



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: January 25, 2016

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' licensing inspection on October 29, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22550 - 10/29/2015 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 self administers medications and stores medications in the residents room. On 10/29/15 Department Representatives along with staff of the facility observed resident #1's room. The door was propped open and unlocked. The resident was not present in the room. Observed on the bathroom counter was a tube of Nystatin Cream USP. It was also noted that the resident stores Oxycodone in an unlocked night stand drawer as well as an unlocked kitchen drawer. It was determined through interviews that the resident prefers to always keep the resident's door open.

Resident #2 self administers medications and stores the medication in the resident's room. On 10/29/15 Department Representatives along with staff of the facility observed resident #2's room. The door was closed however unlocked. The resident was not present in the room. Observed on the bathroom counter was Tinactin foot powder spray.

Medications that are stored by a resident that self administers medications must be kept in an area that is locked and secured at all times.

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 #1

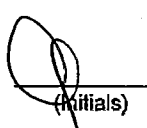
Following resident's report of missing medications on 9/21/15, resident was educated on keeping all medications in labeled containers and in a locked box or drawer. Executive Director, [redacted] and staff Linda Shemansky and resident put all medications in labeled containers and in a locked box. Resident was given a key and keychain bracelet to keep on person at all times. Facility supplied a nightstand with locking drawer in the location resident requested. On 10/21/15 upon inspection of resident's room nightstand drawer was locked and no medication was found in kitchen drawer. After Nystatin Cream USP was found on counter in bathroom on 10/21/15, resident was re-educated by Linda Shemansky, Executive Director on the importance of keeping all medications, including creams, in a locked drawer. At this time resident had key to locked drawer on person. All PCAs were educated on policy as well as nurses being re-educated on policy. ED will complete weekly checks of locked drawer and lock box to ensure safety and proper use of lock box.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Shemansky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Shemansky* Date *12/7/15*

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

The above plan of correction is approved as of <u>01-22-16</u> (Date)	Plan of correction implementation status as of <u>1-22-16</u> (Date)
The above plan of correction was approved by  (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

Resident #2

p2A93

Resident was re-educated on medication regulation including prescribed powders. Staff was re-educated on regulation. ED will complete weekly checks of resident's door being locked to ensure safety.

Linda Shemansky

Linda Shemansky 1/27/15

Anne Mazzone, RLA

1-22-16

Violation Report: 22550 - 10/29/2015 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 9/21/15 at 10:00am resident #1 reported that approximately 25 Oxycodone pills were missing from the resident's lock box within the resident's bedroom. The facility's medication storage policy regarding "Missing Medications" indicates "Within 24 hours of discovery the Administrator or designee will notify the police department if there is suspicion of theft or other criminal activity involved in the missing medication investigation." The facility did not notify the Police until 9/25/15.

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.

The Executive Director reviewed again the policy and procedural manual and will review on an ongoing basis as issues arise. Executive Director will follow the policy and contact the police within 24 hrs. should there be a suspicion of theft or other criminal activity involving medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Shemansky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Shemansky* Date *12/7/15*

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The above plan of correction is approved as of 1-22-16
 (Date)

Plan of correction implementation status as of 1-22-16
 (Date)

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

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