

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

March 5, 2024

[REDACTED]  
MOS GRACE MGT LLC  
[REDACTED]

RE: GRACE MANOR AT NORTH PARK  
9565 BABCOCK BOULEVARD  
ALLISON PARK, PA, 15101  
LICENSE/COC#: 45085

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2024 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 MANOR AT NORTH PARK License #: 45085 License Expiration: 02/03/2025  
 Address: 9565 BABCOCK BOULEVARD, ALLISON PARK, PA 15101  
 County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MOS GRACE MGT LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 11/18/2010 Issued By: Township of McCandless

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 71 Waking Staff: 53

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 02/14/2024

**Inspection Dates and Department Representative**

02/14/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 67 Residents Served: 46

**Secured Dementia Care Unit**  
 In Home: Yes Area: 3rd Floor Capacity: 25 Residents Served: 18

**Hospice**  
 Current Residents: 9

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 25 Have Physical Disability: 2

**Inspections / Reviews**

02/14/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2024

02/22/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/04/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/29/2024

Inspections / Reviews *(continued)*

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/04/2024

03/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] direct care staff person A was notified that resident [redacted] had ceased to breathe on date-of-death [redacted] However, the incident was not reported to the Department’s personal care home regional office or the Department’s personal care home complaint hotline until [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 02/26/2024)

On [redacted] incident report was submitted to BHS at [redacted] by [redacted] (Assistant Executive Director).

Resident [redacted] CTB out of the facility and med-tech and supervisors were all educated on [redacted] on regulation 2600.16(c) The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse reporting covered by law).

All reportable will be completed and/or reviewed by Assistant Executive Director to ensure they are completed in a timely manner and accurate.

Med-Tech/Supervisors was educated on 2/20/2024 on regulation 2600.16 (c) this education included proper way to complete the forms and the timeline forms are to be completed along with the (1-19) reason to submit a reportable. This education was conducted by the Assistant Executive Director according to the regulations

All reportable will be reviewed by Assistant Executive Director upon completion to ensure accuracy and completed in a timely manner. Reportable will be kept on a binder and logged on the flow sheet. This monitoring will begin 2/22/2024 and will be on-going for 6-months. Executive Director will preform random audits on log to ensure accuracy.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [redacted] - 03/05/2024)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On [redacted] resident [redacted] and resident [redacted] were found unlocked, unattended and accessible in resident room [redacted] belonged to resident [redacted] and resident [redacted].

Plan of Correction

Accept [redacted] - 02/26/2024)

All resident rooms were audited to ensure no medication is in rooms and not secured in a locked medication cart on 2/20/2024 by Wellness Directors.

**183b - Meds and Syringes Locked (continued)**

Med-Tech will be educated by 2/28/2024 in regards to regulation 2600.183(b)

Prescription medication, OTC medication, CAM and syringes shall be kept in an area or container that is locked. This includes medication and syringes kept in the resident room.

All residents rooms will be audited weekly for 6-weeks error free to ensure regulation is being followed by the Wellness Directors.

Wellness Directors will also complete an education to all Home Health, Hospices and Therapies in regards to regulation 2600.183(b) by 2/28/2024 along with a letter sent to the agencies outlining the regulation by 2/28/2024.

Medication was removed from the room on [REDACTED] (to our knowledge) by the family member of Resident [REDACTED]. Family member called Assistant Executive Director and notified [REDACTED] that [REDACTED] removed medication from [REDACTED] room when cleaning it out.

When Assistant Executive Director was notified (1/18/2024) all room were audited and no other medication was found in rooms. Staff was immediately notified of the medication being in room and was educated on regulation 2600.183 by director of Wellness.

Audits of the rooms will continue starting 2/22/2024 weekly for 6-weeks error free by the wellness Directors to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] - 03/05/2024)

**187b - Date/Time of Medication Admin.****3. 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 [REDACTED] was prescribed [REDACTED], take one capsule by mouth every day. However, on [REDACTED] at approximately [REDACTED], direct care staff person B administered the medication to resident [REDACTED] but did not document the December 2023 medication administration record at the time of administration.

Resident [REDACTED] was prescribed [REDACTED], take one capsule by mouth 3 times a day. However, on [REDACTED] at approximately 9:00 a.m. direct care staff person B administered the medication to resident [REDACTED] but did not document the December 2023 medication administration record at the time of administration..

Resident [REDACTED] was prescribed [REDACTED] tablet, take one tablet by mouth twice a day. However, on [REDACTED] at approximately 9:00 a.m. direct care staff person B administered the medication to resident [REDACTED] but did not document the December 2023 medication administration record at the time of administration..

