

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

April 9, 2024

[REDACTED], ADMINISTRATOR  
GRAYSTONE MANOR BELLMEADE, LLC  
1929 EAST PLEASANT VALLEY BLVD  
ALTOONA, PA, 16602

RE: GRAYSTONE MANOR AT  
BELLMEADE  
1929 EAST PLEASANT VALLEY BLVD  
ALTOONA, PA, 16602  
LICENSE/COC#: 33222

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024, 03/06/2024 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:** GRAYSTONE MANOR AT BELLMEADE      **License #:** 33222      **License Expiration:** 10/19/2024  
**Address:** 1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA 16602  
**County:** BLAIR      **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** GRAYSTONE MANOR BELLMEADE, LLC  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 01/16/2014      **Issued By:** 01/16/2014

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 59      **Waking Staff:** 44

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/11/2024

**Inspection Dates and Department Representative**

03/06/2024 - On-Site: [REDACTED]  
03/06/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75      **Residents Served:** 51

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 1      **Are 60 Years of Age or Older:** 0  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 8      **Have Physical Disability:** 1

**Inspections / Reviews**

03/06/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/23/2024

03/20/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/05/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/12/2024

Inspections / Reviews *(continued)*

04/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 132d - Evacuation

## 1. 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

*During the fire drill conducted on October 13th, 2023, at 5:35 AM staff reported that the residents evacuated to the front entrance of the building, but did not evacuate to a public thoroughfare. The home does not have a designated fire-safe area and must evacuate the building on each drill.*

## Plan of Correction

Accept (█) - 03/19/2024)

*A letter to residents and families was handed out, and/ or mailed out on March 7, 2024 explaining that all residents are to evacuate outside of the facility during all fire drills. Staff were verbally reminded to evacuate all residents outside during fire drills as well as through a written memo that was printed and displayed in the Med room, Kitchen, Time Cock Room and laundry room. Maintenance Coordinator, or staff member conducting fire drill in absence of maintenance coordinator will ensure that staff and residents are evacuating outside the facility regardless of weather conditions during a fire drill.*

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented (█) - 04/09/2024)

## 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 3/6/24 at 9:00 AM and at 10:00 AM the medication cart containing resident medications was observed unlocked and unattended.*

## Plan of Correction

Accept (█) - 03/19/2024)

*Nurses meeting planned for March 27, 2024 at 2pm with med room staff, Wellness Coordinator and Executive Director. Wellness Coordinator will review recent inspection, regulation 2600.183.b, and the need to have the med cart locked when staff is away from the cart in an unsecure area. All med room staff will sign an attendance log for meeting. Any med room staff who have missed the meeting on 3/27/24 will sign the received the information provided at the training by April 5th.*

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (█) - 04/09/2024)

## 187d - Follow Prescriber's Orders

## 3. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

On [redacted] the Medication Administration Record (MAR) for resident #1 lacked documentation that 2 units of [redacted] were administered as prescribed per sliding scale for a blood sugar reading of [redacted]. On [redacted] at [redacted] resident #2 did not receive prescribed [redacted] because the medication was not available in the home. On [redacted], resident #3 did not receive prescribed [redacted] because the medication was not available in the home. On [redacted], resident #4 did not received prescribed [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 03/19/2024)

Wellness Coordinator will review with LPN importance of correct transcription of documentation onto MAR to avoid misleading information about insulin dose give. This will be completed and documents by 3/25/24  
A nurses meeting will be held on 3/27/24 for all med room staff. Med room staff will be made aware that moving forward, 3rd shift LPN or MA is responsible for ensuring refill request are sent in and received timely. There will be a designated day during each month for the MA/LPN on 3rd shift to check all medications for needed refills and request refills from provider. If refills remain on the medication label, MA will simply request pharmacy to refill. If the resident is choosing an outside pharmacy and family is responsible to bring medication in for the resident, 3rd shift staff will follow current written policy regarding outside medications. All med room staff will document they have received this information during the staff meeting. Any med room staff who are not in attendance for the meeting will document they received the training by April 5, 2024

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ([redacted] - 04/09/2024)

254a - Records Discharge/Active

4. Requirements

2600.  
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 3/6/24 at 9:00 AM, resident records on the home's laptop were observed on the medication cart and a resident binder containing information on controlled medication for residents were observed unattended and unsecured.

Plan of Correction

Accept [redacted] - 03/19/2024)

A locked Storage clipboard was ordered for each med cart on 3/6/24. Locked clip boards implemented as soon as they are delivered. Prior to delivery, staff will keep binders locked inside med cart. A nurses meeting is scheduled for March 27th at 2pm at which time the Wellness Coordinator and Executive Director will review regulation 2600.254.a with med room staff and explain the need for keeping these records secured. Any med room staff not in attendance for scheduled meeting will sign they received the information by April 5, 2024.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ([redacted] 04/09/2024)