



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**NOV 13 2014**

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 21, 2014, 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, 2014 to December 5, 2015 was issued on August 12, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director *MSH*

Enclosure  
License Inspection Summary

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

PCH Name: PROVIDENCE PLACE OF POTTSVILLE		License Number: 20397
Address: 2200 FIRST AVENUE, POTTSVILLE, PA 17901		County: Schuylkill
Administrator: Heather Ann Kerscher		Region: NORTHEAST
Legal Entity Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/19/1999 PA L&I/	C-2 LP 06/05/2003 PA L&I	1-2 12/08/2013 City of Pottsville
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 173	Waking Staff: 130
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/21/2014: OHaire, Anne; Yellenic, Cindy; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 192 Number of Residents Served: 135 Secured Dementia Care Unit in Home: Yes Area: Secured Unit Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable; 36 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 135 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 38 Have a Physical Disability: 1	

Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 85 Pa.Code §2800**

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**

Room #'s 101, 110 and 114 did not have a bedside lamp or other source of lighting accessible from the bed.

**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.

Room 101 had a lightbulb missing. It was replaced during the inspection. Resident known to hide things.  
 Room 110 had a touch lamp that may have been removed by the resident that lives there. Replaced immediately as screw was still present in wall.  
 Room 114 touch lamp placed at bedside day of inspection. This resident is under hospice care and unable to use.

Maintenance will adj. not lighting accordingly to need as well as make sure an operable lamp is placed at bedside with all new admissions.

Executive Director will spot check to make sure that an operable lamp or other source of lighting can be turned on @ bedside.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Weather Kerschner, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Weather Kerschner, ED*      Date *11/4/14*

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

The above plan of correction is approved as of 11/6/14 (Date)

Plan of correction implementation status as of 11/6/14 (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 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa. Code §2800  
 2800.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION  
 The 1st floor, 2nd floor south and 3rd floor south evacuation diagrams do not indicate lines of travel.

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 3 Evacuation diagrams were changed the day of our inspection. Lines of travel were added. Pull signals and location of fire extinguishers were already present on diagrams. Copies of these diagrams are being placed in Executive Director compliance manual.

Any changes that need to be made on these emergency evacuation diagrams will be made by maintenance director.

Executive director will maintain records and if any changes need to be made will advise maintenance director and make sure they are completed for safety.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Heather Kerschner, ED

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

Heather Kerschner, ED

Date 11/3/14

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Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**

2800.132(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**

The home's fire safety expert established a fire evacuation time of 4 mins and 30 seconds for all residents to evacuate into a fire safe area or to the outside of the facility. On 04/21/2014 the home held a drill at 3:10 pm with a time of 4 mins. 42 secs.

**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.

Do not agree that this should be a violation. After having a fire drill on 4/21/14 @ 3:10 pm that took 4 mins 42 seconds, another drill was done within a week of time as follow up 4/28/14 in which it took 2 mins 49 seconds to evacuate the residents successfully.

Discussed with fire safety expert during our supervised drill that the larger compartments in the building to evacuate have shown that drills in those areas are close to evacuation on timing given in fire safety letter. Fire safety expert changed the time for evacuation from 4 mins to 4 min 30 sec.

Have educated staff to use fire protocols residents who cannot move fast during evacuation, discussed with all new residents their responsibility during fire drills to ensure better compliance, and provided teaching of phases of building with building tours by maintenance for quicker response times of staff.

ED will continue to perform monthly fire drills and maintain noting any need for further intervention to meet time to evacuate residents safely, and monitor compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/24/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Heather Kerschner, ED

Printed Name and Title of Legal Entity Representative  
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Heather Kerschner, ED

Date 11/4/14

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Violation Report: 20397 - 10/21/2014 - O'Halre, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The following medical evaluations were not completed annually.  
 Resident # 1's last medical evaluation was completed on 9/10/14. This resident's previous one was completed on 8/15/13.  
 Resident #2 's last medical evaluation was completed on 9/11/13. Annual not completed.  
 Resident # 4's last medical evaluation was completed on 9/10/14. This resident's previous one was completed on 8/21/13.

