



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 23, 2024

[REDACTED]
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
License #: 432100

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 8th, 2024, July 9th, 2024, and August 12th, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration: *10/19/2024*
 Address: *300 UNION AVENUE, AVALON, PA 15202*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *NEW HOPE GRACIOUS SENIOR COMMUNITY*
 [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional* Exit Conference Date: *07/09/2024*

Inspection Dates and Department Representative

07/08/2024 - On-Site [REDACTED]
07/09/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *65*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *6*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *1*

Inspections / Reviews

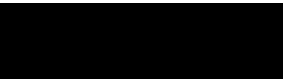
07/08/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/20/2024*

07/16/2024 - POC Submission
 Submitted: [REDACTED] Date Submitted: *07/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/23/2024*

Inspections / Reviews *(continued)*

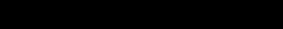
07/19/2024 - POC Submission

Submitte



Date Submitted: 07/20/2024

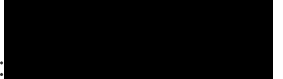
Reviewer



Follow-Up Type: *Document Submission* Follow-Up Date: 07/26/2024

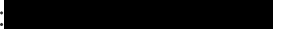
08/13/2024 - Document Submission

Submitte



Date Submitted: 07/20/2024

Reviewer:



Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/8/24 at approximately 1:36 p.m. there was no copy of the chapter 2600 regulations posted in a public and conspicuous place in the home.

Plan of Correction

Accept [REDACTED] **07/16/2024)**

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2022 by the administrator to post the chapter 2600 regulations in a public and conspicuous place in the home.

To enhance the currently compliant operations, the Administrator will create a required postings checklist, with a completion date of 07/16/2024.

Effective 07/15/2024 the administrator will perform weekly checks through 10/10/2024 to maintain ongoing compliance with posting the chapter 2600 regulations in a conspicuous and public place in the personal care home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] **08/13/2024)**

18 - Compliance With Laws

2. 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

On 7/8/24 at approximately 1:38 p.m. there was no posted signage on or near the main entrance to the home that indicated a non-smoking facility. In accordance with the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11), effective 9/11/08, "Smoking" or "No Smoking" signs or the international "No Smoking" symbol, shall be prominently posted and properly maintained where smoking is regulated by this act, by the owner, operator, manager or other person having control of the area.

On 7/8/24 at approximately 1:38 p.m., the Department of Health's influenza awareness poster was not posted in a public place in the home. In accordance with the Influenza Awareness Act (35 P.S. § 634.14), enacted 5/17/2016, a personal care home as defined under section 1001 of the Human Services Code shall ensure that the required influenza information is posted in a public place in the facility year-round.

18 - Compliance With Laws (continued)**Plan of Correction****Accept [REDACTED] - 07/16/2024)**

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2024 by the administrator to post signage at the main entrance of the home that indicated a non-smoking facility and the Department of Health's influenza awareness poster was posted in a public place in the home.

To enhance the currently compliant operations, the administrator will create a required postings checklist, with a completion date of 07/16/2024.

Effective 07/16/2024 the administrator will perform weekly checks through 10/10/2024 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] 8/13/2024)**63a - First Aid/CPR Training****3. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

During the dates and times indicated, direct care staff person A was the only staff person present in the home that was trained in first aid and certified in obstructed airway techniques and CPR.

- *On 7/5/24 from 12:30 a.m. to 4:00 a.m. there were 60 residents present in the home.*
- *On 7/6/24 from 11:00 p.m. to 12:00 a.m. there were 59 residents present in the home.*
- *On 7/7/24 from 12:00 a.m. to 5:00 a.m. there were 59 residents present in the home.*
- *On 7/7/24 from 11:00 p.m. to 12:00 a.m. there were 59 residents present in the home.*
- *On 7/8/24 from 12:00 a.m. to 5:00 a.m. there were 59 residents present in the home.*

During the dates and times indicated, direct care staff person B was the only staff person present in the home that was trained in first aid and certified in obstructed airway techniques and CPR.

