

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

February 22, 2023

[REDACTED]
GRACE PARK LTD.
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2022, 04/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GRACE PARK License #: 20736 License Expiration: 06/17/2022
 Address: 1170 WEST MAIN STREET, STROUDSBURG, PA 18360
 County: MONROE Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: GRACE PARK LTD.
 Address: [Redacted]
 Phone: [Redacted] 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: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/13/2022

Inspection Dates and Department Representative

04/12/2022 - On-Site: [Redacted]
 04/13/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 82 Resident Served: 51

Secured Dementia Care Unit
 In Home: Yes Area: Secured unit Capacity: 22 Resident Served: 14

Hospice
 Current Resident : 10

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

04/12/2022 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2022

Inspections / Reviews *(continued)*

10/18/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/25/2022

12/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/12/2022

01/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/19/2023

02/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

The home does not have a carbon monoxide detector in close proximity to, but not less than 15 feet, from the gas-fired oven located in the kitchen, or the gas fireplace located near the kitchen,

POC Submission

Accept [REDACTED] 12/04/2022)

*Installed two new CO detectors in the library area near kitchen and Commercial Kitchen.
Both installed not less than 15' from gas-fired devices. Tested and functioning properly.*

UPDATE; completed 4-15-2022

See attached picture to show new CO detectors installed.

ED is responsible for testing and inspections of all CO detectors.

Licensee's Plan Completion Date: 11/07/2022

Implemented [REDACTED] - 01/12/2023)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED] 22. The home refunded elder care services of [REDACTED] a day from [REDACTED] /22 through [REDACTED] /22. Resident #1's contract does not distinguish the costs of care from other costs such as room and board, and therefore the home was required to pay the total amount paid for food, shelter, and services for the period following the resident's death.

POC Submission

Accept [REDACTED] - 12/04/2022)

Revised resident contract to include room and board, care and total. Added amendment to existing resident contracts to include room and board charge and care charge with total. See attached resident contract change.

UPDATE completed 4/23/2022

See attached revised contract to include care charges separate from room/board.

ED is responsible for proper contract compliance and will review contract annually.

Licensee's Plan Completion Date: 11/07/2022

Implemented [REDACTED] - 01/12/2023)

131f - Fire Extinguisher Inspection

3. Requirements

2600.

131f - Fire Extinguisher Inspection (continued)

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers located throughout the home have not been inspected by a fire safety expert since February 2021.

POC Submission

Accept [REDACTED] - 12/04/2022)

Due to active Covid-19 in building contractor did not want to service building.

Scheduled fire extinguisher inspection with fire safety expert May 6th 2022.

See attached service invoice for service complete May 6th, 2022.

UPDATE: Completed 5/6/2022

See attached paid invoice for fire extinguishers inspection.

The ED is responsible for ordering and completing the annual fire extinguisher inspection contract.

Licensee's Plan Completion Date: 11/07/2022

Implemented [REDACTED] - 01/12/2023)

132a Monthly Fire Drill**4. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of January 2022 or February 2022. The home had 4 residents and 1 staff person who tested positive for COVID-19. The home did not document this on their fire drill logs, or contact the Northeast Regional Office for additional guidance regarding running partial fire drills as required.

POC Submission

Accept [REDACTED] - 12/04/2022)

Document positive Covid-19 Staff and Resident in fire Log if unable to conduct unannounced fire drill. Email and call Northern Regional Office for additional guidance for running a partial fire drill and document it in the fire log.

UPDATE: Completed 3/07/22

See attached Fire Log. Resumed fire drills

ED is responsible for monthly fire drills. If Covid is present in the facility the regional office will be notified before any change in fire drill scheduling.

Licensee's Plan Completion Date: 11/07/2022

Implemented [REDACTED] - 01/12/2023)

183e Storing Medications**5. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [REDACTED] and is assessed to be able to self-administer this medication. This

183e - Storing Medications (continued)

medication was unlocked, unattended and accessible in Resident #2's bedroom at time of inspection.

POC Submission

Accept [REDACTED] 12/04/2022)

Resident #2 has a lock box for meds. Re-Train resident #2 on locking meds in box when not in the apartment. Also locking entry door to apartment when not in the apartment. Staff daily checking apartment for locked med box and locked apartment door on rounds. Report and document any open box or apartment to director.

UPDATE ; Completed 7/29/2022

Resident #2 has been retrained on the management of medications in the apartment. Staff have inspected daily for three months with out report to the ED of any violation. No written monitoring report was necessary to regain compliance. The staff is inspecting all residents with medications to insure daily compliance. Any problems are reported to the ED .

Licensee's Plan Completion Date: 11/07/2022

Implemented [REDACTED] 02/22/2023)