

Department of Human Services  
Bureau of Human Service Licensing

January 20, 2021

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR  
NEW HOPE GRACIOUS SENIOR COMMUNITY  
300 UNION AVENUE  
AVALON, PA 15202

RE: NEW HOPE GRACIOUS PERSONAL  
CARE  
300 UNION AVENUE  
AVALON, PA, 15202  
LICENSE/COC#: 43210

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2021, 01/06/2021 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: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration Date: *04/04/2021*  
Address: *300 UNION AVENUE, AVALON, PA 15202*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4127614673* Email: [REDACTED]

**Legal Entity**

Name: *NEW HOPE GRACIOUS SENIOR COMMUNITY*  
Address: *300 UNION AVENUE, AVALON, PA, 15202*  
Phone: *4127614673* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/07/2008* Issued By: *Avalon Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/06/2021*

**Inspection Dates and Department Representative**

*01/05/2021 - On-Site:* [REDACTED]  
*01/06/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *85* Residents Served: *54*

**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: *54*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *10* Have Physical Disability: *0*

## Inspections / Reviews

01/05/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/18/2021*

1/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/24/2021*

1/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**18 - Compliance With Laws****1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*On 1/5/2021 at approximately 11:57 a.m. there was no approved carbon monoxide alarm installed in close proximity of, but not less than 15 feet from the fossil fuel burning furnaces that heat the building, in the Union Avenue entrance hallway in the basement of the Rose Building, as required by Section 3(a)(1) of the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016.*

**Plan of Correction****Accept**

*Carbon monoxide alarm was replaced on 1-6-2021. Detectors will be checked monthly as part of facility preventative maintenance program. Each detector has been tagged and will be dated monthly to assure compliance. See attachment*

**Completion Date:** 01/14/2021

**Document Submission****Implemented**

*See attached*

**131f - Fire Extinguisher Inspection****1. Requirements**

2600.

- 131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*All of the home's fire extinguishers have not been inspected by a fire safety expert since 11/19.*

**Plan of Correction****Accept**

*Due to the pandemic fire expert was unable to provide services according to our contract. All fire extinguishers have been checked by a fire safety expert on 1-5-2021. Fire extinguishers will continue to be checked monthly as part of the facility preventative maintenance program. Fire safety company will be contacted in November 2021 to assure safety check is being completed in a timely manner. See attachments*

**Completion Date:** 01/05/2021

**Document Submission****Implemented**

*See Attached*

**185a - Implement Storage Procedures****1. Requirements**

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**

*The glucometer for resident #1 indicates a reading of 174 on 1/4/2021 at 8:02 p.m. However, resident #1's medication administration record indicates a reading of 147 on 1/4/2021 at approximately 8:00 p.m.*

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

All Diabetic Certified Medication Technicians have been in-serviced on proper procedure for collecting and recording glucometer readings for residents in isolation. Any resident in isolation that requires the use of a glucometer will have a paper and pen located near resident room exit door so that staff can record reading and view number once exiting the isolation space. See attachment

Completion Date: 01/15/2021

Document Submission

Implemented

See attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered Novolog INJ Flexpen – <45=Hypoglycemia protocol&call MD 45-59 or symptomatic pt=use hypoglycemia protocol: 60-150=0U; 151-175=1U; 176-200=2U; 201-225=3U; 226-250=4U; 251-300=6U; 301-350=8U; 351-400=10U; >400=Call MD. However, on 1/4/2021 at 8:02 p.m., resident #1's glucometer contained a blood glucose reading of 174 which was documented as 147 in the medication administration record and the resident was not administered 1 unit of Novolog insulin.

Plan of Correction

Accept

Weekly glucometer auditing will be completed by using Administration History Report from EMAR for all residents that have a prescribed glucometers. Actual glucometer readings will be compared to EMAR report and units of insulin given will be compared to EMAR physician orders for all residents that have a sliding scale order. See attachment

Completion Date: 01/15/2021

Document Submission

Implemented

See attached

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #2 was admitted to the home on [redacted]; however, resident #2's preadmission screening form was completed on [redacted] and did not include a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept**

*Preadmission audit tool is being utilized for all new admissions. All preadmission screenings will be reviewed at the time of admission to assure that the preadmission form is fully completed and within 30 days of the admission date. See attachment. All current resident's preadmission screenings have been audited for compliance.*

**Completion Date:** 01/15/2021

**Document Submission****Implemented**

*See attached*