



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 14 2016

Ms. Cindy Petchulis, Vice President of Nursing  
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 Ms. Petchulis:

As a result of the Department of Human Services' annual licensing inspection on October 8, 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 black ink that reads "Matthew Jones".

Matthew J. Jones  
Director

1/14

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: Anna Zuratt		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>		
I-2 12/11/2013 City of Pottsville	C-2 LP 07/19/1999 PA Dept of L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 144	Waking Staff: 108
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/08/2015: Foulkes, Kimberli; Rushin, Julienne; Yellenic, Cindy		
<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: 107 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 33 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 149 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 37 Have a Physical Disability: 1	

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
The home's current Licensing Inspection Summary was posted in a locked enclosed bulletin board and not accessible to the public.

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 replaced enclosed bulletin board with open one, providing access to all displayed documentation on board

- Administrator/ED will ensure public access to all displayed paperwork including Licensing Inspection Summary

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Anna Zurratt</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 11/7/15	
Anna Zurratt Executive Director			

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

The above plan of correction is approved as of 12/2/15  
(Date)

Plan of correction implementation status as of 12/2/15  
(Date)

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

The above plan of correction was approved by *M*  
(Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 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**

The nurse's office was found unlocked. The resident records inside a cabinet in the office were unlocked and accessible to unauthorized persons.

**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.*

- Nursing staff educated on importance of all doors being locked where resident records are kept.

- Administrator/ED will conduct periodic checks of offices, where resident records are kept to ensure they are locked to ensure ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Turatt Executive Director*      Date *11/7/15*

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The above plan of correction was approved by *MT* (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.62(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The home's policy is to keep poisonous substances locked at all times. On 10/8/15, the storage closet next to the small kitchen on the second floor south was unlocked and there were containers of Ultra Rinse Aid, Ultra Kleene Detergent, Stainless Steel Cleaner, Grease Dissolvent, and Carpet Cleaner unlocked and accessible to residents. The laundry closet in the Secured Dementia Care Unit was unlocked with a box of dryer sheets lying on the dryer.

**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 making sure poisonous substances are locked up. Dryer sheets removed from area & placed in locked storage area.

- ED/Administrator will conduct daily checks to ensure all chemicals & potential poisonous materials are locked up. to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Anna Muratt*

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

Anna Muratt Executive Director

Date 11/7/15

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*M*  
 (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION  
 The steam table in the dining room of the Secured Dementia Care Unit was being warmed up for the food at lunchtime. The temperature on the front of the steam table at 11:10am was already at 134 degrees Fahrenheit. The steam table is open and accessible to the residents in the unit and there were no staff in the vicinity at this time. One resident was observed in the dining room.

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 that  
 If steam table is plugged in and turned on a staff member will be in the dining room at all times to ensure safety of our residents
- ED/Administrator will conduct periodic checks of dining room to ensure ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zwratt Executive Director*      Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The bathroom near the activity room on the south wing has a vent that produces noise like it is working however, there is no air movement.

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 cleaned vent area, in addition removed motor from area to check for proper function if determined motor working incorrectly, maintenance will order new motor and replace to ensure proper function by 11/18/15.

- Administrator / ED will test vents periodically for air flow to ensure proper function maintaining ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative      Date *11/7/15*  
 (Required on EVERY Page) *Anna Zuratt Executive Director*

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 (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimbaril  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in the 3rd floor laundry south did not contain the following items: tape, scissors, and tweezers.

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 required items placed in First Aide Kits  
 Staff educated on importance of having a complete First Aide Kit  
 - ED Administrator will do monthly audits of 1st Aide Kits ensuring all required items are in them to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Uratt Executive Director* Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following items were located in the refrigerator, in the small kitchen on the 2nd floor south wing, and they were not labeled or dated: container of chopped onions, various desserts on plates (individually wrapped), container of sliced cheese, and a container of croutons.  
 The dining room in the Secured Dementia Care Unit had a bakers rack with 18 muffins on a tray. The muffins were not labeled or dated.

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 having any & all items labeled with date opened/received.

- Administrator/ED will conduct periodic reviews to ensure dates are on all items to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Anna Zuratt*

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

Anna Zuratt Executive Director

Date 11/7/15

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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*Am*  
 (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 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 10/8/15 at 10:00am, there was an accumulation of lint in the lint trap of the dryer on 2nd floor south in the laundry.  
 On 10/8/15 at 10:15am, there was an accumulation of lint in the lint trap of the dryer on 2nd floor north in the laundry.

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.