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 #2 medical eval set up to be performed with PA visit so completed.

All medical evaluations will be completed in the time frame required annually. DOW knows now that there is only a 15 day grace period.

DOW will keep a calendar as well as a DME formatted Excel computer tracking tool. A DME that is difficult to obtain during the date due will be scheduled and completed with PA (Physician assistant) in house visit.

A note in checklist will be added to front of residents charts to audit DME completion date.

Executive Director will audit chart during support plan meetings annually.

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Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa. Code §2600**  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**  
 The following unlocked medications were located in Room #241:  
 Ducolax, Aleve, Arthritis Pain, Tylenol, Tobramycin-dexameth oph and Doxusate

**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.

Room 241 is the residence of an independent resident however his wife is under PC. We provided a lock for the man in room 241 for his cabinet to lock up his meds the day of our inspection. He has been educated to keep meds locked up. Maintenance installed lock.

When new residents are admitted, if they share a room with a spouse and take their own meds they will be informed that they are required to be locked up.

Audit of existing shared rooms within compliance. DOW or ADOW will educate the residents re: meds being locked up when sharing a room with their spouse or another resident when they are administering their own meds.

Executive Director will also add to initial meeting with residents the conversation re: medications needing to be locked up.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner, ED*      Date *11/4/14*

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Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2a. DESCRIPTION OF VIOLATION  
 Resident # 5's one a day multi-vitamin expired 12/2012.

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.

Unfortunately, spouse to resident # 5 who lives upstairs brought in multi vitamin which was placed in med cart and was to be disposed of since expired. This was not given to the resident as order for the vitamin was only obtained the day of the inspection.

Cart audits will be performed by nurses/med tech's monthly to make sure there are no expired meds

ADOW + POW will monitor compliance with cart audits.

Executive Director will spot check that cart audits are being accomplished.

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Violation Report: 20397 - 10/21/2014 - O'Hara, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 56 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident # 6's Bactrim Suspension was not Initialed as administered on 10/16/14.  
 Resident # 7's Novolog 100u was not Initialed as administered on 10/5/14 at 7am, 10/6/14 at 7am & 11am, 10/19-10/21/14 at 7am.

**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.*

*Bactrim was given to #6 resident but given later and nurse did not document this under comments/missed meds.  
 Resident #7 had FSBS checks with low sugar values and insulin was given but not documented properly. Dr. Gorth's resident med tech or LPN scheduled will check missed meds daily. ADOW or PDW will run missed meds reports monthly to check nurses med administration and resolve any issues noted.  
 Executive Director can also run reports to check compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Heather Kerschner ED*

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*Heather Kerschner, ED*

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Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 65 Pa.Code §2600

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident # 8, admitted 2/06/12, is dated 6/4/13.  
The preadmission screening form for Resident # 9, admitted 6/21/14, is dated 6/28/14.  
The preadmission screening form for Resident # 10, admitted 6/21/14, is dated 6/28/14.

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.

This is incorrect information. One of the prescreens dated 6/21/14 is resident #9 and one is dated 6/28/14 resident #10. Their contracts were both signed on 6/21/14. Resident #10 was to be independent but her family wanted PC services so she arrived to move in 6/28/14.

All prescreens will be filled out prior to admission or on contract date immediately.

ADOW, DOW, ED, or Senior Living Advisor will make sure we can provide required services and perform prescreen while performing assessment on new prospect. A move in check list chart audit tool will be initiated on all charts.

Two copies of prescreens will be made. One for resident chart and one for resident record.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 20397 - 10/21/2014 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 56 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 did not sign the support plan. The last page of the support plan was missing, which should contain the signatures of the following people: the person developing the support plan, the resident, the resident's designated person, and any other person who helped in the development of the support plan.

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

ADOW/DOW will have 2 copies of signatures last page. One copy will be put in resident record as well as another copy in resident chart.

Assistant ED will make sure the signature page is part of resident record.

ADOW/DOW will make sure the signature page is placed in resident chart/or support plan binder.

Executive Director will perform spot checks to make sure that this is being done.

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