



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

MAILING DATE: September 13, 2022

[REDACTED]
Owner
Relentless Assets No. 1, LLC
[REDACTED]

RE: Gracious Living Estates
License # 224861

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 3, 2021 and March 10, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violation(s) in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *GRACIOUS LIVING ESTATES* License #: *22486* License Expiration: *07/17/2021*
Address: *10543 PA ROUTE 29, MONTROSE, PA 18801*
County: *SUSQUEHANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5702783414* Email: [REDACTED]

Legal Entity

Name: *RELENTLESS ASSETS NO.1 LLC*
Address: *10543 PA ROUTE 29, MONTROSE, PA, 18801*
Phone: *5702783414* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/08/1998* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *06/04/2021*

Inspection Dates and Department Representative

03/03/2021 - On-Site: [REDACTED]
03/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

03/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/23/2021*

02/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/07/2022*

03/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/22/2022*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Resident Assessment and Support Plan (R.A.S.P.) dated [REDACTED], for resident # 1 does not address behaviors which the resident has been exhibiting for nearly a year. These behaviors include yelling for brief periods of time, accusing staff of harming him, paranoia, increased agitation and moodiness. If resident # 1 hears a noise in the hallway he believes that someone may be after him.

Plan of Correction**Accept**

The RASP was corrected during the inspection. These episodes were episodic and sometimes the resident went months without them recurring. The new procedure is to document even episodic behaviors and noting in the RASP that they do not occur on a regular basis.

Action -Updated the RASP, Owner - The Administrator, Competition Date 3/3/2021

Action - Change procedure to update RASH for nonregular episodic behavioral incidents Owner - the Administrator, Completion Date - Ongoing

Completion Date: 03/03/2021

Document Submission**Not Implemented**

Action - Change procedure to update RASH for nonregular episodic behavioral incidents Owner - the Administrator, Completion Date - Ongoing

Update: 03/15/2022

The home has not submitted any evidence of compliance or verifications of actions taken.

Please submit a copy of the RASP in question to show the changes made to meet the Resident's needs. If that resident is no longer in the home, please select another resident that had an update to their RASP as evidence of compliance and either attach it in the Portal or e mail it to me at agraziano@pa.gov.

AG, 3-15-22

DIRECTED PLAN OF CORRECTION: VERIFICATION NEEDED:

The Administrator/Designee will attach the necessary information as noted above in the Update dated 3-15-22 and submit to in the Portal upon receipt.