- Reminders to remove lint after every load noted in all washer/dryer areas.  
 Staff educated on importance of removal after every load of wash  
 Staff held accountable for removal, if non-compliant disciplinary action can result from omission.  
 - Administrator will conduct periodic checks of laundry rooms to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Anna Swatt</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 11/7/15	
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<i>M</i> (Initials)			

Violation Report: 20397 - 10/08/2016 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The dryer duct on the outside of the building on the 2nd floor south had an accumulation of lint in it the size of a golf ball.  
 The dryers in the 2nd floor laundry north had a roll of toilet paper, dryer sheets, and lint behind them.  
 The first floor laundry room across from the Club Room had an accumulation of lint behind the dryers.  
 The commercial laundry in the basement, the second dryer had a full coating of lint on the lint trap.

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.

- Reminders to remove lint after every load placed in all washer dryer areas.  
 Housekeeping conducting routine checks to ensure all dryer areas are cleared of any hazardous items.  
 Dryer ducts will be checked routinely by maintenance staff in addition to having professional cleaning annually.  
 Staff held accountable for removal, if non-compliant, disciplinary action can result from omission.  
 - ED/Administrator will conduct periodic checks of laundry areas to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zuratt Executive Director*      Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 1st floor south exit to the back patio was blocked by two trash cans and a chair.

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.

- Trash cans and chair removed from area  
 Staff educated on importance of clear evacuation routes in the event of an emergency.

- Administrator/ED will conduct periodic walk through of building's evacuation routes to ensure areas are clear of any obstruction to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative *Anna Zuratt Executive Director*      Date *11/7/15*  
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 (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 Residents are evacuated during a fire drill, however it is not documented that all residents are evacuated. The fire drills dated 11/20/14, 12/21/14, 1/20/15, 2/25/15, and 3/27/15 document the number of residents in the home at the time the alarm sounds and then for the # of residents evacuated only lists the number of residents evacuated from the fire effected area. The fire drills dated 4/22/15, 5/29/15, 6/10/15, 7/26/15, 8/31/15 and 9/22/15 document the number of residents in the home at the time the alarm sounds and then for the # of residents evacuated only lists the number of residents evacuated from the fire effected area, and then lists underneath the number of residents ready for evacuation.

**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.

- Fire drill evacuation will list number of all residents that were evacuated to fire safe area, this number will include all residents in the building at the time of the fire drill.

- ED/Administrator will review all fire drill documentation to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Anna Zwart</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anna Zwart Executive Director</i>		Date <i>11/7/15</i>

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 65 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's medical evaluation dated 4/13/15 is not marked to indicate that the resident requires secured dementia 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.

- Prior to placement of dme in resident's chart, staff will review to ensure completion, if any openings, staff will return to Medical Professional for completion.

- ED/Administrator will conduct periodic reviews of DME's to ensure completion then ensuring ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Uratt Executive Director*      Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
 The exit by Connections stairwell has a smoker's tower and had 12+ cigarette butts on the ground around and next to the entrance into the building. This area is not considered to be a smoking area according to the home's smoking policy.

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.

- Smoking tower removed from area. Staff reminded & given copy of Tobacco use policy

- Administrator / ED will conduct periodic walk through of outside of building monitoring for any violations in policy to ensure ongoing compliance (Policy Attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Anna Tyrath ED*

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

Anna Tyrath Executive Director

Date 11/7/15

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*[Signature]*  
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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 65 Pa.Code §2600  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 Approximately 6 cigarette butts were noted in the mulch directly outside of the first floor exit near the home's piano area.  
 The exit by Connections stairwell has a smoker's tower and had 12+ cigarette butts on the ground around and next to the entrance into the building.

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.

- Tower removed from area. Staff reminded & given a copy of Tobacco use policy.  
 - Resident smoking permitted with limitations policy revised and distributed to residents with effective date 12/11/15.

- Administrator/ED will conduct periodic walk through of outside of building monitoring for any violations in policy to ensure ongoing compliance.  
 (Policy Attached)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Murat Executive Director*      Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2800  
 2800.183(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 nurse's office was unlocked and Resident #2's blister pack of levothyroxine with 13 tablets in it, was unlocked and accessible to unauthorized persons.

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.

- Nursing Staff inserviced on importance of all doors being locked where resident records and medications are stored
- Administrator/ED will conduct periodic checks of offices where records and medications are stored to ensure they are locked ensuring ongoing compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/21/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anna Zurath Executive Director      Date 11/7/15

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

The above plan of correction is approved as of 12/2/15 (Date)

Plan of correction implementation status as of 12/2/15 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 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

The home's "N1" medication cart contained atenolol 100mg and diltiazem 300mg. The medications were prescribed for resident # 3; however they were not listed on the medication administration record.

The first aid kit in the 3rd floor laundry south contained a tube of antiseptic cream that expired on 6/2011.  
 The home's first aid kit in the white Mercury automobile contained a tube of Equate Triple Antibiotic Cream, expired 4/2015 and a packets of Hygeia antiseptic, expired 11/2014.

