

Department of Human Services
Bureau of Human Service Licensing

November 2, 2020

SPENCER MANDELBAUM, OWNER
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 Mr. Mandelbaum,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2020, 10/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: *Cathy Himes* Phone: *814-229-7893* Email: *cathy@gracemanornorthpark.com*

Legal Entity

Name: *MOS GRACE MGT LLC*
 Address: *118 PARKER ROAD, CHESTER, NJ, 7930*
 Phone: *412-367-4722* Email: *spencer@magsenior.com*

Certificate(s) of Occupancy

Type: *I-2* Date: *11/18/2010* Issued By: *Town of McCandless*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/06/2020*

Inspection Dates and Department Representative

10/05/2020 - On-Site: Vicki Siegert, Tom Smith
10/06/2020 - On-Site: Vicki Siegert, Tom Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

10/05/2020 - Full

Lead Inspector: *Vicki Siegert*Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2020*

11/2/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *11/06/2020*

11/2/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home does not have a waiver indicating that staff person A's non-U.S. secondary education is equivalent to a United States high school education. Staff person A does not have active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Facility got the High School Education paper translated on 10/15/2020 with no concerns. Waiver has been submitted to the licensing agency for approval on 10/22/2020. Administrator Assistant will audit all employee files by 11/15/2020 for compliance with High School Diploma/GED, Secondary education equivalent to a United States high school diploma. Any documentations that is not compliant will be translated to ensure full compliance. Employees at date of hire are required to submitted the required High School Diploma/GED, Secondary education equivalent to a United States high school diploma. Translation of non English documentation is required prior to start date.

Completion Date: 10/30/2020

Document Submission**Implemented**

See attached

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 10/5/2020, there was a half full 32oz bottle of 409 Multi-surface cleaner with warning to call a poison control center or doctor for treatment advice in the unlocked, unattended, and accessible second floor pub bathroom.

Residents #1 and #2 are assessed as not being able to safely use and avoid poisonous materials.

Plan of Correction**Accept**

This bottle was removed immediately at time of finding. All public areas were audit and no other chemicals were located in unlocked, unattended area.

A audit of all public areas will be completed by the Administrative Assistant or designee weekly for 3 months, than monthly for 3 months and than randomly to ensure continuous compliance.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/5/2020 at 11:55 a.m., there was no lid on the trash can in the shared bathroom in resident room #209.

Plan of Correction

Accept

A audit was performed on all resident rooms for trash receptacle and lids to ensure compliance. Residents, staff and management have been re-educated on 10/28/2020 to remind them that these trash receptacle must maintain the lid at all times in shared areas. Audits will be completed by the Director of Environmental Services weekly for 3 months than monthly for 3 months than randomly to ensure complete compliance at all times.

Completion Date: 10/29/2020

Document Submission

Implemented

See attached

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 10/5/2020 at approximately 10:15 a.m., none of the required emergency telephone numbers were posted on or by the telephone in resident room #205.

On 10/5/2020 at 11:55 a.m., none of the required emergency telephone numbers were posted on or by either telephone in resident room #209.

Plan of Correction

Accept

The numbers were posted at the time of the inspection. All phones have been audited and are in compliance. All residents have been re-educated on the impotency of maintaining the numbers on the phone at all times. Administrator Assistant or designee will audit all phones weekly for 3-months than monthly for 3-months than randomly on going to ensure compliance.

Completion Date: 10/29/2020

Document Submission

Implemented

See attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (*continued*)**Description of Violation**

On 10/5/2020, the "P" shaped bed enabler on the bed in room #216 had an uncovered opening that measured approximately 5.5"X10.25". Also, the enabler was not securely attached to the bed allowing for approximately 7" of movement away and towards the mattress. Both of these conditions pose an entrapment risk.

Plan of Correction**Accept**

Bar was changed out and cover was put on at the time of inspection. Wellness Director will install all bars that are needed to ensure compliance is meant at all times. Wellness director will add to the EMAR system a daily check to ensure that bars are stable and covered at all times.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

97 - Elevators/Lifting Devices

1. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The certificate of operation issued by the Department of Labor & Industry for the home's elevator expired on 9/30/2020.

