



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAILING DATE: July 1, 2013**

Sent via email to: [REDACTED]

Ms. Cindy Petuchulis, Vice-President  
Providence Place of Pottsville Associates  
1528 Sand Hill Road  
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pottsville  
2200 First Avenue  
Pottsville, Pennsylvania 17901

Dear Ms. Petchulis:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 12, 2013 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PROVIDENCE PLACE OF POTTSVILLE		License Number: 203970
Address: 2200 FIRST AVENUE, POTTSVILLE, PA 17901		County: Schuylkill
Administrator: Heather Kerschner		Region: NORTHEAST
Legal Entity Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy I-2 04/01/2010 city of Pottsville		
Staffing Hours Resident Support: NM		Total Daily Staff: 163 Waking Staff: 122
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/12/2013: Patton, Leslie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 192 Number of Residents Served: 127 Secured Dementia Care Unit in Home: Yes Area: lower level	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 127 Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 35 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 6	Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 0	

Violation Report: 20397 - 06/12/2013 - Patton, Leslie  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 has fallen 14 times since 12/12/12 and several falls have happened within days of each other. The home addressed the matter with various interventions such as medication changes, physical therapy services, non-skid socks and non-skid tape in the resident's bathroom and in front of the resident's chair, x-rays when an injury occurred, Q1 hour checks, and urinalysis to determine if the resident had a urinary tract infection. As a result of the most recent fall on 5/23/13, the resident now has one-on-one supervision 24 hours a day until it is determined if the current level of increased supervision is still necessary. The resident's most current RASP (dated 11/29/12) does not reflect any of the falls that have occurred since 12/12/12, the various methods the home has implemented to address the matter, or the fact that as of 5/23/13, the resident has an increased level of supervision which is being provided by a home health agency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/12/13 DOW completed RASP Addendum on [redacted]  
 6/13/13 All fall incidents reports pulled and reviewed for interventions that needed to be added to RASP Addendum from January 2013 to June 2013.  
 All RASP Addendums completed 6/25/13 from January 2013 to June 2013.  
 Ongoing: All new orders and incident reports will be brought to morning management meeting for review for additions to support plans by Administrator, DOW, and senior PCA.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Kerschner, RN Administrator</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Kerschner, RN Administrator</i>		Date <i>6/26/13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/28/13</i> (Date)	Plan of correction implementation status as of <i>6/28/13</i> (Date)
The above plan of correction was approved by <i>M</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented