



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 20, 2015

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 Human Services' licensing inspection on March 11, 2015 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.

Sincerely,

A handwritten signature in cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing 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: Lackawanna
Administrator: Heather Kerschner		Region: NORTHEAST
Legal Entity Name: Providence Place of Pottsville Associates		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17901		
Certificate(s) of Occupancy		
C2LP 07/19/1999 L&I	C2LP 06/05/2003 L&I	I-2 12/08/2013 City of Pottsville
Staffing Hours		
Resident Support: NM	Total Daily Staff: 175	Waking Staff: 131
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/11/0215: 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: 140 Secured Dementia Care Unit in Home: Yes Area: Lower level Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 34 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 140 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 35 Have a Physical Disability: 2	

Violation Report: 20397 - 03/11/2015 - Patton, Leslie
 PCH Name: Providence Place of Pottsville

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recently completed assessment for resident #1 (dated 5/7/14) does not accurately reflect the resident's needs which began to change approximately 4 months ago. Based upon staff interviews, it was determined that the resident requires 1-2 persons to assist with transferring, but the current assessment indicates the resident is independent with transfers. The assessment also states the resident ambulates independently with a walker, but the resident actually uses a wheelchair and no longer uses a walker. The resident also needs extensive assistance with toileting which is not indicated on the assessment. The resident began receiving physical therapy and occupational therapy (for assistance with transfers) on 1/15/15 which was discontinued on 3/3/15 due to the resident's progress plateauing. The resident also utilized a 3 inch gel cushion to assist with transfers. The therapy services and use of an assistive device was not reflected on the resident's assessment or the fact that the resident fell on 1/29/15 and 2/19/15.

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.

Assessments of all current residents in our facility will be reviewed for accuracy by Executive Director, DOW, and connections director within 1 week of time.
 All nurses will communicate on new log developed to notify management of changes with residents. This log is to be reviewed daily by DOW and connections director in order to document changes on RASP by date and to follow changes in condition and need for significant change. If permanent sig change then new RASP will be completed. If resident is to receive treatment and possibility of responding positively to treatment then documentation will be made directly on the RASP. If after treatment given and resident improves back to their previous level of function no significant change RASP will be completed. This can be noted on RASP addendum by both DOW and connections director who are responsible for RASP and RASP addendums.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner, RN Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner* Date *3/18/15*

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The above plan of correction is approved as of <u>3/20/15</u> (Date)	Plan of correction implementation status as of <u>3/10/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (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