

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

March 5, 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 02/21/2025 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: 02/03/2026
 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: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/21/2025

Inspection Dates and Department Representative

02/21/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 67 Residents Served: 42
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 25 Residents Served: 17
 Hospice
 Current Residents: 18
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 1

Inspections / Reviews

02/21/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2025

03/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/05/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/10/2025

Inspections / Reviews *(continued)*

03/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's procedure for the accountability of controlled substances indicated "The oncoming shift will count the medication while the off-going shift reviews the controlled substance record for accuracy. Both Med Techs will sign the narcotic count flow sheet acknowledging that count was reconciled or accurate." However, on 1/23/25, direct care staff person A and direct care staff person B did not count either of the pill bottles of [REDACTED] tablets that belonged to resident [REDACTED]. Direct care staff person A discovered later that morning that one pill bottle labeled as [REDACTED] tablets contained thirty tablets of [REDACTED] and the other bottle labeled as [REDACTED] tablets contained twenty-eight tablets of [REDACTED]. Additionally, it was discovered on 1/23/25 that resident [REDACTED] narcotics flow sheet for the two bottles of [REDACTED] tablets that were delivered on 1/16/25 was no longer present in the home, had been missing for an unknown amount of time, and direct care staff had not been signing or reconciling the narcotic count flow sheet for that medication.

Plan of Correction

Accept [REDACTED] - 03/05/2025)

On 1/23/25 Staff person A and staff person B performed the required Narc count at shift change. Staff person A and staff person B didn't complete the count according to the policy.

Executive Director put in place 1/23/2025 that off-going staff, on-coming staff along with an additional employee will witness the narcotic count for accuracy and compliance (see attached). This has also been added to the medication policy (see attached)

Assistant Executive Director performed an employee re-education on the proper way to perform a narcotic count according to the Grace Manor policy along with an employee write up for both staff person A and staff person B on 1/24/2025 (see attached)

Staff person A came to Assistant Executive director to inform her that she felt there was a different pill in the bottle that was labeled [REDACTED] and it doesn't compare to the labels.

Assistant Executive Director and Staff person A compared the label and the medication that was in the bottle and they came to the conclusion that the one bottle labeled [REDACTED] had [REDACTED] tablets and the other bottle labeled [REDACTED] had [REDACTED].

Medication was removed from the medication cart by staff person A and the proper medication was ordered and delivered to the facility.

Assistant Executive Director created a "Narcotics delivery acceptance checklist" (see attached) that all med-techs will use going forward (effective 1/23/2025) when any medication is being received to verify all proper medication that is in a bottle and delivered from outside source are correct and accurate at all times.

Assistant Executive Director did a re-education to all Med-techs on 1/24/2025 (see attached) on the proper way to complete a narcotic count and the proper way to complete all the forms for medication delivery. This education will be kept in the audit binder for review as needed.

185a Implement Storage Procedures (continued)

Assistant Executive Director will audit the Narcotic delivery acceptance checklist and the daily narcotic count for accuracy weekly for 6 week of error free and then randomly for compliance and accuracy (see attached). These audits will begin 2/3/2025 and these audits will be kept in the audit log binder for review when needed.

All supporting documentation is attached for review

Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [REDACTED] - 03/05/2025)