



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: June 18, 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 April 7, 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 "Anne Graziano".

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> PROVIDENCE PLACE OF POTTSVILLE		<b>License Number:</b> 20397
<b>Address:</b> 2200 FIRST AVENUE, POTTSVILLE, PA 17901		<b>County:</b> Schuylkill
<b>Administrator:</b> Heather Kerschner		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
<b>Legal Entity Address:</b> 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/19/1999 L&I	C-2 LP 06/05/2013 L&I	I-2 12/08/2013 City of Pottsville
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 177	<b>Waking Staff:</b> 133
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/07/2015: Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 192 <b>Number of Residents Served:</b> 142 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> 1st floor <b>Secured Dementia Unit Capacity, if Applicable:</b> 36 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 34 <b>Number of Current Hospice Residents:</b> 4 <b>Number of Hospice Residents in past year:</b> 7	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 141 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 35 <b>Have a Physical Disability:</b> 1	

Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not notify the local area agency on aging within 24 hours of an incident of resident abuse between staff A and resident #1 on 3/19/2015 at 9:00pm. Resident #1 reported the incident on 3/20/2015 at 5:30pm, but the home did not report the incident to the local area agency on aging until 3/22/2015.

**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.

Office on aging Act 31 report asks for a perpetrator and until Executive director could interview staff to find out who was involved or get a description of the staff member after residents report 3/20/15 @ 5:30pm unable to give an adequate report.  
 When an allegation made by a resident immediate interviews will be conducted. He report even if all information not obtained yet. Report will be given to office of aging once abuse is inspected by the Executive director or designee.  
 Retraining will be completed by June 5<sup>th</sup> on the importance of reporting abuse within 24 hours for department heads + shift leaders.  
 The Administrator or designee will monitor in order to maintain compliance going forward. *Q*. 6-10-15.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Kerschner*      Date *5/19/15*

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The above plan of correction is approved as of <u>6-10-15</u> (Date)	Plan of correction implementation status as of <u>6-10-15</u> (Date)
The above plan of correction was approved by <i>Q</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

Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**

The home did not implement a plan of supervision or suspend staff person A after the home became aware of an incident of resident abuse between staff A and resident #1 on 3/20/2015 at 5:30pm. The home allowed staff person A to continue to work the night of 3/20/2015 until their shift ended at 10pm.

**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.

Staff member was suspended 3/21/15 after description of staff member given.

Any allegation of abuse will result in either staff member being suspended or plan developed to supervise that staff member til determination of abuse can be made by the Executive Director or designee. - and reviewed w/ the Regional Office

Retraining will be completed by June 5<sup>th</sup> on the importance of implementing a plan of supervision or suspension of accused staff members for department heads + shift leaders.

The home will develop and implement a policy to ensure that any supervisory plans for staff (alleged perpetrators) are reviewed with and approved by the DHS/BHSL Northeast Regional Office in order to maintain compliance going forward. CP 6-10-15

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Weather Kerschner*      Date *5/19/15*

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Plan of correction implementation status as of 6-10-15 (Date)

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Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 The home did not notify the Department within 24 hours of an incident of resident abuse between staff A and resident #1 on 3/19/2015 at 9:00pm. Resident #1 reported the incident on 3/20/2015 at 5:30pm, but the home did not report the incident to the Department until 3/22/2015.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Report was made on Sunday 3/22/15. Department not in on weekends and would not be reviewed til Monday 3/23/15 by a staff member.  
 All abuse reporting will be made within 24 hours to the DHS despite all of the information being collected by the Executive Director or designee.  
 Retraining will be completed by June 5<sup>th</sup> on the importance of reporting abuse within 24 hours for department heads + shift leaders.

The home will develop and implement a policy that addresses what must occur in order for the home to comply w/ mandatory reporting at night, during the weekend and on holidays in order to maintain ongoing compliance of 6-10-15

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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 *5/19/15*

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Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 3/19 /2015 at 9:00 pm resident #1 was incontinent. Resident #1 rang the resident's call bell for assistance. Staff person A responded to the alarm. Department Representatives interviewed resident #1. The resident stated that staff person A entered the room, began yelling and was very rough with the resident. Resident #1 stated the staff person grabbed the resident's arm and was yelling in the resident's face. Resident #1 stated that the resident felt scared and was afraid staff person A was going to hit the resident. Staff person A failed to treat resident #1 with dignity and respect while providing incontinence care.

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.

Staff member was suspended 3/21/15 pending investigation. Once investigation was complete, staff member was terminated.

All residents should be treated with dignity and respect.

Executive director will review with residents abuse reporting during fireside chat meetings.

Administrator or designee will also ensure additional staff training and education regarding Resident Rights, as well as "Dignity and Respect" in addition to regularly required annual training.  
 CP 6-10-15 Records to be retained by home

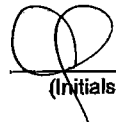
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Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600 :**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff person A.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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All active employee files reviewed for high school diploma, GED by Business office manager and receptionist.

All employee files will be reviewed every 6 months ongoing for accuracy by the Business office manager.

List to be kept by Business office manager until diplomas and GED's turned in by new employees by 30 days.


Excluded director to monitor ongoing compliance

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Violation Report: 20397 - 04/07/2015 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A (hired 6/15/2014) did not receive the training required to be completed on or before the first day of work.

**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.

*6-10-15*  
 All employees will have first ~~hour~~ <sup>day</sup> training the first orientation day when they arrive including the e-learning. Walk thru with maintenance staff. Managers to all departments will make sure to have their employee sign off on training & return to the Business Office manager.

Executive Director will monitor ongoing compliance.

Business office manager will conduct employee file checks every 6 months to review for accuracy.

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**Violation Report:** 20397 - 04/07/2015 - Harvey, Jason  
**PCH Name:** PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A (hired on 6/15/2104) did not complete the required training within 40 scheduled working hours on emergency medical plan and reporting of reportable incidents and conditions.

**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 employees will have first 40 hour training the first day and within the designated 40 hours managers to all departments will make sure to have their employees sign off on training after completed and return it to the Business Office manager to be placed in employee file.  
 Business office manager will conduct employee file checks every 6 months to review for accuracy.

Executive director will monitor for ongoing compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Kleschner*      Date *5/19/15*

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