- *On 7/5/24 from 11:30 p.m. to 12:00 a.m. there were 60 residents present in the home.*
- *On 7/6/24 from 12:00 a.m. to 5:00 a.m. there were 60 residents present in the home.*

Plan of Correction**Accept [REDACTED] 07/16/2024)**

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2024 by the administrator to schedule at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR.

To enhance the currently compliant operations another CPR certification class is scheduled on July 26, 2024 to train employees who are not currently certified.

63a - First Aid/CPR Training (continued)

Effective 07/10/2024 the Administrator or designee will perform weekly checks through 10/10/2024 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Three overnight shift employees were CPR and first aid trained on 7/12/2024.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (█) - 08/13/2024)

65f - Training Topics**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff person C, hired █ did not receive required annual training for the 2023 training year to include:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.

Plan of Correction

Accept (█) - 07/19/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Administrator or designee to ensure staff person was trained on (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (5) Personal care service needs of the resident. (6) Safe management techniques.

Effective 07/10/2024 the Administrator or designee will perform quarterly audits through 12/31/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and personal care service needs of the resident, and safe management techniques. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented (█) - 08/13/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Ancillary staff person D, hired [REDACTED] 22, did not receive required annual training for the 2023 training year to include:

- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).
- (5) Falls and accident prevention.

Plan of Correction**Accept [REDACTED] - 07/19/2024)**

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, Staff D was educated on Emergency Preparedness, Resident Rights, OAPSA and Falls and accident prevention.

Effective 07/11/2024 the Administrator or designee will perform quarterly audits through 12/31/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102), and falls and accident prevention. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented [REDACTED] - 08/13/2024)

81b - Resident Personal Equipment

6. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 12:40 p.m. the bedside mobility device in resident room #F belonging to resident #1, was uncovered and had an opening that measured approximately ten-inches wide by ten-inches high that presented a risk of entanglement or entrapment for resident #1.

Plan of Correction**Accept [REDACTED] - 07/19/2024)**

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the resident services director to cover the bedside mobility device in resident room #F.

To enhance the currently compliant operations, the resident services director added daily checks of bedside mobility devices to the MAR with a completion date of 07/15/2024.

81b - Resident Personal Equipment (continued)

Effective 07/10/2024 the Med Tech or designee will perform daily checks to maintain ongoing compliance with ensuring bedside mobility devices are in good repair and free of hazards.

On 7/17/24 Administrator or designee will begin staff education prior to the start of their next shift on Regulation 2600.81(b) and the home's policy and procedures to maintain compliance with the regulation . New hires will be educated upon hire. Documentation of education will be kept in accordance with Regulation 2600.65(i).

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [REDACTED] 08/13/2024)

88a - Surfaces**7. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/8/24 at approximately 12:09 p.m., the outlet cover for the ground fault circuit interrupter outlet above the vanity and sink in the private bathroom of resident room #212 belonging to resident #2 was cracked and a piece that measured approximately one-half inch wide by one-half inch high at the tallest point was missing and exposed the conduit box behind it.

On 7/8/24 at approximately 12:35 p.m., the wall mounted rubber door stopper for the common shower room located across the hallway from resident room #D was completely detached from the wall and was found lying on the floor behind the door.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 7/8/2024 by the maintenance director to replace the outlet cover in room #212 and the wall mounted rubber door stopper for the common shower room.

To enhance the currently compliant operations, on 07/10/2024 the administrator will update the maintenance checklist to include outlet covers and door stoppers are in good repair with a completion date of 7/16/2024.

On 7/17/24 Administrator or designee will begin staff education prior to the start of their next shift on Regulation 2600.88(a) and the home's policy and procedures to maintain compliance with the regulation. New hires will be educated upon hire. Documentation of education will be kept in accordance with Regulation 2600.65(i).

