

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

February 7, 2025

[REDACTED]  
RAK ASSISTED LIVING, INC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2024 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: GRACIOUS LIVING ESTATES License #: 23167 License Expiration: 07/17/2025  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 11/05/2024

**Inspection Dates and Department Representative**

11/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 65 Residents Served: 35  
 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: 34  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 7 Have Physical Disability: 0

**Inspections / Reviews**

11/05/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2024

12/18/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/04/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/26/2024

Inspections / Reviews *(continued)*

01/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/31/2025

02/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 227d - Support Plan Medical/Dental

## 1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

Resident [REDACTED] sustained [REDACTED]s during a fall on [REDACTED] and required use of a wheelchair to help with ambulation during the resident's recovery. The resident's Resident Assessment Support Plan dated [REDACTED] was not updated regarding the fall and subsequent injury and does not note the resident's use of a wheelchair to aid with mobility.

Resident [REDACTED] uses a walker or a wheelchair to move around in the home. As per interviews with staff, Resident [REDACTED] has frequent falls and is sometimes non-compliant with using a walker to help the resident with ambulation. The resident's Resident Assessment Support Plan dated [REDACTED] was not updated regarding the resident's frequent falls and does not mention the resident can be non-compliant with using the walker.

## Plan of Correction

Directed [REDACTED] - 01/02/2025)

[REDACTED]. Strongly Disagree: Resident [REDACTED] fell, banged [REDACTED] and was sent to the ER. It was determined that [REDACTED] had a [REDACTED] and [REDACTED] were prescribed. There was no requirement for a wheelchair. The PCH Administrator directed that until the antibiotic got into [REDACTED] system, [REDACTED] was to be taken down to meals by wheelchair for 2 days. This was to add an extra layer of safety to the resident. For that act of kindness, you give us a citation! Does the Northeast Region get extra pay dependent on the number of citations it issues? Please note that in the 2 days that resident [REDACTED] was to use the wheelchair, [REDACTED] went to meals with [REDACTED] walker over half the time!!! This leaves little doubt that your region cares more about it's CITATION then it will ever care about resident security/safety. Correction for citation - [REDACTED], [REDACTED], Assistant Administrator, added an addendum to resident [REDACTED] RASP to allow for the use of a wheelchair while she is recovering from the urinary track infection. [REDACTED], [REDACTED] reviewed the addendum and it is attached as Exhibit A.

Correction [REDACTED]. [REDACTED] Assistant PCH Administrator is responsible for fixing this CITATION. [REDACTED] fixed the problem on [REDACTED]. The revised RASP Addendum was sent to you on 12/11/2024 as Exhibit A. Did you read/review this Exhibit or did it not come through attached to the correction? [REDACTED], Assistant PCH Administrator is responsible for all RASP developments/revisions. The PCH Administrator reviews all completed resident RASPs. [REDACTED] typed in the specific action to be taken on the wheelchair and carefully dated it... This is a realistic, sustainable, and specific solution to resolve this CITATION dated [REDACTED]. All of this information was on Exhibit A!! This PCH Administrator [REDACTED] assures the Northeast Region that this violation will not reoccur. The use of a wheelchair, even when resident safety is involved, shall be limited to State regulation 2600, 227 d. Wheelchairs will be used when directed by the order of a physician, physician's assistant, etc. as stated in the regulation (12/19/2024). I believe your CITATION was unfair and dangerous when it comes to the safety of residents. If one of my residents is injured because of this CITATION, I assure you that I will make sure all are aware that we could not use a wheelchair unless it is not in their RASP as per the Northeast Regional DHS Office .

Correction for resident [REDACTED] Resident [REDACTED] had hardening of the arteries, COPD and Was Dying. When your inspector wrote up the citation, [REDACTED] was already on hospice. He [REDACTED] 13 days later. If you want us to go back and redo [REDACTED] RASP to indicate that [REDACTED] was forgetful, we will happily comply.

227d Support Plan Medical/Dental (continued)

Proposed Overall Completion Date: 12/24/2024

**Directed:**

**The home will audit all resident records to ensure all support plans are accurate and complete. The home will hold weekly meetings starting 1/6/25 to ensure the residents constantly changing care needs are being addressed and the support plans are being updated accordingly. The home will create a tracking sheet to track these updates during the meetings. The home will keep documentation of the audits, weekly meetings and tracking sheet for updates to the support plan for the Department to review upon request.**

Directed Completion Date: 01/31/2025

Implemented [REDACTED] - 02/07/2025)