

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

October 17, 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 08/22/2023 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 PARK License #: 20736 License Expiration: 06/17/2024
 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: 11/08/2011 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/22/2023

Inspection Dates and Department Representative

08/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82 Residents Served: 72

Secured Dementia Care Unit

In Home: Yes Area: Garden House Capacity: 22 Residents Served: 19

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

08/22/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/07/2023

10/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/13/2023

Inspections / Reviews *(continued)*

10/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

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

There was no carbon monoxide detector in close proximity to the gas fireplace located in the great room as required by The Care Facility Carbon Monoxide Alarm Standards Act, Repeat Violation 4/12/2022.

Plan of Correction

Accept (█ - 10/10/2023)

Great Room CO Detector was stolen. New CO Detector installed 8-22-2023.

ED will check all CO Detectors each month with monthly fire drill to insure CO Detector is functioning properly and in place. See attached photo of new CO Detector in Great Room

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (█ - 10/17/2023)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled and undated container in the freezer located in the Garden House kitchen that appeared to have ice cream stored in it.

Plan of Correction

Accept (█ - 10/10/2023)

Recreation Special ice cream function for residents. All remaining ice cream will be labeled and dated before being stored in the freezer. Food Service director will re-train staff on proper labeling/dating food. Food Service director will continue to inspect both refrigerator and freezer for labels and dates weekly to insure safety of food.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (█ - 10/17/2023)

125a - Combustible Storage

3. Requirements

2600.

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

Description of Violation

There was a plastic Clorox bottle and a towel located behind the washer and dryer in the Garden House laundry room.

Plan of Correction

Accept (█ - 10/10/2023)

Garden House Laundry-Housekeeping and Care staff have been retrained 8-22-2023 thur 8-29-2023 in the safety hazard of items falling behind the dryers. Wellness director and assist director will inspect weekly to insure no items are behind dryers. ED will check behind equipment for fallen items on monthly scheduled fire drill, to insure fire safety.

125a - Combustible Storage *(continued)*

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 10/17/2023)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drills over the last 12 months have all been completed in the last week of the month.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

As per home's fire log, last 12 months, fire drill was held on a different day of the week, different time, day and night from the month before.

As per this violation; The executive director will add the new directive of alternating the week of the month to the new fire drill schedule.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] 10/17/2023)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

At the time of inspection on 8/22/2023, Nystatin Cream was located on the medication cart on the 1st floor. The medication was for Resident 1 and was discontinued effective 8/17/2023.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

8-22-2023, PCH will receive pick up slips daily and as needed for all medications that are expired or discontinued. item to be pulled from med room and signed off on document by med tech and director of wellness. This will insure the safety of the residents receiving medications.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 10/17/2023)