

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

January 24, 2023

[REDACTED]
CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC
1200 SPRING STREET
BETHLEHEM, PA, 18018

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 01/04/2023 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 MANSION License #: 21643 License Expiration: 11/24/2023
 Address: 1200 SPRING STREET, BETHLEHEM, PA 18018
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC
 Address: 1200 SPRING STREET, BETHLEHEM, PA, 18018
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 12/02/1992 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/04/2023

Inspection Dates and Department Representative

01/04/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 14

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: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

01/04/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/21/2023

01/18/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/24/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/24/2023

Inspections / Reviews (*continued*)

01/24/2023 - Document Submission

Submitted By [REDACTED]

Date Submitted: 01/24/2023

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A's first day of employment was [REDACTED] 22. Staff person A did not receive training in subtopics 2 and 3 until [REDACTED] 22 and subtopic 1 on [REDACTED] 22. All topics under 65a are required to be completed on the staff person's first day of employment.

Plan of Correction

Accept [REDACTED] - 01/18/2023)

What was done immediately:

A new checklist and procedure for on boarding new employees has been developed. Attached is a copy of the new checklist and education that will be provided on day one.

On going: The PCA / RCC will both confirm that all necessary education takes place on day one before the new employee is scheduled with the mentor to work with her.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented [REDACTED] - 01/24/2023)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A washcloth and clump of dryer lint was found behind the dryer located in the home's laundry room.

Plan of Correction

Accept [REDACTED] 01/18/2023)

What was done immediately: The washcloth and lint were removed the day of inspection on 1/4 by the Administrator.

On going: The 11-7 shift will check behind the dryer each morning.

The 3-11 shift will check behind the dryer each week and vacuum

The maintenance department will check and clean monthly

All staff will be educated to this new procedure by 1/27/2023

Licensee's Proposed Overall Completion Date: 01/27/2023

Implemented [REDACTED] - 01/24/2023)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 2/22/22 the home conducted a fire drill at 6:15pm with 18 residents in the home. Only 17 residents evacuated during this drill due to one resident being in the shower at the time of the drill.

Plan of Correction

Accept (█) - 01/18/2023)

What was done immediately: The resident and staff were educated on 2/23/22 that all residents must participate and come out of the room to evacuate.

An unannounced Fire Drill was repeated on 2/28/22 and all residents evacuated.

On going: The PC Administrator/Designated Person will review the process during the monthly resident council meetings and monthly staff meetings.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (█) - 01/24/2023)

133.1 - Exit Signs

4. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The exit door that leads to the side of the building located in the chapel was not labeled as an exit.

Plan of Correction

Accept (█) - 01/18/2023)

What was done immediately: A temporary Exit Sign was placed above the door.

What is being done to have a permanent solution: An estimate was obtained on 1/13 from a contractor to install an electric lit sign over the door.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (█) - 01/24/2023)

141a - Medical Evaluation

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on █/22. The resident's documentation of medical evaluation form (DME) indicates the resident was evaluated on █ 2022, more than 60 days prior to admission to the home.

141a - Medical Evaluation (*continued*)**Plan of Correction**

Accept [REDACTED] - 01/18/2023)

What was done immediately: The RCC audited all of the resident records for compliance.

What was done to correct the violation: A new DME was done on 1/12/23 by the NP.

On Going : The PCA and Nurse will both review the DME dates on the date of admission for compliance of the medical evaluation to be within 60 days prior or within 30 days after admission.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] - 01/24/2023)

182b - Prescription Medication

6. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B passes medications. The home did not have documentation that staff person B completed an initial training in medication administration prior to being allowed to pass medications. The home's documentation of Staff person B's initial training did was missing pages to document a passing score and 4 completed medication observations as well as the signature of the trainer and date of certification

Plan of Correction

Accept [REDACTED] - 01/18/2023)

What was done immediately:

Staff person B was removed from administering medications due to not being able to obtain all med training records from previous employer.

What will be done to correct this violation:

Staff person B will be scheduled to take the class again and be tested/audited before [REDACTED] can administer medications.

What will be done on going: All new employee's will take the medication training at the home. All new medication tech's will have required audits done before they can administer medications.

All Medication Techs will continue to have audits done as per DHS requirements each year.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 01/24/2023)