

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

February 3, 2025

[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 01/10/2025, 01/13/2025, 01/15/2025 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:** Town of McCandless

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 01/15/2025

Inspection Dates and Department Representative

01/10/2025 - On-Site: [REDACTED]

01/13/2025 - Off-Site: [REDACTED]

01/15/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 45

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 25 **Residents Served:** 19

Hospice

Current Residents: 19

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 25 **Have Physical Disability:** 1

Inspections / Reviews

01/10/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/25/2025

Inspections / Reviews *(continued)*

01/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/28/2025

01/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2025

02/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at 4:37 p.m. it was reported by ancillary staff person A to the Department of Aging that an allegation of financial abuse had been relayed by resident [REDACTED] against direct care staff person B. However, direct care staff person B was not immediately suspended or placed on a plan of supervision approved by the Department. Additionally, direct care staff person B returned to work on [REDACTED] at 7:00 a.m. and continued to provide unsupervised direct care services to residents of the personal care home until the end of the shift at approximately 11:00 p.m.

Plan of Correction

Accept [REDACTED] - 01/28/2025)

On [REDACTED] Executive Director and Assistant Executive director spoke with Resident [REDACTED] Staff person B (POA of resident [REDACTED] and [REDACTED] of Resident [REDACTED]

They were all asked what was going on and resident [REDACTED] stated [REDACTED] wasn't sure where all [REDACTED] money is. Executive Director asked the family members and POA what was going on and they told me (executive director) they were looking into it. Executive director asked resident [REDACTED] what [REDACTED] wanted done and [REDACTED] said I want to see my bank statements. Executive director asked the POA (Staff B) why [REDACTED] hasn't seen [REDACTED] bank statement and [REDACTED] said that [REDACTED] has brought it in. The [REDACTED] and [REDACTED] stated that they where going to take [REDACTED] to the bank to see the statement and also have [REDACTED] change the POA over to them. Staff B (current POA) said that was fine and they agreed that they would wait and see the bank statements to see what was going on.

Executive director and assistant executive director asked resident [REDACTED] if [REDACTED] wanted to do this today and [REDACTED] said no [REDACTED] was tired. Executive Director recommended to resident [REDACTED] that [REDACTED] should put a freeze on [REDACTED] account if [REDACTED] had any concerns until [REDACTED] could get to the bank to verify all actions on [REDACTED] account. [REDACTED] agreed [REDACTED] wanted to do that and the [REDACTED] called the bank and resident [REDACTED] froze [REDACTED] account.

The POA (staff B), [REDACTED] [REDACTED] and resident [REDACTED] all agreed that this would be the plan and said that they are going to discuss things and will come up with what they want the next step to be and will let us know if any concerns.

The executive director asked the resident if [REDACTED] was ok with everything they talked about and if [REDACTED] wanted us to do anything else today. Resident [REDACTED] stated no [REDACTED] is going to wait until [REDACTED] goes to the bank.

Staff B was the POA of resident [REDACTED] and had complete control of [REDACTED] accounts. All money that was missed used was not during work time nor did staff B ever remove anything from [REDACTED] room. Executive director felt that this was a family issue and they all stated they were going to handle it and wait and see what the bank statement showed.

Staff B finished [REDACTED] shift on 1/2/2025 and when the Executive Director found out on 1/3/2025 no resolution had been reached. the Executive Director called adult protective and staff person B was told [REDACTED] wasn't permitted to come to the building pending the investigation from aging.

All staff was educated on 1/15/2025 on

1. Mandatory reporting in Pennsylvania
2. Elder abuse

15b Supervisor Plan (continued)

3. Mandatory abuse reporting
4. Act 13
5. Reporting facility abuse to management

All the training was lead by the assistant executive director and/or wellness director

See attached

All staff will continue to complete the annual training lead by the assistant executive director yearly.

The Executive Director and/or assistant executive director will begin using a Mandatory Reporting Checklist (see attached) effective 2/1/2025. in regards to any forms of abuse reported within the facility

The Executive Director and/or assistant executive director will begin using a Staff Investigation Checklist (see attached) effective 2/1/2025. in regards to any employee accused of any forms of abuse reported within the facility

All staff has been educated on 1/15/2025 by the assistant executive director (see attached) on all forms of abuse, all requirements in regulation 2600.15(b), suspension of any and all staff staff persons involved, the facility policies and this education is also included in the new hire packets and will also be reviewed yearly during the required yearly education. This documentation will be kept in the training manual for review at anytime.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█) - 02/03/2025)

16c - Written Incident Report**2. 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 █, at approximately 4:30 p.m., direct care staff person A advised direct care staff person C, the home's administrator, of allegations of financial abuse against resident █ by direct care staff person B. However, the incident of financial abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until █ at approximately 10:55 a.m.

