



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: March 21, 2017

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 October 13, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22550 - 01/20/2017 - Dumas, Gerald
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2800
 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 9/22/16 at the end of the staff person A's shift, medications were not counted by a 2nd staff person to verify that the narcotics count was accurate. It is the home's policy to count narcotics on and off shift by two staff.

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.

- ① ED will inservice all Nurse / Medtech's on Providence Place Narcotic Policy
 3/8/17 + 3/9/17
- ② Co-worker from 9122116 was verbally educated and retrained on proper Narcotic Policy.
- ③ ED will Audit daily Count record x 4 weeks to ensure Compliance then random weekly Audits.

Thank You,
 Tanya

Repeat Violation: Yes Date(s) of Previous Violation(s) 02/22/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TANYA Hoy Executive Director Date 3-8-2017

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The above plan of correction is approved as of 3-17-17
 (Date)

Plan of correction implementation status as of 3-17-17
 (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: 22550 - 01/20/2017 - Dumas, Gerald
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
 On 10/14/16 resident # 3 was administered Lorazepam prescribed for and belonging to resident # 2. The nurses who administered the medication were employed by an outside hospice agency.

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.

① ED will inservice all Nurse / Medtechs on Proper Medication administration review Med Rights (see Attached)

② Hospice Comfort PAKS will not be stored at facility until resident is ready to utilize medications. Emergency Medications will continue to be on hand via Alert E-box locker. if any immediate Medications are needed/ordered.

③ Met with Hospice of Central PA's Management to review and Discuss policies regarding not being Allowed to substitute Medications. - verbalized understanding.

Thank you
Tanya

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tanya Hoy Executive Director			Date 3-8-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3-17-17</u> (Date)		Plan of correction implementation status as of <u>3-17-17</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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: 22560 - 01/20/2017 - Dumas, Gerald
 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

Between 9/22/16 at 8:00 pm and 9/23/16 at 8:00 a.m., 7.5 cc's of Liquid Morphine prescribed for resident # 3 became unaccounted for from the home's 1st floor medication cart.

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.

- ① ED will inservice Nurse / Medtech on Providence Place Narcotic Count Policy and inaccurate Narcotic Counts.
- ② Investigated - Police notified, Drug testing Completed on all CO-workers with Med Cart Access at time of missing Medication. Nurse positive for Methamphetamine (services terminated immediately) reported to state board of nursing
- ③ ED will Audit Count record x 4 weeks to ensure compliance then weekly Audits, + pay close attention to any liquid narcotics. If problems persist, ED will review POC to see if additional monitoring is required. Cp. 3-17-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tanya Hoy ED


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

Tanya Hoy, Executive Director

Date 3-8-17

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The above plan of correction is approved as of 3-17-17
 (Date)
e-mailed note above to provider 3-17-17

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3-17-17
 (Date)

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