



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Mr. Richard Barley, VP of Operations  
Providence Place of Pine Grove Associates  
1528 Sand Hill Road  
Hummelstown, Pennsylvania 17036


RE: Providence Place of Pine Grove  
24 Hikes Hollow Road  
Pine Grove, Pennsylvania 17963  
License #: 225500

Dear Mr. Barley:

As a result of the Department of Human Services' annual licensing inspection on August 27, 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,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 22550 - 08/27/2015 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 The following resident bathrooms had water temperature's that exceeded 120 degrees Fahrenheit. Room 115 had a water temperature of 123 degrees Fahrenheit and Room # 116 had a reading of 123 degrees Fahrenheit.

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.

- Maintenance director adjusted water temp mixing valve. Maintenance director will check water temperature throughout different areas of the building weekly documenting temperature, noting if any additional adjustments may be needed. Any temperatures outside of regulation will be reported to Administrator/ED immediately. Temperatures have been remaining below 120° F.

✓ Administrator/ED will conduct periodic testing of water temperatures to ensure ongoing compliance

Anna Zurratt 9/25/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anna Zurratt*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zurratt Executive Director*      Date *9/25/15*

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

The above plan of correction is approved as of <u>10/1/15</u> (Date)	Plan of correction implementation status as of <u>10/1/15</u> (Date)
The above plan of correction was approved by <u>M</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

Violation Report: 22550 - 08/27/2015 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 The home has a pattern of holding the home's fire drills during the last week of the month. The following fire drills were held during the last week of the month: 02-25-15, 03-30-15, 04-29-15 and 05-26-15.

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.

Executive Director will set up a calendar for upcoming year, scheduling fire drills for different weeks and different times, ensuring follow through of these unannounced drills

Administrator / ED will follow through with these unannounced drills to ensure ongoing compliance.

Anna Zoratti 9/25/15

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

Signature of Legal Entity Representative (Required on EVERY Page)      Anna Zoratti

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Anna Zoratti Executive Director      Date 9/25/15

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Plan of correction implementation status as of 10/1/15 (Date)

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

Violation Report: 22550 - 08/27/2015 - OHaire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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

The home's fire safety expert conducted an inspection and fire drill on 01-19-15 and determined that the home has a maximum safe fire evacuation time of 8 minutes and 0 seconds. The home conducted a fire drill on 03-30-15 at 5:50 AM and had an evacuation time of 9 minutes and 47 seconds.

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.

- Problems with fire drill on 3/30/15 were addressed, an additional unannounced fire drill was completed on 3/31/15 at 5:15am with time of 7 minutes 40 seconds. All fire drills following 3/30/15 were completed under the 8 minute maximum evacuation time
- Administrator / ED will continue to review proper evacuation procedures for fire ensuring evacuation is completed in under 8 minutes to ensure ongoing compliance.

Anna Zwart 9/25/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Anna Zwart
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Anna Zwart Executive Director	9/25/15

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Violation Report: 22550 - 08/27/2015 - O'Haire, Anne PCH Name: PROVIDENCE PLACE OF PINE GROVE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1 is prescribed Advair 250/50 inhaler. The manufacturer directions indicate the Advair is to be used within 30 days of the package being opened. The home did not have documentation when the Advair Diskus was opened and unable to determine how long the Advair Diskus has been in use.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>- Nurses and MedTechs were educated on importance of labeling all medication bottles/boxes with date opened and initials. All new employees Nurses/MedTechs will continue to be educated on importance of labeling medication with date and initials upon opening. All medication requiring to be labeled with initials and date is currently labeled</p> <p>- Administrator/ED will conduct periodic reviews of each medicine cart monthly to ensure ongoing compliance.</p>	
Anna Zurratt 9/25/15	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anna Zurratt Executive Director</i>	Date <i>9/25/15</i>
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Violation Report: 22550 - 08/27/2015 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 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

On the following dates and times the home did not properly maintain the Medication Administration Record (MAR) for resident #2:

At 4:13pm on 8/24/15 the reading was 175 but was recorded as 176  
 At 11:38am on 8/25/15 the reading was 182 but was recorded as 184  
 At 4:08pm on 8/26/15 the reading was 113 but was recorded as 124

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 educated on proper documentation along with accurate documentation. Glucometer audits are conducted bi-weekly and are demonstrating accurate records. Audits are completed by daysnift nurse and then reviewed by Administrator/ED.
- Administrator will conduct reviews monthly of glucometers and MAR to ensure ongoing compliance.

Anna Zurratt 9/25/15

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Violation Report: 22550 - 08/27/2015 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The home failed to contact resident # 3's physician regarding the resident's refusal to take Furosemide 40mg on 8/2/15 and 8/16/15.

**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.

- Nurse / Med Tech educated on importance of notifying Physician / PCP of resident's medication refusal within 24<sup>hrs</sup> of refusal via fax or phone call. Nurse / Med Tech's have been notifying Dr. of all med refusals ensuring there is proper documentation of notification.

Administrator / ED will conduct periodic reviews monthly of MAR, reviewing documentation of refusals to ensure ongoing compliance

*Anna Zuratt 9/25/15*

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Violation Report: 22550 - 08/27/2015 - O'Haire, Anne  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On 8/24/2015 resident # 4's MAR indicated a blood glucose reading of 178 but there was no blood glucose reading in the resident's blood glucose meter. The homes failed to follow the prescriber's orders.

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 educated on importance of proper and accurate documentation following checking a finger stick blood sugar including checking glucometer for resident name reviewing current reading along with immediate documentation in MAR. Glucometer audits are completed by daysnift nurse bi-weekly and reviewed by Administrator/ED and are currently demonstrating accurate records.
- Administrator/ED will conduct a periodic review of glucometers and MAR monthly to ensure ongoing compliance

*Anna Zurratt 9/25/15*

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