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 will check all orders according to Dr. written orders ensuring all medication ordered is listed on MAR

- First aid kits were checked for all required items including removing any expired items & replacing with updated items.

- ED/Administrator will conduct periodic checks of 1st Aide Kits to ensure all items are in kit in addition to ensuring no items are expired to ensure ongoing compliance!

- DOW will conduct weekly audits of charts, carts, and MARs to ensure all medication are listed on MAR.

Repeat Violation: No      Date(s) of Previous Violation(s): listed on MAR.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anna Zwartl Executive Director      Date 11/7/15

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The above plan of correction was approved by [Signature] (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimbarll  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 9/28/15 at 2:00pm, Resident # 4 received Tramadol 50mg, the medication count sheet was not signed by the staff person administering the prescription, as per the home's medication policy.  
 On 9/13/15 at 2:00pm and 9/30/15 at 1:00pm, Resident # 5 received Hydrocod-APAP 5-325mg. The medications count sheet was not signed by the staff person administering the prescription, as per the home's medication policy.  
 On 10/1/15, the controlled drugs count record was not signed by Staff Person A.

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 re-educated on home's narcotic count policy, reviewing proper documentation  
 - Administrator/ED will conduct periodic checks of narcotic records ensuring proper documentation to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zuratt Executive Director*      Date *11/7/15*

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**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**

The medication administration record (MAR) for resident # 3 does not indicate the administration times for dorzolam 10ml eye drops.

Resident # 4 did not have any diagnosis in the e-mar system for the following medications: Atropine and Prednisone.

Resident # 6 did not have any diagnosis in the e-mar system for the following medication: Lidocaine 5%.

On 10/4/15 at 8:58pm resident # 7's blood sugar level was 183; 196 is documented on the MAR.

On 10/6/15 at 3:59pm resident #7's blood sugar level was 158; 172 is documented on the MAR.

On 10/7/15 at 11:17am resident # 8's blood sugar level was 231; 235 is documented on the MAR.

On 10/1/15 at the 8pm reading resident # 9's blood sugar level was 352; 325 is documented on the MAR.

On 10/6/15 at the 4:30pm reading resident # 9's blood sugar level was 204; 212 is documented on the MAR.

On 10/7/15 at the 7:30am reading resident # 9's blood sugar level was 234; 235 is documented on the MAR.

On 10/1/15 at the 4:30pm reading resident # 10's blood sugar level was 135; 128 is documented on the MAR.

On 10/5/15 at the 4:40pm reading resident # 10's blood sugar level was 140; 149 is documented on the MAR.

**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.*

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2800

2800.187(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.

- Staff educated that prior to administering any order, dr. will need to have clarified administration times of medication, in addition to diagnosis for medication

- Staff educated on proper documentation of blood sugars, noting this cannot only result in a transcription error, but an error in regards to ordered insulin dose compromising the health and safety of our residents.

- Administrator / ED will conduct periodic reviews of MAR's along with glucometer to ensure accuracy of medication administration and documentation ensuring ongoing compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/21/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Jurath Executive Director*      Date 11/7/15

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Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

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

2a. DESCRIPTION OF VIOLATION

Resident #9 has a physician's order for blood sugar checks before meals and at bedtime. This resident also has a physician's order for sliding scale insulin. On 10/11/15 the resident's blood glucose reading in the resident's glucometer for the 8pm reading was 362. It was recorded on the Medication Administration Record (MAR) as 325. If the resident's blood glucose is from 301-350 the resident should receive 7 units of insulin. If it is 351-400 the resident should receive 9 units of insulin. On this date staff only administered 7 units of insulin.

On 10/6/15 the resident's blood glucose reading in the resident's glucometer for the 4:30pm reading was 204. It was recorded on the Medication Administration Record (MAR) as 212. If the resident's blood glucose is from 200-300 the resident should receive 5 units of insulin. On this date staff only administered 2 units of insulin.

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 of blood sugar, noting this cannot only result in a transcription error, but a med error in regards to the ordered insulin dose compromising the health and safety of our residents

- Administrator/ED will conduct periodic reviews of MAR's along with glucometer to ensure accuracy of documentation along with accurate insulin dose administered  
 (see reportable incident's attached)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zurath Executive Director*      Date *11/7/15*

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 (Date)

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 (Initials)

Violation Report: 20397 - 10/08/2015 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #11 admitted [redacted] 15, has a private duty aide assist with toileting and transfers every Tuesday and Thursday from 1:00pm to 4:30pm. The resident's RASP, dated 4/13/15 does not indicate the resident's need for a private aide.

**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 that if any changes in resident care (dx, needs, medications) that it will need to be documented on RASP
- Administrator/ED will conduct periodic review of RASP's to ensure accuracy of documentation of care to ensure ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zuratt Executive Director*      Date *11/7/15*

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