



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 24, 2016

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 May 18, 2016 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 "Anne Graziano".

Anne Graziano
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: Schuylkill
Administrator: Anna Zuratt		Region: NORTHEAST
Legal Entity Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy		
I-2 12/11/2013 City of Pottsville	C-2 LP 07/19/1999 Department of L&I	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 180	Waking Staff: 135
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/18/2016: Hummel, Jesse; Novak, Ryan		
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: 141 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: 5 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 140 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0	

Violation Report: 20397 - 05/18/2016 - Hummel, Jesse
PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The facility has 141 residents, 34 residents reside on the facility's secured dementia care unit and require assistance to evacuate the building in the event of an emergency due to Dementia or their cognitive functioning. Residents #1, #2, #3, #4, and #5 require one person to physically assist the resident out of a bed or chair. Resident #6 requires two people to physically assist the resident out of a bed or chair. Resident #7 requires two people to physically assist the resident out of bed or a chair and also one person to assist the resident to ambulate within the residents wheelchair. The facility consists of 4 separate floors, with residents resident on all floors. Each floor consists of separate fire safe areas. On 4/3/16 from 2:00am to 6:00am the facility had only 5 staff working at the facility. It was determined that the facility schedules only 6 staff to work at the facility from 10:00pm to 6:00am. This is not a sufficient amount of staff to safely evacuate, account for and also supervise the residents in each of the fire safe areas.

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.

- An additional position added on nightshift to ensure staff can assist in safely evacuating residents, in addition to being able to supervise and account for all residents.

- Administrator/ED will ensure proper amount of staff are in building at all times to ensure safe evacuation and account for all of our residents to ensure ongoing compliance.

Adm will review resident mobility needs @ least 1 x month, preferable after the conclusion of the home's fire drill. 8/20/16

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)

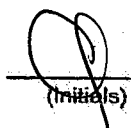
Anna Zuratt Executive Director

Date 6/28/16

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

The above plan of correction is approved as of 8/20/16
(Date)

Plan of correction implementation status as of 8/20/16
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20397 - 05/18/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The facility currently has 141 residents residing at the facility. The facility is required to have a minimum of three staff working at the facility at all times with current training in First Aid and CPR. On 4/3/16 from 2:00am to 6:00am, the facility had only two staff working that had current training in First Aid.

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.

- First Aide Certifications reviewed for all staff, schedules adjusted to ensure adequately trained first aide staff are in facility at all times, noting at least one for every 50 residents, in addition training set up for staff in need of adequate training.

- Administrator/ED will review schedules to ensure adequately trained staff in first aide are in facility at all times, noting one for every 50 residents to ensure the safety of our residents and ongoing compliance of our facility.

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

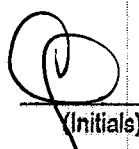
Signature of Legal Entity Representative (Required on EVERY Page) *Anna J. Mart*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zurath Executive Director* Date *6/28/16*

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Violation Report: 20397 - 05/18/2016 - Hummel, Jesse
 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

The facility's fire drill record indicates a fire drill was conducted on 1/26/16 at 9:25, however the log does not indicate whether the drill occurred in the AM or PM.

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 correction made noting date and time on record with initials

- Administrator / ED will ensure all records of fire drills note date and time correctly to ensure ongoing compliance by reviewing them on a monthly basis. Q 8/20/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anna Wrath

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

Anna Wrath Executive Director

Date 6/28/16

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Violation Report: 20397 - 05/18/2016 - Hummel, Jesse
PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The facility last held a fire drill during sleeping hours on 6/10/15. A fire drill is required to be conducted at least once every six months.

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 during sleeping hours completed on 5/17/16 at 8:07pm, in addition another sleeping hours drill completed on 6/17/16 at 4:45am.

- Administrator/ED will ensure night/sleeping hours fire drills are completed at least one every six months to ensure ongoing compliance and safety of our staff and residents.

Adm will review the home's fire drill logs on a monthly basis to ensure ongoing compliance.
Q. 8/20/16

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 6/28/16

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Violation Report: 20397 - 05/18/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 4/3/16 at 8:05pm the facility's fire alarms were activated. Residents of the facility began evacuation of the facility. Staff person A was alerted there was smoke on the third floor. Staff person responded to the alarm and observed smoke in room 331. The staff person observed a pretzel in the microwave that was cooked for too long. Staff person A then stopped the resident's from evacuating the facility. Residents are required to evacuate the facility when the fire alarms are activated. Staff person A made a determination that it was a false alarm and stopped the evacuation before a fire safety expert could make a determination that the facility was safe.

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 to continue all evacuations when a fire alarm sounds until a fire safety expert could make a determination that the facility is safe and residents can return to rooms.

- Administrator/ED will ensure all new staff working at facility are trained on proper protocol of evacuation during a fire alarm to ensure the safety of our residents along with ongoing compliance.

Adm will review home's mandatory fire drill log to ensure ongoing compliance. CP. 8/20/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anna Turath

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

Anna Turath Executive Director

Date 6/28/16

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