

Department of Human Services  
Bureau of Human Service Licensing

December 13, 2021

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]

RE: GRAYSTONE MANOR AT  
BELLMEADE  
1929 EAST PLEASANT VALLEY BLVD  
ALTOONA, PA, 16602  
LICENSE/COC#: 33222

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *GRAYSTONE MANOR AT BELLMEADE* License #: 33222 License Expiration:  
Address: *1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA 16602*  
County: *BLAIR* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *GRAYSTONE MANOR BELLMEADE, LLC*  
Address: *1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA, 16602*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *01/16/2014* Issued By: *Artis Township*

**Staffing Hours**

Resident Support Staff: *49* Total Daily Staff: *102* Waking Staff: *77*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *07/27/2021*

**Inspection Dates and Department Representative**

07/27/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *42*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *42*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

**07/27/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/27/2021*

**07/27/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2021*

Inspection Dates and Department Representative (*continued*)

07/27/2021 - Document Submission

Reviewer:



Follow-Up Type: *Not Required*

18 - Compliance With Laws

General Requirements

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

The Care Facility Carbon Monoxide Standards Act requires that an approved carbon monoxide alarm be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device. There are two gas-fired hot water heaters in the basement of the home, however, there were no CO detectors present.

Plan of Correction

Accept

A Carbon Monoxide detector was installed in close proximity from the two gas-fired hot water heaters. The batteries were dated with the date they were installed. The Maintenance Coordinator will ensure the batteries are changed at least annually or if the carbon monoxide detector would alarm causing the batteries to drain faster. Should the home have another fossil fuel-burning device installed the Maintenance Coordinator will ensure a Carbon Monoxide detector is installed in close proximity to the device.

Completion Date: 07/27/2021

Document Submission

Implemented

All steps have been completed

Completion Date: 07/27/2021

54a - Direct Care Staff

Staffing

1. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a valid high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The diploma is from a virtual high school, which is not listed as an accredited school under the PA Department of Education.

Plan of Correction

Accept

Staff Person A did not work any direct care until she completed her online temporary Nurses Aid training on August 18th. The Business Office Coordinator reviewed all staff files to ensure their high school diploma or GED was in fact from an accredited school under the department of education for the corresponding state. All employment applicants for direct care positions will be informed prior to hire of this prerequisite. Business office Coordinator will review all diplomas from newly hired direct care staff on their first day of employment to ensure the diploma or GED is from a school accredited with the department of education. Any employee unable to produce a diploma or GED from an accredited school will not be permitted to perform direct care until this has been attained. Employees without a

**Staffing (continued)**

*valid diploma or GED may work in an ancillary capacity.*

**Completion Date:** 08/18/2021

**Document Submission**

**Implemented**

*All steps have been completed*

**Completion Date:** 08/18/2021

**65i - Training Record**

**Staffing**

**1. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

*Staff Person B's training record does not include the trainings required under 65b including resident rights, emergency medical plan, mandatory abuse reporting and reporting of reportable incidents and conditions.*

**Plan of Correction**

**Accept**

*Staff Person B's last day of employment July 30 2021 as [REDACTED] was finishing [REDACTED] 2 week notice at the time of inspection. All staff files were reviewed to ensure that all required training had been met and documented. All employees are required to have training in the topics listed in 65b within their first 40 hours of employment. Orientation is scheduled and will be completed as scheduled, and documented on the Orientation form. Orientation forms are reviewed by the department director for completeness and forwarded to the Executive Director. The Executive Director will ensure records of the training are complete prior to filing. All staff are required to attend annual trainings and documentation is kept in the staff training binder and on the staff training plan in each staff person's file.*

**Completion Date:** 08/20/2021

**Document Submission**

**Implemented**

*All steps have been completed*

**Completion Date:** 08/20/2021

**183b - Meds and Syringes Locked**

**Medications**

**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*Resident #2 is not assessed to self-administer medications. On 7/27/2021, at approximately 2:00 PM, a tube of [REDACTED] [REDACTED] was unlocked, unattended, and accessible in the top shelf of a small wooden credenza in Resident #2's room.*

Medications (continued)

**Plan of Correction**

**Accept**

The tube of [REDACTED] was removed from Resident #2's room immediately. All residents medication orders were reviewed by the Wellness Coordinator for "May Keep at Bedside". Wellness Coordinator will ensure these residents are assessed by a physician, physicians assistant, or CRNP to be able to safely self administer medication by Sept 7, 2021. A resident that is self-administering his/her medications will have the medications in a locked container in their bed room. Nursing staff are provided with training on proper storage of medications during their their initial orientation to the med room. MARS and medication carts will be audited monthly by 3rd shift med room staff. The Executive Director in cooperation with the Wellness Coordinator will ensure the above guidelines are adhered to. A meeting with med room staff is scheduled for Sept 3rd at 2pm to review this regulation and facility policy.

**Completion Date:** 09/07/2021

**Document Submission**

**Implemented**

All steps have been completed

**Completion Date:** 09/07/2021

183d - Prescription Current

Medications

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 7/27/2021, 33 [REDACTED] (Assured brand 500 mg Tablets) prescribed for Resident #1, were found in the home's medication cart; however, the medication was end dated on 2/5/2021.

On 7/27/2021, a tube of [REDACTED] prescribed for Resident #2 on 5/22/21 was found in the resident's room. The MAR shows that it was prescribed for two weeks. The resident was still receiving the medication until 7/26/21.

**Plan of Correction**

**Accept**

Resident #1's Tums were removed from the cart on 7/27/21 and destroyed in sharps container. Resident #2's [REDACTED] was discontinued from MAR and medication was destroyed. Med room staff are given training on what medications may be kept in the home during their orientation to the med room as well as proper discontinuation of a medication. Med room staff will be re-educated on policies regarding discontinuation of medication. A mandatory meeting is scheduled for September 3rd for med room staff to review medication policies. The MAR's and medication carts are audited monthly by 3rd shift med room staff. The executive Director in cooperation with the Wellness Coordinator will ensure the above procedures are adhered to.

**Completion Date:** 09/03/2021

**Document Submission**

**Implemented**

All steps have been completed

**Completion Date:** 09/03/2021

187a - Medication Record

Medications

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed [REDACTED] however, the resident's medication administration record (MAR) does not indicate a diagnosis or purpose for the medication.

Plan of Correction

Accept

The diagnosis was added to medication on the MAR on 7/27/21. The wellness Coordinator reviewed each MAR to ensure a diagnosis was present for each medication listed. All med room staff are trained on orientation that each medication requires a diagnosis to be added to the MAR. All MAR's are routinely audited for compliance by 3rd shift staff. The executive director will ensure that the listed guidelines in 187.a is adhered to in cooperation with Wellness Coordinator. A mandatory meeting with med room staff is scheduled on Sept 3rd to review this regulation and the facility's policy.

Completion Date: 09/03/2021

Document Submission

Implemented

All steps have been completed

Completion Date: 09/03/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] 1 time daily by mouth. However, Resident #2's MAR indicates th this medication was not administered on 7/18/21, 7/19/21, nor 7/20/2021.

Plan of Correction

Accept

All med room staff are trained on proper medication administration during orientation and/or during medication administration training if applicable. Failure to adhere to the Prescriber's order will result in a medication error. mandatory meeting is scheduled for Sept 3rd for all med room staff to review proper medication administration. Cart/MAR audits are routinely completed by 3rd shift med room staff monthly.

Completion Date: 09/03/2021

Document Submission

Implemented

All steps have been completed

Completion Date: 09/03/2021