



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

Ms. Linda Shemansky, Executive Director
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 Ms. Shemansky:

As a result of the Department of Human Services' annual licensing inspection on September 7, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 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 facility's census on 8/22/16 and 8/23/16 was 69; 15 of the residents have a mobility need and require assistance to evacuate in the event of an emergency. 5 residents require physical assistance from two staff to transfer in/out of bed and also physical assistance to ambulate in each resident's wheelchair. 10 residents require physical assistance from one staff to transfer in/out of bed and 6 of these residents would also require physical assistance to ambulate in each resident's wheelchair. The facility consists of two floors, with residents residing on both floors. The facility has three designated meeting places, two of which are fire towers located at each end of the building; the third area is outside of the facility. Department Representatives determined that on 8/22/16 and also 8/23/16 from 10:00pm to 4:00am the following day, the facility had only 3 staff working at the facility. This is not a sufficient amount of staff to safely transfer, evacuate, account for and also supervise the residents in the event an emergency evacuation was required.

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.

Currently there is one immobile resident located on the second floor. Going forward our procedure will be to not put more than two immobiles on the second floor in each wing. We have revised our staffing schedule to include four staff on from the hours of 10pm to 6am and we continue to hire and look for appropriate new co-workers. Adm will review fire drill Providence Place has purchased fire doors which are scheduled to be installed in November 2016. At that time, [redacted] fire expert will again witness a fire drill and revise our current fire letter. - Pls submit revised letter once received. Cp.

Adm will review fire drill
 drill review to determine ongoing
 needs.

Cp.
 10-18-16

Repeat Violation: Yes Date(s) of Previous Violation(s) 06/23/2016

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, ED Date 10/14/16

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

The above plan of correction is approved as of <u>10-18-16</u> (Date)	Plan of correction implementation status as of <u>10-18-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff members A and B did not receive the initial direct care training in the required 16 topics of this regulation.

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.

A checklist was developed to track all necessary trainings during the orientation process. DOW will monitor and sign off on trainings to ensure they are completed per regulations.

Adm will oversee to ensure ongoing compliance. *CP*

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, ED

Date *10/14/16*

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10-18-16
 (Date)

Plan of correction implementation status as of *10-18-16*
 (Date)

- Fully Implemented
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- Not Implemented

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CP
 (Initials)

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The home's kitchen had a small gray waste container with no lid.

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.

A trash can lid was purchased for this particular waste container. Dining Director or designated person will monitor on daily basis to ensure all lids are on waste containers in kitchen and dining areas.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Linda Shemansky

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

Linda Shemansky, ES


Date *10/14/16*

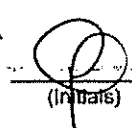
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Violation Report: 22550 - 09/07/2016 - Harvey, Jason PCH Name: PROVIDENCE PLACE OF PINE GROVE	
1. REGULATION 55 Pa. Code §2600 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.	
2a. DESCRIPTION OF VIOLATION Department Representatives observed the shared room # 103. A white cotton hand towel was located next to the sink in the bathroom. The towel was not labeled, and there was no other system in place to determine which resident the towel belonged too. It was also observed that one resident in the bedroom is visually impaired.	
3. PLAN OF CORRECTION (POC) (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> The bathrooms of all shared apartments are labeled for each resident for towels and areas of sink/cabinet for personal items. Designated person will monitor all shared apartment bathrooms on monthly basis. For labeled areas, DOW will track monthly. All staff will label areas as needed (should label fall off or changes in apartments).	
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, ED</i>	Date <i>10/14/16</i>
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Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

The facility's Emergency Procedures indicate that in the event of a utility outage, the facility will utilize the backup generator system for electricity. It was determined that the facility does not have a Generator.

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.

In the event of an extended power outage, the Manager on duty will contact the Executive Director. The ED will notify the UP of operations. A temporary generator may be rented in this situation. An addendum to the Procedure for Utility Interruptions was developed. Providence Place purchased a generator and the installation project will begin October 17, 2016. An addendum to the policy will be made when the installation of the generator is complete. The home will submit a copy of the updated policy once the generator has been set up for the home. *CP. 10-18-16*

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, ED

Date *10/14/16*

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[Signature]
 (Initials)

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility's notification to the Fire Department dated 8/24/16 specifically indicates individual resident names with a mobility need. It was determined that the letter has not been updated with the current residents with mobility needs and also does not include a general description of the resident's mobility 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 fire letter was revised to include a description of residents we are willing to serve and the capacity of residents we are able to serve. The letter will be revised in the event our capacity changes or our description of residents we are willing to serve changes.


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) <i>Linda Shemansky, ES</i>	Date <i>10/14/16</i>
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Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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

Department Representatives determined that the facility last held a fire drill during sleeping hours on 12/16/15 at 10:00pm.

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.