Plan of Correction**Accept**

Elevator company was called the day of inspection. They inspected the elevator on 10/21/2020. They have submitted the paperwork and we are awaiting the certificate. The Administrator Assistant will notify the company 30-days prior to expiration to ensure an inspection is completed in a timely manner going forward.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 10/5/2020 at 11:55 a.m., there was no operable lamp or other source of lighting that can be turned on at bedside for the bed alongside the window in resident room #209.

On 10/5/2020 at approximately 12:10 p.m., the bedside lamp was inoperable for the bed against the wall in resident room #101.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction**Accept**

The lamps were checked, light bulbs changed and a lamp was moved to bedside at the time of the inspection. All lamps have been audited and are in compliance. All residents, staff and management have been re-educated on the impotency of maintaining the lamp at bedside at all times. Administrator Assistant or designee will audit all phones weekly for 3-months than monthly for 3-months than randomly on going to ensure compliance.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/5/2020 at 11:10 a.m., the temperature in the first floor kitchen freezer measured 9 degrees Fahrenheit.

Plan of Correction**Accept**

Koldcraft Refrigeration Service was called at the time of inspection. They came to the building and inspected the freezer on 10/6/2020. They defrosted evaporator Coil and adjusted temperature. Freezer is monitored daily for accurate temperature daily.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 10/6/20 at 11:10 a.m., there were 20 residents residing in the home, requiring 60 gallons of emergency drinking water. However, there were only 33 gallons of emergency water on site. The home's emergency food and water contract with Reinhart Food Services indicates that "... Due to limited warehouse space Reinhart may not be able to supply extra drinking water in case of an emergency. Check with your local Department of Health for drinking water resources in your area. ..."

Plan of Correction**Accept**

Reinhart was called at the time of inspection and water was ordered at that time. Water was delivered to the facility on 10/7/2020 at 8:00am. Executive Director will order water as needed to ensure all compliance is meant.

Completion Date: 10/29/2020

Document Submission**Implemented**

See attached

133.1 - Exit Signs

1. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 10/5/2020 at approximately 10:45 a.m., the cover of the exit sign, which includes the word "EXIT", located at the 3rd floor east side staircase had fallen off and was setting on a railing. Only metal and wires were visible. There was no indication of the existence of an exit.

Plan of Correction

Accept

The sign cover was put back up at the time of inspection. A audit was performed on all exit signs to ensure compliance. Audits will be completed by the Director of Environmental Services weekly for 3 months than monthly for 3 months than randomly to ensure complete compliance at all times.

Completion Date: 10/29/2020

Document Submission

Implemented

See attached

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #2's medical evaluation, completed on 9/18/2020, indicates the resident is ordered a mechanical soft diet. However, on 10/5/2020 at 12:20 p.m., resident #2 was served an uncut slice of ham measuring approximately 4"X3"X3/8" thick, cooked green beans measuring approximately 1/2-1" long, and strawberry shortcake.

Plan of Correction

Accept

Dietary staff has completed an Tutorial on special dietary needs with the Executive Director on October 28, 29 and 30, 2020. All questions were answered and no concerns were identified. Executive director or designee will follow-up weekly for 3 months than monthly for 3 months to ensure all diets are in compliance and served properly. Executive Director posted guidelines in the kitchen as reference guides.

Completion Date: 10/30/2020

Document Submission

Implemented

See attached

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on 4/23/2020. However, the initial assessment for resident #1 was not completed until 9/18/2020.

225a - Assessment 15 Days *(continued)***Plan of Correction****Accept**

Resident assessment and support plan have been completed within the 15-day from there most recent documented Medical Evaluations effective 10/1/2020 by the Director of Wellness. The Director of Wellness has imitated a Data Tracker Form to ensure RASP are in compliance on-going.

Completion Date: 10/30/2020

Document Submission**Implemented**

See attached