88a - Surfaces (continued)

Effective 7/15/2024 the maintenance director or designee will perform weekly checks through 10/10/2024 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented (redacted) - 08/13/2024)

103e - Left Overs

8. 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

On 7/8/24 at approximately 1:01 p.m. there was an opened and undated fourteen-ounce aluminum can of Glenview Farms condensed milk that was approximately one-quarter full that was found in the home's walk-in cooler.

Plan of Correction

Accept (redacted) - 07/16/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2024 by the administrator or designee to discard the aluminum can of Glenview Farms condensed milk.

To enhance the currently compliant operations, the administrator or designee will educate kitchen staff on labeling and dating leftover food prior to the start of their next shift. New hires will be educated upon hire.

Effective 07/10/2024 the Food Services director or designee will perform daily checks through 10/10/2024 to maintain ongoing compliance with ensuring leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (redacted) - 08/13/2024)

103g - Storing Food

9. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/8/24 at approximately 12:53 p.m. there was a twenty-pound box of dried lentils that was approximately two-thirds full and was left opened and unsealed with an opening that measured approximately two-inches high by two-inches wide.

Plan of Correction

Accept (redacted) - 07/16/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2024 by the food service director to discard the twenty-pound box of dried lentils.

103g - Storing Food (continued)

To enhance the currently compliant operations, the administrator or designee will educate kitchen staff on proper food storage in closed or sealed containers prior to the start of their next shift. New hires will be educated upon hire.

Effective 7/16/2024 the food services director or designee will perform daily checks through 10/10/2024 to maintain ongoing compliance with food being stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented () - 08/13/2024)

132b - Safety Inspection/Fire Drill

10. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was held on 4/11/23.

REPEAT VIOLATION 10/11/23 et. al.

Plan of Correction

Accept () - 07/16/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2024 by the Administrator to conduct a fire safety inspection and fire drill conducted by a fire safety expert.

Administrator completed fire safety training on 7.15.2024 By PA,. State Fire Inspector.

Effective 7/15/2024 the administrator will schedule the fire safety inspection and fire drill conducted by a fire safety expert for the following year 3 months prior to due date to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented () 08/13/2024)

132d - Evacuation

11. Requirements

2600.

132d - Evacuation (continued)

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

On 5/1/24 the home conducted a fire drill with an evacuation time of 4 minutes and 13 seconds. However, there was no documentation of a supervised inspection by a fire safety expert within the past year, and the default evacuation time was 2 minutes and 30 seconds.

On 6/27/24 the home conducted a fire drill with an evacuation time of 5 minutes and 53 seconds. However, there was no documentation of a supervised inspection by a fire safety expert within the past year, and the default evacuation time was 2 minutes and 30 seconds.

REPEAT VIOLATION 10/11/23 et. al.

Plan of Correction

Directed [REDACTED] 07/19/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2024 by the Administrator to have the PA., State Fire Inspector complete the fire-safe area inspection to include the maximum safe evacuation time for the facility from the time the fire alarm sounds until all residents have evacuated to the (outside of the building/fire safe areas). PA., State Fire Inspector expert determined that the maximum safe evacuation time for the facility is 6 minutes and 30 seconds.

Administrator completed fire safety training on 7.15.2024 By PA., State Fire Inspector.

Effective 7/15/2024 the administrator will schedule the fire safety inspection, fire evacuation time and fire drill conducted by a fire safety expert for the following year 3 months prior to due date to maintain ongoing compliance. Administrator will monitor the fire drill record monthly to ensure compliance with Regulation 2600.132(d) beginning 7/17/24.

On 7/17/24 Administrator or designee will begin staff education prior to the start of their next shift on Regulation 2600.132(d) and the home's policy and procedures to maintain compliance with the regulation. New hires will be educated upon hire. Documentation of education will be kept in accordance with Regulation 2600.65(i).

