



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: August 12, 2016

Mr. Richard Barley, Vice President 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 June 23, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600.
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1, date of admission [redacted] 16, was not signed by the resident.

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 necessary paperwork, including contract, required at time of admission will be completed by Senior Living Advisor or DOW and reviewed by Executive Director. All responsible staff were educated on new procedure.

• The administrator shall monitor and assure ongoing compliance.

M
 8/9/16

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

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, Executive Director* Date *8/4/16*

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

The above plan of correction is approved as of *8/9/16*
 (Date)

Plan of correction implementation status as of *8/9/16*
 (Date)

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

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

Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 On 5/21/16, there were 68 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 83 of hours of direct care. On this date, only 81 hours of direct care staffing was provided. These staffing hours do not reflect the fact that direct care also perform ancillary tasks that would need to be subtracted from the total hours of direct 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.

Staffing hours were increased during day and nighttime hours to accommodate an increase in census. Currently there are 69 PC residents including 13 immobile residents in house. Current staffing schedule includes 115.5 hours per day which meets and exceeds hours per resident.

• The administrator is responsible for monitoring and ongoing compliance.

m
 8/9/16

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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, Executive Director* Date *8/4/16*

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The above plan of correction was approved by <u><i>m</i></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 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 5/21/16, the home had 68 residents, 15 of which had mobility needs. The home was required to have 62.25 hours of direct care during waking hours. On this date the home had only 53 hours of direct care during waking hours. These hours do not reflect the fact that direct care also perform ancillary tasks that would also need to be subtracted from the direct care waking hours.

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.

Staffing hours have been increased during waking and sleeping hours to accommodate for the hours per resident needed. New procedure in place for ED to monitor staffing hours weekly.

The administrator shall be responsible for ongoing compliance.

m
8/9/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Executive Director

Date 8/4/16

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberrl
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 home is not sufficiently staffed to meet the needs of the residents and to meet their needs in the event of an evacuation. Staff interviews indicated that staff are doing all the ancillary work, with the exception of cooking, along with providing direct care and medication administration to the residents.

On 6/23/15 the home had 75 residents of which 16 have mobility needs. On the 2nd floor, the fire safe area at the end of the hall holds 2 wheel chairs. Rooms 215 to 238 have three residents in wheel chairs with mobility needs but only two of the residents can be placed in the fire safe tower. The first floor has 12 residents who need assistance to get into their wheel chairs and of the 12, 8 cannot self-propel to the fire safe area. In the event of an evacuation, it would be improbable that all of the residents requiring assistance could safely be evacuated by two persons on the third shift.

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.

Staffing has been increased from 3 staff to 4 staff over night. There are three immobile residents on 2nd floor west wing. One resident is being moved to 2nd floor east to accommodate wheelchairs in the event of an evacuation. Another immobile resident on eastwing was moved to the first floor. End result is two immobile residents on 2nd floor west wing and one immobile resident on east wing.

- The administrator shall monitor and assure that the home's staffing is adequate to provide and meet the needs of the residents as specified in the residents assessment and support plan. The administrator shall be responsible for ongoing compliance. M 8/9/16

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

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, Executive Director* Date *8/4/16*

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on [redacted] 16. A medical evaluation has not been completed for the resident.

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 paperwork due upon admission, including the DME will be completed by the designated person and reviewed by the Executive Director. New procedure requires DME to be signed by physician upon admission.

- The administrator shall monitor and assume ongoing compliance.

8/19/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda Shemansky</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Shemansky, Executive Director</i>		Date <i>8/4/16</i>

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The above plan of correction is approved as of 8/19/16
(Date)

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

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(Date)

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 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

The May 2016 MAR for resident # 1 did not include a diagnosis or purpose for the following medications prescribed to the resident: Digoxin and Sotalol.

The May 2016 MAR for resident # 2 did not include a diagnosis or purpose for the following medications prescribed to the resident: Tresiba Flextouch 100 units/ml, and Cyproheptadine 2mg/ml.

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 nursing staff receiving scripts or doctor's orders for new medication will check script to verify that there is a diagnosis on the script before fax it to the pharmacy. As nursing staff is administering meds, they will verify that diagnosis is on MAR. Night shift nurse will audit MAR's weekly to verify that diagnosis is on each MAR. Dow will complete random audits also on MARs.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/27/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Shemansky* *M*
8/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Shemansky, Executive Director* Date *8/4/16*

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(Initials)

Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
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
Resident # 1 did not receive the medication Furosemide on 5/11/16 at 11:00am, because the medication was not available in the home.

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.

DOW will train nurses to account for medications and cross reference orders with MARs to guarantee medications were received. If medications are unavailable from pharmacy, Providence Place will use a local pharmacy for backup.

The administrator shall monitor and assure ongoing compliance.

LM
8/9/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/27/2015

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, Executive Director Date 8/4/16

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The doctor was not notified that Resident # 1 did not receive the medication Furosemide on 5/11/16 at 11:00am.

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 nursing staff administering medications will be re-educated on procedure a reporting medication errors (missed med) to the resident, designated person and prescriber. A nursing note will be completed documenting that each person was notified and placed in resident chart. PCP will be notified by phone or fax immediately upon refusal or miss medication discovery.

The administrator shall monitor and assure ongoing compliance.

M
8/9/16

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 (Required on EVERY Page) *Linda Shemansky*

Printed Name and Title of Legal Entity Representative
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Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home admitted Resident # 1 on [redacted] 16. The home's description of services states they cannot accept anyone with a wound that is at stage III or IV. Resident # 1 had an amputated toe on the right foot that was at a stage III wound.

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.

ED will review description of services with DOW and marketing director to ensure we are able to meet the needs of the prospective residents. to keep this from reoccurring.

The administrator shall monitor and assure ongoing compliance

M 8/9/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Sheemansky, Executive Director* Date *8/4/16*

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- Not Implemented

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission for resident #1 dated [redacted] 16 did not list the resident's medical diagnoses and the determination box was not checked that the home could meet the resident's needs.

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 pre-admission form will be completed prior to admission and reviewed by the FD. All involved staff members have been educated on this procedure.

The administrator shall monitor and assure ongoing compliance. *ms*
 8/9/16

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, Executive Director* Date *8/4/16*

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The Assessment portion of the RASP was not completed within the required 15 days after admission for Resident # 1, date of admission [redacted] 16.

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 excell spreadsheet has been developed to track each residents' admission date, assessment date and support plan date. The DOW is responsible for tracking and updating of RASPs and spreadsheet will be monitored monthly.

A new Director of Wellness, [redacted] RN has joined our Pine Grove team. [redacted] has been educated on the process of completing the RASP and tracking the spreadsheet. [redacted] will also attend a training course on completing RASPs.

The administrator shall monitor and assume ongoing compliance. M 8/9/16

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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, Executive Director* Date *8/4/16*

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Violation Report: 22550 - 06/23/2016 - Foulkes, Kimberli
PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #2 was admitted to the home on [redacted] '16. The home has not developed a support plan for the resident.

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 excell spreadsheet has been developed to track all residents' admission date, assessment date and support plan date. The new DOW has been educated on this process and will monitor the spreadsheet monthly.

The administrator shall monitor and assure ongoing compliance.

mm
8/9/16

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

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, Executive Director* Date *8/4/16*

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