Resident [REDACTED] was prescribed [REDACTED] apply to sacrum topically every shift. However, on [REDACTED] at approximately 10:35 a.m. direct care staff person B administered the medication to resident [REDACTED] but did not document the December 2023 medication administration record at the time of administration.

187b - Date/Time of Medication Admin. (continued)

Resident [REDACTED] was prescribed [REDACTED], apply to sacrum topically every shift. However, on 1/1/24 at approximately 9:40 a.m. direct care staff person B administered the medication to resident [REDACTED] but did not document the January 2024 medication administration record at the time of administration.

Plan of Correction

Accepted [REDACTED] 02/26/2024)

All med-techs will be educated by 2/28/2024 on regulation 2600.187(b) The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered.

Employee with the miss documentation has been re-educated and disciplined for not following the proper protocol for medication administration on 2/20/2024.

A house sweep of all MAR's from 1/1/2024-2/20/2024 were audited on 2/20/2024 by Assistant Executive Director to ensure no other improper documentation was found.

Wellness Directors will audit all MAR'S weekly for 6-weeks to ensure all documentation is completed properly and report will be reviewed by Executive Director will random audits preformed by Executive Director to ensure accuracy. More than two errors found by any med-tech will be handled through discipline and may include removal from cart and re-training being completed.

When error was identified (at time of inspection 2/14/2024) Assistant Executive Director addressed employee with error and educated her on the spot of the error. Assistant Executive Director also did a review of current MAR'S to ensure no missed documentation were Identified and all MAR's were compliant.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 03/05/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] apply to sacrum topically every shift. However, the home's medication administration record documented resident [REDACTED] on an as needed basis and the medication was not administered to the resident on every shift on dates that ranged from [REDACTED] through [REDACTED].

Resident [REDACTED] was prescribed wound care, to cleanse the right buttocks wound gently with soap and water, apply [REDACTED] to right [REDACTED] injury, apply [REDACTED] over top, change dressing daily and as needed. However, on [REDACTED] and [REDACTED], the [REDACTED] dressing was not in the home to administer the prescribed wound care to resident [REDACTED].

Plan of Correction

Accepted [REDACTED] - 02/26/2024)

Employees have been re-educated and disciplined for not following the proper protocol for medication administration on 2/20/2024.

**187d - Follow Prescriber's Orders (continued)**

Pharmacy has also been educated that all orders need to be reviewed and input accurately when they are received from us in order to ensure all medication is on the MAR's for proper administration. This education was done on 2/17/2024 at time of inspection.

All new weekly orders will be audited by Assistant Executive Director or designee to ensure they are entered on the MAR's properly when submitted to the pharmacy for months. This audit will begin on 2/26/2024.

Wellness Directors or designee will audit all weekly orders the day after submitted to the pharmacy to ensure they are entered on the MAR's correctly starting 2/26/2024

Home Health will be educated that all supplies are to be in-house for all orders they write for care before order can begin. If supplies are not available then they must order a treatment to meet the needs of the residents that supplies are available at the time of the order. This education will be completed by 2/29/2024.

Staff will be educated that if they come across a treatment that supplies are not available for that they must report to the provider that the supplies are not available and what would they advice for the treatment until supplies may come available. This education will be completed by 2/29/2024.

A reportable was filed on 2/23/2024 in regards to the above errors. This will be part of the residents permanent file.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 03/05/2024)

**225c - Additional Assessment****5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident [REDACTED] assessment, dated [REDACTED] was not updated to include Gallagher Home Health services as a formal support, or the care and services to be provided to resident [REDACTED] beginning [REDACTED] by the home health agency.

Resident [REDACTED] assessment, dated [REDACTED], was not updated to include a significant change to the resident [REDACTED] wound care needs prescribed on [REDACTED] and [REDACTED] by Gallagher Home Health services.

**Plan of Correction**

Accept [REDACTED] - 02/26/2024)

All staff was educated by 2/21/2024 in regards to regulation

2600.225(c) The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.

All RASP will be audited by Wellness Director or designee to ensure all services are listed on current RASP and any significantly changes are addressed. This audit will be completed by 2/29/2024.

RASP will be audited monthly for 3 months to ensure all services are listed and documented correctly according by

225c - Additional Assessment (continued)

regulations by the Admission Team.

on 2/15/2024 The Rasp was updated by Assistant Executive Director to acknowledge the home health service and the wound care needs. This will be part of the residents permeant record.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] 03/05/2024)