

Department of Human Services
Bureau of Human Service Licensing

May 26, 2021

██████████ OWNER
GRACE PARK LTD.
1222 LOWER CHERRY VALLEY ROAD
STROUDSBURG, PA 18360

RE: GRACE PARK
1170 WEST MAIN STREET
STROUDSBURG, PA, 18360
LICENSE/COC#: 20736

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021, 04/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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 PARK **Licen e #:** 20736 **Licen e Expiration Date:** 06/17/2021
Addr e : 1170 WEST MAIN STREET, STROUDSBURG, PA 18360
County: MONROE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5704248166 **Email:** [REDACTED]

Legal Entity

Name: GRACE PARK LTD.
Address: 1222 LOWER CHERRY VALLEY ROAD, STROUDSBURG, PA, 18360
Phone: 5704248166 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 11/03/2011 **Issued By:** Borough of Stroudsburg

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 04/14/2021

Inspection Dates and Department Representative

04/13/2021 - On-Site: [REDACTED]
04/14/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82 **Residents Served:** 49

Secured Dementia Care Unit

In Home: Yes **Area:** 0 **Capacity:** 22 **Re ident Served:** 15

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

04/13/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/16/2021*

5/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/26/2021*

5/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 Passed away on [REDACTED], but the death was not reported to the department until 4/4/20.

Plan of Correction

Accept

The resident in the above mention violation passed away under hospice services not related to COVID-19. During that time frame it was the height of the COVID pandemic, especially in our facility and over half of our staff was out, ncluding myself the administrator, due to COVID infection or other reasons related to the pandemic. Providing proper care and having adequate staffing for our residents took priority and the report was filled out and sent as soon as I was able to. All future reportable incidents will be sent within the proper time frame by the Executive Director, Director of Wellness or Assistant Director of Wellness. All 3 directors have been trained on the importance and details of regulation 2600.16 (C).

Completion Date: 04/15/2021

Update - 05/21/2021

Please send/Attach proof of staff training. 5-21-21-MM

Document Submission

Implemented

See attachment labeled 2600.16c

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

There was not a carbon monoxide monitor in the basement within 15 feet of the gas dryer.

Plan of Correction

Accept

Carbon monoxide detector was placed within 15 feet of the gas dryer in our basement, all other gas fire places/dryers were checked and had a carbon monoxide detector within 15 feet . Maintenance department educated and trained on regulation 2600.18. Maintenance log reflects regular monthly checking that carbon monoxide detectors are properly placed and in working order.

Completion Date: 04/14/2021

Document Submission

Implemented

Complete- no attachment needed

65e - 12 Hours Annual Training

1. Requirements

2600.

- 65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

65e - 12 Hours Annual Training (*continued*)**Description of Violation**

Staff A did not have 12 hours of training for training year 2019.

Plan of Correction**Accept**

Staff member had completed training however it was not properly dated and could not be verified it was completed during the 2019 training year. All future training materials will be required to be dated properly prior to being submitted. All staff persons have been educated and trained on the importance and details of regulation 2600.65 (e). All completed staff trainings are handed into our concierge to be added in our electronic records, the concierge has been educated on the importance of making sure all training material is dated properly before entering into our electronic records.

Completion Date: 04/15/2021

Update - 05/21/2021

Please send/Attach proof of staff training. 5-21-21-MM

Document Submission**Implemented**

See attachment labeled 2600.65(e)(f)

65f - Training Topics

1. Requirements

2600.

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

Description of Violation

Staff A did not complete training in 2019 on Infection control/ cleanliness/immobility concerns and Safe Management techniques.

Plan of Correction**Accept**

Staff member had completed training however it was not properly dated and could not be verified it was completed during the 2019 training year. All future training materials will be required to be dated properly prior to being submitted. All staff persons have been educated and trained on the importance and details of regulation 2600.65 (f). All completed staff trainings are handed into our concierge to be added in our electronic records, the concierge has been educated on the importance of making sure all training material is dated properly before entering into our electronic records. Furthermore, concierge will now be required during the end months of November and December to review all staff training records for the year to assure they are complete and properly dated and to obtain any missing training from staff.

Completion Date: 04/15/2021

Update - 05/21/2021

Please send/Attach proof of staff training. 5-21-21-MM

Document Submission**Implemented**

See attachment labeled 2600.65(e)(f)

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (*continued*)**Description of Violation**

On 4/14/21 at 11:00 am, the water temperature in room [REDACTED] was 121.3 and room [REDACTED] was 122.5

Plan of Correction**Accept**

On 4-12-2021 water temperature for Apartment [REDACTED] was recorded as 117.2 this runs off the same hot water heater as the apartments in the violation. Maintenance was immediately notified of water temperature as per our policy and hot water heater for that area was able to be turned down to the appropriate temperature, temperature then read 118 in apartment [REDACTED] and 117.8 in apartment [REDACTED]. Maintenance monitored temperature every 15 minutes for one hour to assure temperature remained at the appropriate temperature. All maintenance adjustments and temperature checks were recorded in our maintenance log book.

Completion Date: 04/14/2021

Update - 05/21/2021

Please send/Attach water temperature log. 5-21-21 -MM

Document Submission**Implemented**

See attachment labeled 2600.89b

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The freezer located in the main kitchen was found to have 1 package of breaded shrimp, meat patties, and breaded fish sticks that was not labeled with the date the item was opened.

Plan of Correction**Accept**

Director of Dining Services disposed of food in freezer that was not properly dated. All dining staff have been re-educated and trained on the importance and details of regulation 2600.103(i). All food items checked daily by oncoming cook to assure all items are properly dated.

Completion Date: 04/14/2021

Update - 05/21/2021

Please send/Attach proof of staff training. 5-21-21 -MM

Document Submission**Implemented**

See attachment labeled 2600.103i