

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

January 4, 2023

[REDACTED]
GRAYSTONE MANOR ALTOONA LLC
[REDACTED]

RE: GRAYSTONE MANOR ALTOONA
2611 8TH AVENUE
ALTOONA, PA, 16602
LICENSE/COC#: 33686

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2022, 12/08/2022 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: GRAYSTONE MANOR ALTOONA License #: 33686 License Expiration: 10/21/2023
 Address: 2611 8TH AVENUE, ALTOONA, PA 16602
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: GRAYSTONE MANOR ALTOONA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 08/10/2020 Issued By: City of Altoona

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/08/2022

Inspection Dates and Department Representative

12/07/2022 - On-Site: [REDACTED]
 12/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 85 Residents Served: 51
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 6
 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: 1
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

12/07/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2022

12/15/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/03/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2022

Inspections / Reviews (*continued*)

01/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/10/2023

01/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A's date of hire was [REDACTED] 2021. The staff member's 1st Day Orientation Training was completed on [REDACTED]/2021.

Plan of Correction

Accept ([REDACTED] - 12/23/2022)

Upon review of the violation, it was discovered that Graystone Manor Altoona's current policy for hiring staff did not include specific procedures to ensure that new staff will be trained on fire safety and emergency preparedness on the first day of employment. The policy was updated on 12/14/2022 and reflects the following addition: All new hires will be scheduled by the community liaison for orientation. The Liaison will confirm with the fire safety trainer the start date for all new employees, to ensure fire safety and emergency preparedness will be completed on the first day of employment. If the training is unable to be completed, the new hire orientation will be rescheduled. The Business Office Manager and Executive Director will be copied on all correspondence regarding new hires to ensure this procedure is followed. The Community Liaison and Business Office Manager were provided education regarding the policy update on 12/19/2022.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented ([REDACTED] - 01/04/2023)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

Inside the "Private Dining Room," there is a refrigerator used for food storage. There were no thermometers located in the fridge section or the freezer section of the appliance.

Inside the "Staff Room" there is a refrigerator used for food storage. There was no thermometer located in the freezer section of the appliance.

Plan of Correction

Directed ([REDACTED] - 12/23/2022)

The missing thermometers have been replaced. The maintenance coordinator will add "checking thermometers" to [REDACTED] routine maintenance checklist. This addition was added to the Maintenance Checklist on or before 12/19/2022. All refrigerators and freezers will be checked monthly to ensure they are holding proper temperature via thermometers placed in each unit. If during any monthly audit a thermometer is discovered missing, the maintenance coordinator will immediately replace the missing thermometer. Documentation of the inspection will be maintained on the routine maintenance checklist. (attached)

This regulation, violation, and plan of correction were reviewed with all staff at the monthly staff meeting on 12/13/2022 by the executive director.

103f - Refrigerator/Freezer Temps (continued)

Directed:

This addition was added to the Maintenance Checklist on or before 12/19/2022.

Directed Completion Date: 12/23/2022

Implemented (█ - 01/04/2023)

185a - Implement Storage Procedures**3. 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

The glucometers for the following residents were not calibrated to the correct date and time:

Resident 1- Glucometer read on █/22 at █ AM, Actual time was █ AM

Resident 2- Glucometer read on █/22 at █ AM, Actual time was █ AM

Resident 3- Glucometer read on █/22 at █ AM, Actual time was █ AM

Plan of Correction

Accept (█ - 12/23/2022)

The current policy for glucometers states that glucometers are audited weekly by nursing staff. When completing audits, nursing staff will also confirm that the glucometers are audited for the correct date and time. The glucometer audit form has been adjusted to add this information for review and has gone into effect on 12/11/2022. (form attached) Completed audit forms are turned into the Wellness Coordinator for review upon completion of the week. The Wellness Coordinator audits the weekly glucometer audit sheets by end of business of the following Monday. The Wellness Coordinator will ensure glucometer audits are correct and provide education to individual staff if they are not.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented (█ - 01/04/2023)