Plan of Correction

Accept (█) - 01/28/2025)

Staff person A (activity director) came to Staff person C (executive director) on 12/31/2025 and said the resident █ said █ doesn't know where all █ money is. Staff Person C and staff person A spoke with resident █ and █ stated █ didn't know where is money is. Staff person C asked resident █ why █ thought that and █ said that █ granddaughter/POA (staff person B) was spending █ money. Staff person C asked resident if █ asked █ about it

16c - Written Incident Report (continued)

and ■ said yes and ■ tells ■ it is all ok. Staff person C told resident ■ that we have people (Ombudsman) that can help with this and find out what is happening and that ■ is of sound mind and has the right to take care of ■ own finances. Staff person C asked resident if ■ wanted us to call and ■ stated that ■ ■ and ■ are looking into it. Staff person C told ■ that it wouldn't hurt to have an outside look into it also and that we would recommend it.

Staff person C informed staff person A when we left the room to call the Ombudsman and let them know that we have a resident that needs their services. Staff person A called the Ombudsman and left a message as nobody had answered. They called staff person A back on ■ and said they would handle it from there and they would contact Adult Protective Services.

Resident ■ stated that ■ was going with ■ ■ and ■ to the bank on ■ and see what was going on. Staff person C and assistant executive director let the ■ and ■ know (on ■) that we have called the adult protective services and reported that the resident is questioning ■ funds from ■ POA (staff person B). ■ and ■ said that they would let us know if they find anything out when they return with Resident ■ from the bank. ■ and ■ brought the bank statement and the new power of attorney and handed it to the assistant executive director and they said "it's bad"

Staff B was the POA of resident ■ and had complete control of ■ accounts. All money that was missed used was not during work time nor did staff B ever remove anything from ■ room. Executive director felt that this was a family issue and they all stated they were going to handle it and wait and see what the bank statement showed.

All management was educated on 1/15/2025 on the new Mandatory reporting checklist form that must be started by management as soon as anyone reports any allegations of abuse. Education was given by assistant executive director.

See attached

On 1/27/2025 all staff involved with completing and submitting reports under regulation 2600.16(c) received education from the assistant executive director (see attached) and education will be kept in training files.

The assistant executive director will maintain the Reportable Incident Tracking Log (see attached) to ensure all reportable incidents and conditions are reported in a timely manner and according to regulations. This log will began 1/2025 and this log will be kept in the reportable incident manual and available for review when needed.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (■) - 02/03/2025)

18 - Compliance With Laws

3. 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 [redacted] at approximately 10:00 a.m., the website for the personal care home advertised the home will provide assisted living services. Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences).

Plan of Correction

Accept ([redacted] - 01/28/2025)

The owner contacted the IT department on 1/15/2025 and let them know that we must have the changes to our web page.

They changed everything immediately and Executive Director has attached the email and screenshot for verification.

See attached

All corrective action was completed by 1/22/2025 by The IT department (see attached)

The owner will complete a monthly audit on all publicly media in all forms to ensure Assistive Living is not being used by the facility (see attached). This begun 1/22/2025 and will continue monthly until 12/2025. the audit report will be kept in the social media file for review as needed.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented ([redacted] - 02/03/2025)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On dates ranging from [redacted] through [redacted] direct care staff person B, who was also the Power of Attorney for resident [redacted] spent approximately [redacted] of the resident's money for personal expenses to include: airfare with Southwest Airlines, trips to Texas and Las Vegas Nevada, beautician services, sporting goods, groceries, alcohol, gambling, online shopping and many other expenses which were not for the benefit of resident [redacted]

Plan of Correction

Accept ([redacted] - 01/28/2025)

Staff person B last day of work was [redacted] and was terminated on [redacted] by the executive director after the findings and documentations were brought to our attention.

All staff was educated on [redacted] in regards to the mandatory reporting of abuse by the assistant executive director and/or wellness director

see attached

42b - Abuse (continued)

All staff has been educated on 1/15/2025 by the assistant executive director (see attached) on all forms of abuse and this education is also included in the new hire packets and will also be reviewed yearly during the required yearly education. This documentation will be kept in the training manual for review at anytime.

Private interviews are being completed by the executive director and/or assistant executive director (see attached) with 3 residents a week for 3 months and then 3 residents a month until 12/2025. These begin on 1/24/2025 and will be kept in the executive director office for review as needed.

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█ - 02/03/2025)