



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 10, 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' licensing inspection on November 22, 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
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: 190 | Waking Staff: 143 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 11/22/2016: Hummel, Jesse; Rushin, Julienne | | |
| 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: Terrace Level Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 33 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 11 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 147 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 43 Have a Physical Disability: 0 | |

Violation Report: 20397 - 11/22/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Citrus Calcium. On 9/14/16 the medication was not on hand at the facility and therefore was not administered as prescribed. This medication error was not reported to the Department as 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.

Staff educated that in the event a medication is not available for administration, it needs to be reported to the department per regulation. In addition staff educated that when a medication is getting low, we need to re-order immediately, to prevent resident from having a medication unavailable.

ED/DOW will conduct periodic reviews of resident medication and MAR's to ensure all medication is on site and all medication is being administered as ordered. Reviews will also be conducted to ensure ongoing compliance.


Adm / Designee will also educate all staff on the other 18 items/elements that require incident reports, as well as a process to submit reports w/in 24 hours, including weekends and holidays. 2-4-17

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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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 *12/21/16*

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

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|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>2-4-17</u> (Date) | Plan of correction implementation status as of <u>2-4-17</u> (Date) |
| The above plan of correction was approved by  (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: 20397 - 11/22/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the electric fire place located in the main foyer. The fire place did not have any type of protective guard in place allowing residents to come in contact with the fire place. The exterior frame of the fire place measured 147.3 degrees Fahrenheit. This temperature poses a risk of residents being scalded should they come in contact with the fire place.

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.

- Protective Guard placed in place to prevent the residents from coming in contact with the fire place.

- ED will conduct a periodic inspection of area to ensure guard is in place to ensure ongoing compliance & safety.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anna Turvatt

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

Anna Turvatt Executive Director

Date

12/21/16

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2-4-17
 (Date)

Plan of correction implementation status as of

2-4-17
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 20397 - 11/22/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed an electric fire place which emits heat located in the main foyer of the facility. The fire place is not hard wired and can be pugged/unplugged and moved to a different location. The fire place is considered a space heater which is prohibited in personal care homes.

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.

- Fireplace is now hard wired.

- ED will ensure portable space heaters are not in the facility to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 12/21/16

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 (Date)

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 (Date)

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 (Initials)

Violation Report: 20397 - 11/22/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa. Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION

On 11/22/16 Department Representatives observed an electric fireplace which emits heat in the main foyer of the facility. The fire place did not have a protective guard in place to prevent residents from coming in contact with the fire place.

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.

- Protective Guard in place to prevent the residents from coming in contact with fire place.

- ED will conduct a periodic inspection of area to ensure guard is in place to ensure safety & ongoing compliance

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|----------------------|-----------------------------------|--|--|

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anna Hummel* Date *12/21/16*

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Violation Report: 20397 - 11/22/2016 - Hummel, Jesse
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Citrus Calcium. On 9/14/16 the medication was not on hand at the facility and therefore was not administered as prescribed by the resident's physician.

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 that in the event a medication is not available for administration, it needs to be reported to the department per regulation. In addition staff educated that when a medication is getting low we need to re-order immediately to prevent resident from having a medication unavailable. Staff person did notify the Dr. on the day of 9/14/16 that medication was not administered & he noted he was aware & no further instructions were indicated.

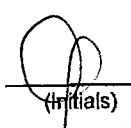
- ED/DOW will conduct periodic reviews of resident medication & MAR's to ensure all medication is onsite & all medication is being administered as ordered. Reviews will be conducted also to ensure ongoing compliance.

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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 12/21/16

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