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/18/2024

DIRECTED

132d - Evacuation (continued)

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit the home's fire drill record monthly to ensure compliance with Regulation 2600.132(d). The administrator shall complete the following steps to reduce the fire safe evacuation if the home is unable to meet the fire safe evacuation time specified in writing by a fire safety expert within the past year:

- Provide additional resident and staff education on evacuation policies and procedures. Documentation will be kept.
- Conduct additional monthly fire drills.
- Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.
- Add additional staff (at all times) to meet the 2 minute and 30 second evacuation time or the safe evacuation time specified by the fire safety expert within the past year.

7/19/24 [redacted]

Directed Completion Date: 07/20/2024

Implemented [redacted] - 08/13/2024)

132e - Fire Drill Sleeping Hours

12. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hours fire drill on 1/29/24 at 4:17 a.m., however, the previous sleeping hours fire drill was held on 6/29/23 at 4:19 a.m.

Plan of Correction

Accepted [redacted] - 07/19/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2024 by the Administrator to have Fire Safety Training by a PA., State Fire Inspector to review conducting fire drills including during sleeping hours once every 6 months.

To enhance the currently compliant operations, administrator completed a sleeping hours fire drill on 7/17/24 to ensure compliance of a fire drill being held during sleeping hours once every 6 months and documented accordingly on the fire drill record. Administrator completed fire safety training on 7/15/2024 By PA., State Fire Inspector.

Effective 7/15/24 the administrator or designee will perform monthly fire drills to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Administrator will monitor the fire drill record monthly to ensure compliance with Regulation 2600.132(e) A fire drill shall be held during sleeping hours once every 6 months beginning 7/17/24. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [redacted] - 08/13/2024)

132f - Alternate Exit Routes

13. Requirements

2600.

132f - Alternate Exit Routes (continued)

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

"All exits" was the only evacuation route used for fire drills conducted on dates to include:

- 11/20/23 at 8:58 a.m.
- 12/4/23 at 4:55 p.m.
- 1/29/24 at 4:17 a.m.
- 2/15/24 at 1:45 p.m.
- 3/30/24 at 2:19 p.m.
- 4/9/24 at 8:17 p.m.
- 5/1/24 at 3:09 p.m.
- 6/27/24 at 9:31 a.m.

REPEAT VIOLATION 10/11/23 et. al.

Plan of Correction

Accepted [redacted] 07/19/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2024 by the Administrator to conduct a Fire-Safe area Inspection and was educated on the fire safe areas and exit routes for evacuation.

To enhance the currently compliant operations, on 7/15/2024 a supervised fire drill and education was completed by a PA., State Fire Inspector to ensure alternate exit routes and proper evacuation routes are used and documented accordingly.

Administrator will monitor the fire drill record monthly to ensure compliance with Regulation 2600.132(f) Alternate exit routes shall be used during fire drills.beginning 7/17/24.

Effective 7/15/2024 the administrator or designee will perform monthly fire drills and document evacuation routes accordingly on the fire drill record to maintain ongoing compliance with alternate exit routes used during fire drills Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented [redacted] 08/13/2024)

162c - Menus Posted

14. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 7/8/24 at approximately 1:30 p.m. the menu's posted outside of the home's second-floor dining area were for dates ranging from 7/1/24 through 7/14/24 and the following week's menu was not posted.

Plan of Correction

Accept [REDACTED] - 07/16/2024)

In response to the violation on 07/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2024 by the food services director to post the following week's menu.

To enhance the currently compliant operations, on 07/10/2024 the administrator or designee will post the following week's menu and check weekly for compliance , with a completion date of 07/16/2024.

Effective 07/10/2024 the administrator will perform weekly checks through 10/10/2024 to maintain ongoing compliance with posting weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] - 08/13/2024)

Facility Information

Name: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration: *10/19/2024*
 Address: *300 UNION AVENUE, AVALON, PA 15202*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *08/12/2024*

Inspection Dates and Department Representative

08/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *62*

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

Hospice
 Current Residents: *7*

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

08/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND