent to ensure that the facility is following the regulations correctly.

In this violation, a resident recent service plan did list her tendency to wander as part of her normalized behavior but did not include additional detail to illustrate communities supervision plan.

The RASP was immediately updated to include the additional clarity regarding the interventions in place to support the needs of the resident.

The clinical director and nursing team were reeducated to appropriate and required detail when completing RASP's.

The Administrator will continue to oversee the compliance to RASP are inclusive of supportive and clear care details.

Completion Date: 07/31/2020

Document Submission

Implemented

RASP attached

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's most recent support plan, dated 10/15/19, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

227g -Support Plan Signatures (*continued*)**Plan of Correction****Accept**

It is always our intent to ensure that the facility is following the regulations correctly.

In this violation, a residents mark was not clearly acknowledged as the residents mark.

The copy of the RASP with the residents signature was printed in a separate binder and not reviewed at time of visit.

It was however sent as supporting documents.

The clinical director and nursing team were reeducated to appropriate and required detail when completing RASP's and the need to clearly identify the residents mark or if unable to sign to clearly mark the support plan with that detail.

The Administrator will continue to oversee the compliance to RASP and check to be sure it is inclusive of resident signature of acknowledgement.

RASP audits will continue as of the state required QA process and randomly each week by Clinical Director and Administrator.

Completion Date: 07/31/2020

Document Submission**Implemented**

RASP attached