

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

September 7, 2023

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
NEW HOPE GRACIOUS SENIOR COMMUNITY
300 UNION AVENUE
AVALON, PA, 15202

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 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: NEW HOPE GRACIOUS PERSONAL CARE License #: 43210 License Expiration: 04/04/2024
 Address: 300 UNION AVENUE, AVALON, PA 15202
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: NEW HOPE GRACIOUS SENIOR COMMUNITY
 Address: 300 UNION AVENUE, AVALON, PA, 15202
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 03/07/2008 Issued By: Borough of Avalon

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint 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: 85 Residents Served: 61

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 1

Inspections / Reviews

08/22/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2023

08/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/07/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2023

Inspections / Reviews (*continued*)

08/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/07/2023

09/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [REDACTED] apply topically to right lower leg wound, cover with gauze and [REDACTED] and change once daily until assessed by wound care. However, on [REDACTED] direct care staff person A administered the [REDACTED] and dressed the wound but did not document the medication administration record at the time of the treatment, that area was left blank.

Resident #1 is prescribed [REDACTED], apply topically to right lower leg wound, cover with gauze and [REDACTED] change once daily until assessed by wound care. However, on [REDACTED] direct care staff person B administered the [REDACTED] and dressed the wound but did not document the medication administration record at the time of the treatment, that area was left blank.

Resident #1 is prescribed [REDACTED] apply to the right buttock wound, cover with bordered gauze, and change once daily until assessed by wound care. However, on [REDACTED] direct care staff person A administered the [REDACTED] and dressed the wound but did not document the medication administration record at the time of the treatment, that area was left blank.

Resident #1 is prescribed [REDACTED] apply to the right buttock wound, cover with bordered gauze, and change once daily until assessed by wound care. However, on [REDACTED] care staff person B administered the [REDACTED] and dressed the wound but did not document the medication administration record at the time of the treatment, that area was left blank.

Plan of Correction

Accept [REDACTED] - 08/31/2023)

On August 24th and 25th Wellness Nurse, re-educated all Med Techs on the importance of documenting the date/time and their initials on the MAR when administering all resident medications. (see training attachment)

Beginning the week of August 27th, Wellness Nurse, or designee will audit 10 resident MAR's weekly for the next 6 weeks to ensure compliance is being met. (see attached MAR audit sheet)

Direct care staff person A and B signed off on Resident #1's MAR for the treatments administered on [REDACTED] [REDACTED] (see attached MAR)

Direct care staff person A and B placed notes on the MAR to indicate reason for missed sign offs on the treatments. (see attached)

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] 09/07/2023)

227c - Support Plan Revision

2. Requirements

2600.

227c - Support Plan Revision (continued)

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's support plan, dated [REDACTED], was not updated to include:

- The care and services the home's direct care staff was providing for a leg wound on resident #1's right shin to include applying [REDACTED] to the lower right leg wound, cover with gauze and [REDACTED] and change once daily on dates ranging from [REDACTED].
- The care and services the home's direct care staff was providing for a wound on resident #1's right buttock to include applying [REDACTED] to the right buttock wound, cover with bordered gauze and change once daily on dates ranging from [REDACTED].
- [REDACTED] home health as a formal support and did not indicate the care and services provided by the home health agency to include wound care services to resident #1's right lower leg wound and right buttock wound, once a week, from [REDACTED].

Plan of Correction

Accepted [REDACTED] - 08/31/2023)

On August 24th Team Lead, updated Resident #1's support plan to include the care and services that the home's direct care staff was providing for a leg wound on Resident #1's right shin (see attached addendum to the resident's support plan)

On August 24th Team Lead, updated Resident #1's support plan to include the care and services that the home's direct care staff were providing for a wound on Resident #1's right buttock. (see attached addendum to the resident's support plan)

On August 24th, Team Lead, added [REDACTED] as a formal support for Resident #1's right lower leg wound and right buttock wound care to Resident #1's support plan and documented as part of the AHN care plan. (see attached addendum to the resident's support plan.)

On August 24th and 25th Wellness Nurse, re-educated all Med Tech's on the importance of updating the resident's support plan upon addition of any new treatment or ancillary service that requires new care or a new service for 5 for more day. (see attached training addendum)

Beginning the week of August 27th Wellness Nurse, or Team Lead will audit all current resident support plans to ensure accuracy. Administrator or designee will be the second review of all current resident support plans to ensure accuracy. (see attached audit review sheet)

Beginning the week of August 27th, Wellness Nurse or Team Lead will audit all newly completed resident support plans to ensure accuracy. Administrator or designee will be the second review of all newly completed resident support plans to ensure accuracy. (see attached audit review sheet)

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 09/07/2023)