

Department of Human Services  
Bureau of Human Service Licensing

December 21, 2021

[REDACTED], ADMINISTRATOR  
[REDACTED]

RE: GRACE MANSION  
1200 SPRING STREET  
BETHLEHEM, PA, 18018  
LICENSE/COC#: 21643

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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 MANSION License #: 21643 License Expiration:  
Address: 1200 SPRING STREET, BETHLEHEM, PA 18018  
County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/28/1993 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 10/19/2021

Inspection Dates and Department Representative

10/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

10/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2021

**Inspection Dates and Department Representative (*continued*)**

12/12/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

12/21/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 63a - First Aid/CPR Training

## 1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

## Description of Violation

On 10/9/2021 & 10/10/2021 from 3pm to 11pm there was no CPR certified staff member working in the home.

## Plan of Correction

Accept

What was done immediately?

The two staff that needed CPR/obstructed airway techniques and First Aid were scheduled on 10/11/21 and completed training on 10/11/21.

All staff are now trained in CPR, obstructed airway techniques and First Aid.

What will happen next and on going?

The Personal Care Administrator became an instructor on 10/30/2021 - This will now allow all new staff to be certified in CPR, obstructed airway techniques and First Aid before being placed on the schedule.

Plan Of Correction will be monitored for compliance in the home's monthly QAPI meeting.

Completion Date: 10/30/2021

Update: 12/12/2021

Please send/Attach proof of staff training in CPR. 12-12-2021

## Document Submission

Implemented

Classes held on 10/11 for CPR/First Aid

Completion Date: 10/30/2021

## 88a - Surfaces

## 1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

## Description of Violation

Room 207 has paint chipping off the bathroom door and surrounding trim. The paint chippings are visible on the floor near the bathroom door.

## Plan of Correction

Accept

What was done immediately?

A maintenance work order was placed immediately and a maintenance worker scraped the loose paint off and painted the door and door jam. Maintenance also repaired a few loose tiles.

What was done next:

The Personal Care Administrator and the Maintenance Manager did a walk through of the entire home to identify any other needed repairs.

On going: The Personal Care Administrator and Maintenance Manager will do a monthly home assessment in order to identify any needed repairs in order for repairs to be completed timely.

The POC will be monitored at the home's monthly QAPI meeting for compliance.

Completion Date: 11/19/2021

Update: 12/12/2021

Please send/Attach proof of compliance. 12-12-2021 MM

**88a - Surfaces (continued)****Document Submission****Implemented**

PCA and Maintenance Director inspected the room on 10/20/21 - requested work be done. Second request 10/25 and It was completed on 10/26/21

**Completion Date:** 11/19/2021

**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**

Resident 1's glucometer had a blood sugar reading of 90 on 9/23/2021 at 2:02pm. This reading was not documented on the MAR or listed as a control reading for the glucometer.

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

*What was done immediately?:*

The Personal Care Administrator completed an investigation on 10/20 as to why there was a blood sugar reading of 90 not documented.

*Result of the investigation:*

The staff that was attempting to do a control of the glucometer, did not hit the control button so she did not document it on the control reading form. She was educated to document all readings and do a retest.

*What was done next?*

All Med Tech's will be trained to document either in the MAR or on the control record all readings and document the reason for the reading.

*What will be done on going?*

The nurse will audit the glucometers weekly for proper documentation.

The POC will be monitored at the home's monthly QAPI meeting for compliance.

**Completion Date:** 12/02/2021

**Update:** 12/12/2021

Please send/Attach proof of staff training. 12-12-2021 [REDACTED]

**Document Submission****Implemented**

Documentation Training was complete on 12/2/21 by the nurse audits done by the nurse weekly

**Completion Date:** 12/02/2021

**191 - Resident Right to Refuse****1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

There was no indication that Resident 2 was educated on their right to refuse or question medications in the resident file.

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

*What was done immediately?*

**191 - Resident Right to Refuse (continued)**

The Personal Care Administrator reviewed resident rights with resident #2 and [REDACTED] signed a copy.

What was done next?

The Personal Care Administrator audited all resident records for documentation that the resident was informed of all of their rights and all residents were asked to sign a copy if needed.

The copy was added to there contract.

What will be done on going:

When a new resident signs their contract, they will be educated on their rights and asked to sign a copy.

The Personal Care Administrator reviews 2 different resident rights at each monthly resident council meeting.

The nurse will review the contract a second time to ensure that the resident was informed of all of their rights and signs a copy at time of admission. This will be done to ensure the contract is complete.

The POC will be monitored at the home's monthly QAPI meeting for compliance.

**Completion Date:** 11/01/2021

**Document Submission****Implemented**

Reviewed resident rights with the resident and had her sign the copy

**Completion Date:** 11/01/2021

**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 for Resident 3 dated [REDACTED] does not indicate the resident's laundry needs. This section of the RASP was left blank.

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

What was done immediately?

The Personal Care Administrator corrected resident #3's RASP to indicate that the staff do [REDACTED] laundry weekly on 10/20/2021.

What was done next?

The Personal Care Administrator audited all of the resident's support plans to ensure all care plans are complete.

What will be done ongoing?

After a support plan is complete, the nurse or Personal Care Administrator will review the support plan for a second time to ensure all information is complete.

The POC will be monitored at the monthly QAPI meeting for compliance.

**Completion Date:** 10/15/2021

**Document Submission****Implemented**

Rasp corrected

all resident rasp's were audited

**Completion Date:** 10/15/2021