

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

December 1, 2023

[REDACTED], OWNER
RAK ASSISTED LIVING, INC
10543 STATE ROUTE 29
MONTROSE, PA, 18801

RE: GRACIOUS LIVING ESTATES
10543 STATE ROUTE 29
MONTROSE, PA, 18801
LICENSE/COC#: 23167

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GRACIOUS LIVING ESTATES License #: 23167 License Expiration: 07/17/2024
 Address: 10543 STATE ROUTE 29, MONTROSE, PA 18801
 County: SUSQUEHANNA Region: NORTHEAST

Administrator

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

Legal Entity

Name: RAK ASSISTED LIVING, INC
 Address: 10543 STATE ROUTE 29, MONTROSE, PA, 18801
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/08/1998 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 10/19/2023

Inspection Dates and Department Representative

10/19/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

10/19/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/12/2023

11/08/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/08/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/14/2023

Inspections / Reviews *(continued)*

12/01/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The sidewalk leading from the upper east exit door is covered with large patches of weeds and areas of the concrete are crumbled and broken away. This creates an unsafe pathway for residents using this exit.

Plan of Correction

Accept () - 11/08/2023)

Agreed. The deterioration in the concrete was significant and the area was full of weeds. The area was inspected on 10/23/23 by the PCH Administrator, (), PCH Assistant, () along with the maintenance crew, () and (). The following actions were started and completed; (1) all weeds were removed completely; (2) the deteriorated concrete was thoroughly cleaned, chipped out in spots and a new coating of concrete was placed over the broken spots. This smoothed out the rough concrete areas (10/24, 25 & 26/23). (3) A weed wacker was used to remove all grass along the outer edges of the sidewalk (Full length of the walkway); and (4) The lawn in the area was mowed and prepared for the winter 10/27/23). Exhibits A, B and C show the area as it is after being cleaned. In the Spring or early summer, the PCH Administrator, () will have the old sidewalk removed and a new concrete walkway installed (07/01/2024). In the future, The PCH Administrator, () accompanied by the maintenance staff, () and () will, semi-annually, take a walking tour of the exterior of the GLE facility to insure it is in good condition. This will start with 01/01/24.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented () - 11/09/2023)

131f - Fire Extinguisher Inspection

2. Requirements

2600.

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 extinguisher installed next to the exit door located in the dining room did not have a tag on it to indicate it was inspected and approved by a fire safety expert.

Plan of Correction

Accept () - 11/08/2023)

Agreed. The fire extinguisher under question had been stored away and was not inspected in May, 2023 when all other fire extinguishers at GLE were checked. In July, GLE opened the outside porch area, as a smoking area, for residents with mobility problems (confined to a wheelchair). The fire extinguisher was put up for safety, but no one noticed it did not have an inspection sticker. The PCH Administrator, () (10/23/23) called our fire inspection agency, Cintas Fire Extinguisher Service and informed them of our need. On 10/25/23 a Cintas Fire Inspector arrived at GLE and inspected/tagged the fire extinguisher under question. The inspector 10/25/23 also did a fire inspection walk through of the facility as a safety check. () was accompanied by () our maintenance man, who is also responsible for fire safety in our building. The PCH Administrator, () and () will be responsible to insure that all fire extinguishers are properly inspected/tagged in the future (10/28/23). Cintas will be returning in May, 2024 to do their annual kitchen and fire extinguisher inspection on an annual basis. See Exhibits 1 and 2 of the fire extinguisher w/the tagged inspection.

Licensee's Proposed Overall Completion Date: 11/04/2023

131f Fire Extinguisher Inspection (*continued*)*Implemented (█ - 11/09/2023)*

185a Implement Storage Procedures

4. 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

Review of Resident #1's glucometer indicates a blood sugar level (BSL) of █ or █ @ █ am. A BSL of █ was entered on the Medication Administration Record.

The home's Medication Signature/Initial Sheet does not include the initials for staff member "A"

Plan of Correction*Accept (█ - 11/08/2023)*

Agreed. The glucometer reading of █ was incorrectly written into the MAR as █. The PCH Administrator, █ and Director of Health Services, █ met (10/23 & 24/23) with all med-techs (10) and, in detail, stressed the critical importance of recording the correct glucometer reading in the MAR for every resident. The seriousness of recording the correct calculations in every phase of medication administration was stressed to every med-tech. To insure accuracy in using the glucometer and correctly recording results, we have placed a pad of yellow sticky notes on each med cart. When a med-tech takes a glucometer reading, it is to be recorded on the pad and then correctly written into the MAR (10/25/23). Details are the cornerstone of a good med-tech's success. Starting 10/30/23 the Director of Health Services, Ann will review all glucometers and cross reference these reading to what was written on the MAR. This procedure (10/30/23) will be done on a weekly basis. Additionally, starting 11/06/23, the PCH Assistant Administrator, █ will also, on a monthly basis, cross check the glucometers against the recorded readings in the MAR.

Agreed. Staff member A. signed and printed █ name on the home's Medication Signature/Initial sheet but forgot to put on █ initials. Starting this month, November, the Director of Health Services, █ who cross references the new MAR sheets will check each all signature sheet to insure they are completed correctly. This process is effective immediately (10/28/23) and █ will ensure that the Medication Signature sheets are completed correctly in the future.

Licensee's Proposed Overall Completion Date: 11/05/2023

Implemented (█ - 11/09/2023)