

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

November 19, 2025

[REDACTED]
CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC
[REDACTED]

RE: GRACE MANSION
1200 SPRING STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 21643

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2025 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 MANSION License #: 21643 License Expiration: 11/24/2025
 Address: 1200 SPRING STREET, BETHLEHEM, PA 18018
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: CATHOLIC SENIOR HOUSING & HEALTH CARE SERVICES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/28/1993 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/23/2025

Inspection Dates and Department Representative

10/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 13
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

10/23/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/19/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/19/2025

Inspections / Reviews *(continued)*

11/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/22/2025

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2025

Reviewer: [REDACTED]

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

At 9:30 A.M., the home's License Inspection Summary dated [redacted] was not posted in a conspicuous and public place in the home. The LIS was locked behind glass on the second floor of the home.

Plan of Correction

Accepted [redacted] - 11/17/2025)

Grace Mansions License Inspection Summary dated 1/8/25, was placed in a three-ring binder and set in a conspicuous and public place next to the nurses' station for easy access to all. The binder is labeled inspection summary. Grace Mansions License Inspection Summary dated 1/8/25 was also placed on the corkboard outside of the RCC office on the 3rd floor. The administrator or designee is responsible for posting the inspection summary as soon as it is available to ensure regulations are followed.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 11/19/2025)

85b - Infestation

2. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At 9:35 A.M., the interior exit door near the activities room lead to a ground floor exit door that contained large amounts of spider webs in the doorway and on the latch of the exit door.

Plan of Correction

Accepted [redacted] 11/14/2025)

On 10/24/25 a work order was placed for our maintenance department to clean bottom floor west stair tower of spider webs. This work order was completed 10/24/2025. Going forward the PCHA and maintenance director will check the stair towers for cleanliness monthly. See attached workorder.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [redacted] - 11/19/2025)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted] does not include the amount of time to evacuate.

Plan of Correction

Accepted [redacted] 11/17/2025)

On 11/11/25 an update to the fire drill policy was introduced to include proper record keeping of fire drills. By 11/21/25 all staff will have education provided on updated fire drill. Please see attached updated fire drill and

132c Fire Drill Records (continued)

education completed with staff thus far. The administrator or designee is responsible for the upkeep of the fire drill record. The maintenance director will provide the required fire drill statistics for the administrator or designee to enter on to the fire drill record as soon as it is received. The maintenance director will then double check the fire drill record to ensure completed.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 11/19/2025)

132f - Alternate Exit Routes**4. Requirements**

2600.

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

Description of Violation

The fire exit tower was the only exit route used during the fire drills held from [REDACTED] to [REDACTED]. The home has three exit towers that can be used but the fire drill record does not distinguish what exits were used.

Plan of Correction

Accept [REDACTED] - 11/17/2025)

On 11/11/25 an update to the fire drill policy was introduced to include proper record keeping of fire drills and to be specific as to which exit was used during fire/fire drills. By 11/21/25 all staff will have education provided on updated fire drill. Please see attached updated fire drill and education completed with staff thus far. The administrator or designee is responsible for the upkeep of the fire drill record. The maintenance director will provide the required fire drill statistics for the administrator or designee to enter on to the fire drill record as soon as it is received, once that is completed, the staff member(s) that were in the home at the time of the drill will notify the administrator or designee which stair tower was used to evacuate the residents during the drill. The maintenance director will then double check the fire drill record to ensure completed.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 11/19/2025)