

Department of Human Services
Bureau of Human Service Licensing

April 4, 2022

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
[REDACTED]
[REDACTED]

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 03/07/2022, 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration: *04/04/2023*
Address: *300 UNION AVENUE, AVALON, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[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: *72* Waking Staff: *54*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/08/2022*

Inspection Dates and Department Representative

03/07/2022 - On-Site: [REDACTED]
03/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

03/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/20/2022*

Inspections / Reviews (*continued*)

03/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/24/2022*

03/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/31/2022*

04/04/2022 - 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

There was only 1 staff person present in the home who is currently trained in first aid and certified in obstructed airway techniques and CPR on multiple dates, to include the following:

- On 3/3/22 from approximately 10:30 pm until 6:00 am-59 residents were present in the home during this time
- On 3/2/22 from approximately 10:30 pm until 6:00 am-59 residents were present in the home during this time
- On 3/1/22 from approximately 10:30 pm until 6:00 am-57 residents were present in the home during this time

Plan of Correction

Accept

CPR Training has been rescheduled for March 31, 2022 with Northwest EMS. Resident Services Director will be responsible for assuring that two CPR certified staff members are scheduled on all shifts before each schedule is posted. Additional training opportunities will be scheduled by Resident Services Director or Administrator as needed throughout the year if attrition occurs or when certifications lapse. CPR training dates will be reviewed quarterly by Resident Care Director. This will be tracked using a spreadsheet that identifies employee name, position, shift , and CPR expiration date.

Completion Date: 03/31/2022

Document Submission

Implemented

See attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/7/22, resident #1's bedside lamp was approximately 15' from the resident's bed and could not be turned on/off from bedside.

On 3/7/22, resident #2's bedside lamp was unplugged. No other operable lamp or other source of lighting that could be turned on/off from bedside was present.

Plan of Correction

Accept

All resident rooms have been evaluated to assure that all lamps are properly placed and plugged in. No additional lamp issues were found. Resident one was given a second lamp so that he did not have to move his night stand lamp off of the night stand in the future. Resident two's lamp was plugged in while surveyor was present. Lamps will be checked as part of compliance inspections monthly.

Completion Date: 03/17/2022

101j7 - Lighting/Operable Lamp (continued)

Document Submission

Implemented

See attached

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed in September, 2019.

Plan of Correction

Accept

Avalon Fire Department has been contacted and a fire safety inspection and fire drill will be completed on March 21, 2022. Documentation of the fire drill will be kept in compliance binder and annual drill will be scheduled prior to March 20th of 2023 by Administrator.

Completion Date: 03/21/2022

Document Submission

Implemented

See attached

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Only 52 of the 53 residents present in the home were evacuated to a designated meeting place away from the building or within a fire-safe area during the fire drill conducted on 1/31/22 at 2:32 pm.

Plan of Correction

Directed

All residents will be required to evacuate during a fire drill. If a resident is unable to evacuate due to covid symptoms then the DHS Regional Director will be contacted at [REDACTED] This information will be documented on the adult licensing fire drill record form. Reporting staff has been educated on this procedure on March 18, 2022. Updated fire drill record will be provided after next drill is completed. Administrator will assure all residents are able to evacuate when scheduling fire drills. All residents will be accounted for during each fire drill by the Administrator by tracking daily census and number evacuated.

DIRECTED: Beginning on 4/1/22: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. LM 3/25/22

Completion Date: 03/21/2022

132h - Designated Meeting Place (*continued*)

Document Submission

Implemented

See attached