A nighttime fire drill was held 9/26/16 at 5:20am. A full time maintenance associate was recently hired. He will be responsible for tracking all fire drills. The FD will monitor tracking of monthly and nighttime fire drills to ensure they are completed properly. The home will conduct a post drill review after each fire drill to identify any problems and address any barriers to continued regulatory compliance. *Q* 10-18-16

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, ES

Date 10/14/16

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Q
 (Initials)

Violation Report: 22550 - 09/07/2016 - Harvey, Jason PCH Name: PROVIDENCE PLACE OF PINE GROVE	
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 8/6/16 at 7:00pm, and 8/9/16 at 7:30pm, resident #1 pulled the facility's fire alarm, activating the alarm system. The residents began to evacuate, however staff of the facility stopped the residents from evacuating and did not complete the evacuation. Residents are required to be evacuated to the designated meeting place when the fire alarm is activated.	
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.	
<p>The ED and DOW re-educated all staff persons that all residents and staff must evacuate during a drill. Maintenance associate will emphasize evacuation procedure during orientation process. ED or designated person will monitor all drills to ensure procedure is followed.</p> <p>The home will conduct a post drill review after each fire drill to identify any problems and address any barriers to continued regulatory compliance. QP 10-18-16</p>	
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, ED</i>	Date <i>10/14/16</i>
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Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation dated 9/9/15 did not contain dietary requirements and medications regimen.

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 review each DME to verify all necessary areas of form are complete. A new DOW was recently hired and trained on proper completion of the DME. Resident #2 will have their med eval completed in it's entirety. Of. 10-18-16

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) <i>Linda Shemansky, ED</i>	Date <i>10/14/16</i>
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 (Date)

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 (Initials)

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 facility's smoking policy does not include the location that resident's and or staff are permitted to smoke.

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 addendum to the current smoking policy has been developed. This addendum will be discussed with residents and their families upon admission. The policy will be reviewed with staff members during orientation. The ED and manager on duty will monitor that the policy is being followed.

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, ED* Date *10/14/16*

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 (Initials)

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- Not Implemented

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600
 2600.183(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

Department Representatives observed resident room 118 accompanied by the facility staff. The door to resident room 118 was observed open and unlocked. The room was unoccupied by the resident at the time of inspection. Located on window sill was a tube of muscle rub, and Bacitracin Ointment. Located on the bathroom shelf were two tubes of Fluocinide 0.05% cream. These medications were left unlocked and accessible to all residents of the facility.

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 re-educate all nursing staff regarding regulation concerning locking of all medications including creams and ointments that may be kept at bedside. DOW will monitor and review at monthly nursing meeting to ensure regulation is being followed. DOW will also randomly check that all medications are locked or that resident apartments are locked where needed. Ancillary staff (ie housekeeping, laundry, plant maintenance) will also be educated about the need to secure Rx, OTC, CAM and report to the appropriate representative of the direct care team. This will assist the home in ensuring ongoing compliance. CP. 10-18-16

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, ES* Date *10/14/16*

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Plan of correction implementation status as of 10-18-16 (Date)

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The above plan of correction was approved by  (initials)

Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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
 3 packets of Apicare Providone-Iodine swab sticks that expired on 2/2016 were located in the home's vehicle.

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 check each first aid kit monthly and replace or add any any needed item to ensure all items are up to date. DOW will track all kits and day each month they are checked.
 Administrator will perform periodic checks as well to ensure ongoing compliance. Q

10-18-16

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>08/27/2015</u>	
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, ED</i>		Date <i>10/14/16</i>
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Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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

The resident assessment and support plan finalized on 6/20/16 for resident #3 indicates that the resident is Mobile and can transfer independently. Based upon staff interviews the resident now requires a two person assist to transfer out of bed and also one person to assist the resident to ambulate in the resident's wheelchair.

The resident assessment and support plan finalized on 2/18/16 for resident #4 indicates the resident can transfer in/out of bed/chair independently. Based upon staff interviews the resident now requires a one person assist out of bed.

Resident #5 was prescribed the use of a Hoyer Lift if needed on 2/19/16. The resident assessment and support plan finalized on 12/28/15 indicates the resident requires some physical assistance transferring in/out of a bed/chair, however it does not indicate staff are to utilize a Hoyer Lift if necessary.

The facility has failed to update each of these resident's assessment and support plans upon the change in each resident's care 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.

A new DOW was hired who is an RN and has many years experience in nursing care. DOW set up monitoring system to track new and renewal support plans. DOW re-educated nursing staff on notifying DOW of resident changes, DOW reviews shift report daily, and DOW reviews incident reports as they occur all to ensure support plans are updated as needed. DOW will review procedure of notifying DOW of resident changes at monthly nursing meeting - or more frequently based on resident's needs. Q. 10-18-16

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Violation Report: 22550 - 09/07/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa. Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #6's record did not contain a photograph.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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.

New procedure developed where ED reviews all paperwork and needed items immediately following admission. A picture of the resident is included on this list. ED will ensure there is a picture of resident for the record.


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