



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 03 2017

Mr. Rick Barley, Vice-President of Operations
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. Barley:

As a result of the Department of Human Services' annual licensing inspections on September 14, 2016 and September 20, 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
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 Zeratt		Region: NORTHEAST
Legal Entity Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy		
C-2 LP	R-1	
07/21/1999	12/11/2013	
L&I	City of Pottsville	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 186	Waking Staff: 140
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/14/2016: Harvey, Jason; Foulkes, Kimberli		
09/20/2016: Harvey, Jason		
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: 147 Secured Dementia Care Unit in Home: Yes Area: Ground Floor Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 34 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 19		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 145 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 39 Have a Physical Disability: 1

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 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.

Za. DESCRIPTION OF VIOLATION

On 9/14/16, Licensing Inspection Summaries dated 3/11/15 and 5/18/16 posted on the bulletin board in the north wing hallway across from the mailboxes had the resident privacy coding documents attached.

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 privacy documents immediately removed from licensing inspection summaries that were posted. (9/14/16)
 - ED will post most current licensing inspection summaries ensuring privacy coding documents are removed prior to posting to ensure ongoing compliance
- ED will also periodically examine the bulletin board in the North Wing hallway across from the mailboxes in order to ensure ongoing compliance. CP. 11-2-16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/08/2015

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anna Zarratt

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

Anna Zarratt Executive Director

Date 10/11/16

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

The above plan of correction is approved as of 11-2-16
 (Date)

Plan of correction implementation status as of 11-2-16
 (Date)

The above plan of correction was approved by

(Signature)
 (Initials)

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

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The personnel file for direct care staff member A did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30- day permissible time frame.

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.

- Direct care staff member background check (PA) was completed to meet the requirements of OAPSA immediately (9/14/16)

- ED / Business Office Manager will ensure prior to hire of Direct Care Staff that PA background checks are completed meeting the requirements of OAPSA. In addition ED will conduct periodic reviews of new employee files to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10/11/14*

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The above plan of correction is approved as of 11/21/16 (Date)

Plan of correction implementation status as of 11/21/16 (Date)

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

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

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 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 external dryer vent located outside of Phase II, to the left of the door upon exit, has a large clump of lint approximately 2 inches by 3-4 inches located inside the duct.

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.

- Lint immediately removed from outer duct (9/14/16). Company Dryer Wizard in to clean vents week of 9/19/16 for annual professional cleaning.

- Maintenance Director will conduct weekly rounds to check all external vents and remove lint as needed. Professional company will come annually. ED will conduct periodic reviews of all external vents to ensuring all lint is removed to ensure ongoing compliance.

Repeat Violation: No Yes

Date(s) of Previous Violation(s): 10/08/2015

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 10/11/16

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The above plan of correction is approved as of 11/2/16
 (Date)

11/2/16

The above plan of correction was approved by

[Signature]
 (Initials)

Plan of correction implementation status as of 11/2/16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 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
 Located in phase 3 of the facility on the second and third floors is an enclosed balcony that does not permit egress from the facility; the door appears to be an exit, but needs to be labeled not an exit.

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.

- Signs placed above doorways immediately (9/14/16) noting This is not an exit on phase 3, second and third floors.

- ED will continue to ensure all exits are labeled correctly, in addition all areas where it is not an exit are correctly labeled to ensure ongoing compliance by conducting periodic reviews of all areas.

Repeat Violation: No Yes Date(s) of Previous Violation(s): 10/08/2015

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 Date 10/11/16

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

The above plan of correction is approved as of 11-2-16 (Date)

Plan of correction implementation status as of 11-2-16 (Date)

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

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

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 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

Resident #1 has a physician's order for Diabetic Tussin and Furosemide 20mg as needed. These medications were not available in the home 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.

- Medication re-ordered for resident that day (9/14/16)
 - Staff educated on importance of having all medications readily available for residents. Nurses and Director of wellness to complete medication cart audits monthly to ensure all residents have ordered medication on site readily available.
 - ED will conduct periodic reviews of medication carts ensuring all residents have medication that is ordered on site to ensure ongoing compliance.
- The reviews will consist of an audit, findings, and any action taken. Documentation will be retained by the home. CP 11-2-16

Repeat Violation: No Yes Date(s) of Previous Violation(s): 10/08/2015

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 10/11/16

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The above plan of correction is approved as of 11-2-16
 (Date)

Plan of correction implementation status as of 11-2-16
 (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- 09/14/2016 -Harvey, Jason
 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

On 9/7/16 resident #2's blood glucose reading in the glucometer was 149. The blood glucose reading was recorded on the medication administration record (MAR) as 207.

On 9/9/16 resident #3's blood glucose reading in the glucometer was 218. The blood glucose reading was recorded on the medication administration record (MAR) as 213.

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 can not only result in transcription error but a med error compromising the health and safety of our residents

- ED will continue to conduct periodic reviews of MAR's along with glucometer to ensure the accuracy of documentation along with accuracy of any insulin doses ordered to ensure ongoing compliance

Repeat Violation: Yes Date(s) of Previous Violation(s) 10/08/2015

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 10/11/16

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

The above plan of correction is approved as of 11-2-16 (Date)
 documentation of audits, findings and action taken will be retained by the home. *Q*

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

Plan of correction implementation status as of 11-3-16 (Date)

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

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

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 initial assessment for resident #4, admitted [redacted] 16, dated [redacted] 16, was not completed. The Personal Care Need and Degree section for Securing Health Care and Making and Keeping appointments had nothing checked, A-E was blank.

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.

- Check marks placed in correct areas noting need along with initials and date of correction immediately completed (9/14/16) on support plan

- ED will conduct reviews of support plans periodically to ensure all support plans are completed in their entirety noting all boxes are checked along with noting plan of care to ensure ongoing compliance

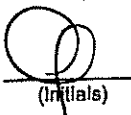
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Zurath* Date *10/11/16*

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 11-3-16 (Date)

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- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2800.227(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 #5 has a caseworker through SAMS. This was not addressed on the resident's support plan. Also, on 8/27/16 the resident became physically aggressive with staff, yelling and hitting staff, and was verbalizing visual hallucinations regarding seeing people running up the wall and little people all around. The resident's support plan does not document the service need, how these needs will be met, the frequency and the responsible party.

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.

- Residents support plan updated noting caseworker in addition noting service need, how it will be met, the frequency, and responsible party regarding the psychological Need. (10/16/16)
- DOW will continue to review plan of care to ensure all service needs are addressed on support plan in order to meet resident's needs and to ensure ongoing compliance.
- ED will periodically review support plans to ensure all needs are addressed to ensure ongoing compliance

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/08/2015

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

10/11/16

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

The above plan of correction is approved as of 11-2-16
 (Date)
 documentation of reviews, findings and action taken will be retained by the home.

The above plan of correction was approved by

[Signature]
 (Initials)

Plan of correction implementation status as of 11-3-16
 (Date)

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

Violation Report: 20397 - 09/14/2016 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the SCDU door located in the Florida room that leads to the courtyard (wrong code posted), the SCDU door located in the activities area that leads to the courtyard, and the SCDU gates leading from the courtyard.

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 directions for operation posted near the SCDU door located in the Florida Room that leads to the courtyard, posted near the SCDU door located at the activities area that lead to the courtyard, in addition posted directions at the SCDU gates leading from the courtyard immediately posted.
 (9/14/16)

- ED will conduct periodic reviews ensuring all directions are posted to ensure ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Anna Zaratt Executive Director Date 10/11/16

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

The above plan of correction is approved as of 11-2-16
 (Date)

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

Plan of correction implementation status as of 11-2-16
 (Date)

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