



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2013

Mr. David Leader, President/CEO
Providence Place of Pottsville Associates
1528 Sand Hill Road
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pottsville
2200 First Avenue
Pottsville, Pennsylvania 17901
License #: 203970

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on October 24, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 5, 2013 to December 5, 2014 was issued on August 28, 2013. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 20397 - 10/24/2013 - Harvey, Jason

PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10-24-2013 at approximately 9:30 am during a walk through of the Shepard unit, 1 binder marked "Communication Book" and another binder marked "Quiet Care Book" was sitting on top of the medication cart unattended, located in resident's dining area. Resident confidential information was contained in these books.

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.

PCA communication book and quiet care book were removed by the DOW from the shepard med cart and placed in the nursing office within locked room. PCA's educated by the DOW that no confidential information can be in clear view to other residents or family members on the unit. charge nurse will continue to monitor shepard unit for proper placement of confidential information within designated area.

The administrator shall monitor for ongoing compliance.

M
12/6/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Kerschmer, Executive Director

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Heather Kerschmer, ED

Date 11/20/13

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

The above plan of correction is approved as of

12/6/13
(Date)

Plan of correction implementation status as of

12/6/13
(Date)

The above plan of correction was approved by

M
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20397 - 10/24/2013 - Harvey, Jason
PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
Ancillary staff person B, who began work on 7/26/2013, did not receive a general orientation to their job function.

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.

A Housekeeping checklist as well as a job description of duties completed and all existing staff given the information through meeting to be held 11/26/13. with department head manager of housekeeping. Duties will be signed by each employee of what is expected of them daily. Going forward this checklist and job description will be discussed during the first day of orientation and signed by the employee. See attached documents. Director of Housekeeping will provide the documentation upon hire and review first day of orientation.

• The administrator shall be responsible for monitoring and ongoing compliance.
m
12/6/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Heather Kerschner, Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Kerschner, ED Date 11/20/13

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Plan of correction implementation status as of 12/6/13 (Date)

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Violation Report: 20397 - 10/24/2013 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone numbers required by this regulation were not posted by the phones located in room #128.

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.

All telephone numbers for local ambulance, fire, police, poison control, complaint hotline, local hospital, and EMA placed on new phones located in room 128 immediately after our inspection by housekeeper. In the future, housekeeping will monitor phones for phone number stickers and place stickers on all new admission phones.

The administrator shall be responsible for ongoing compliance.

M
12/6/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heather Kerschner, Executive Director

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Heather Kerschner, ED

Date 11/20/13

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Violation Report: 20397 - 10/24/2013 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 10/24/13 at 9:45am Department Representatives observed a heavy accumulation of lint built up in the lint compartment box of the industrial clothes dryer located on the Terrace Level of the facility.

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.

Housekeeping to remove lint from lint compartment of industrial dryers after each load of laundry. Director of Housekeeping will monitor daily that lint is being removed by her staff. Administrator will perform spot checks to verify adequacy.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather Kerschner, Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Heather Kerschner, ED* Date *11/20/13*

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Violation Report: 20397 - 10/24/2013 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 6/24/13 at 3:12am the facility held a fire drill. Residents of the facility were evacuated to fire safe areas in 4 minutes and 25 seconds. The facility has a valid letter from a fire safety expert stating that based upon the construction of the facility 4 minutes is the maximum evacuation time for residents to be safely evacuated to fire safe areas. This drill exceeded the maximum evacuation time written by the fire safety expert.

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.

Administrator now fully understands that residents must evacuate within the time allotted within the fire safety letter. If this does not occur another fire drill must be performed in order to safely evacuate the residents during a fire. Future fire drills will be within the allotted time frame. Administrator will ensure compliance and document in fire drill log

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heather Kerschner, Executive Director

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Heather Kerschner, EO

Date 11/20/13

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Violation Report: 20397 - 10/24/2013 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa. Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 6/24/13 at 3:12am the facility held a fire drill. It was determined that the facility failed to evacuate Resident #1 and Resident #2. All residents are required to be evacuated during all fire drills.

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.

Resident #1 and #2 were met with individually re: compliance with fire drills or 30 day notice can be issued as per our resident agreement. Administrator will meet with all new residents and discuss the importance of compliance with fire drills, why we do them and what their responsibility is when alarm sounds. If Administrator not available on admission Assistant administrator will meet with resident.

- The administrator shall be responsible for ongoing compliance.

M
 12/6/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Keochner, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Keochner* Date *11/20/13*

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Violation Report: 20397 - 10/24/2013 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

The following residents who manage their own medications, stated in interviews that their not routinely keeping their medications locked and secured.

1. Resident #3 does not keeps their extra medication supply locked. The resident is not locking their bedroom door when the resident is out for meals and activities.
2. Resident #4 does not lock their room when leaving due to physical difficulty using a key to open the resident's room. Resident leaves their medications out on the kitchen countertop where it's unsecured.

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.

A lock was placed on #3 resident's cabinet and education provided to resident to keep medications locked up. Family to resident #4 bought a lockbox for her medications so secured when she leaves the room. Education also provided to resident to keep locked. Going forward all residents who self-administer will be educated by DON/APON to keep medications locked up in a secure location upon admission and continued compliance thru quarterly assessments.

• The administrator shall monitor and assure ongoing compliance 12/6/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner, CEO* Date *1/20/13*

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