



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Ms. Tanya Hoy
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. Hoy:

As a result of the Department of Human Services' (Department) annual licensing inspection on August 30, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 did not receive the prescribed guaifenesin tablet 3x daily on 8/2/17 at 12p & 4pm and 8/3/17 at 8am, 12pm and 4pm.

Resident #1 did not receive the prescribed mematine twice daily from 8/7-8/10/17.

Resident #1 did not receive the prescribed symbicort inhaler twice daily from 8/28-8/29/17.

The home did not submit an incident report to the Department regarding the medication errors.

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 Co-worker Coached + retrained on procedure
 Nursing Staff will be returned on
 procedure during monthly staff Meeting
 in Oct. training will be kept on file
 Director of Wellness will be contacted
 by staff immediately if a Medication
 is refused or not received, Dow
 will report incident to DHS per
 regulations within a 24^o period.
 ③ Dow will contact local pharmacy
 if needed. Adm will ensure that all staff know
 all 19 events that are reportable & that IRs

Repeat Violation: No Date(s) of Previous Violation(s): One sent to the Regional Office in 24 hrs

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tanya Hby, Executive Director* Date *9-18-17*

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

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *10-16-17* (Date)

The above plan of correction was approved by *10-16-17* (Initials)

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

Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

2a. DESCRIPTION OF VIOLATION

The administrator did not completely fill out the contract for resident #2 It does not have the date the contract commenced filled in.

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.

Executive Director will review all new admissions / Contracts to ensure proper signatures and dates are included as per DHS regulation

ED will review 3 Contracts weekly x 4 weeks then 3 Contracts monthly for quality assurance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TANYA Hoy, Executive Director Date 9-18-17

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The above plan of correction is approved as of 10-16-17
 (Date)

Plan of correction implementation status as of 10-16-17
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 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, dated [redacted] 17, for resident #3 was not signed by the resident.

The contract, dated [redacted] 17, for resident #4 was not signed by the resident.

The contract for resident #2 did not have a date the contract commenced and it was not signed by the resident.

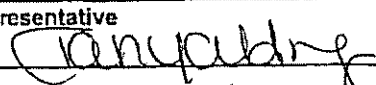
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Executive Director will renew all new admission's Contracts to ensure proper signatures / dates are included as per DHS regulations (All contracts will have a resident signature)

ED will review 3 Contracts x 4 weeks weekly then 3 monthly for quality assurance Adm will oversee to ensure ongoing compliance.

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


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TANYA Hoy, Executive Director Date 9-18-17

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Room #102 has a cat for a pet. The room has a very strong urine smell upon entering the room. Multiple flies were noted flying around the room. The litter box was full of urine and fecal matter.

Resident #5 had an uncapped syringe located in the case of the residents glucometer.

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.

Room 102 was cleaned / Carpet + Room
 Cat was removed from room by POA
 + resident was agreeable
 Litter box removed also.
 Carpet to be replaced within next 2 weeks

- ① Staff Member Coached + retrained on proper sharp handling.
- ② All Staff will be retrained on proper sharp handling at monthly Staff Meeting in Oct. + training will be kept on file.
 Adm will oversee overall compliance by home's staff to ensure future compliance. *QC*


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tanya Hoy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TANYA Hoy, Executive Director* Date *9-18-17*

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the Therapy room. There are noticeable water marks on the wall and floor in and around the PTACT unit. Staff interviews determined that during heavy rain storms water leaks in from the outside in and around the wall where the PTAC unit is installed.

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.

Williams Contracting fixed leak no further leaks noted. Old Carpet removed. new Carpet to be installed within next 2 weeks ED will do daily walks of facility with maintenance Director.
 * See Attached invoice

Gdm will conduct periodic walk throughs of the building to ensure ongoing compliance. Q

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

TANYA Hoy, Executive Director Date *9-18-17*

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The above plan of correction is approved as of

10/14/17
 (Date)

Plan of correction implementation status as of *10/16/17*
 (Date)

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[Signature]
 (Initials)

Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 8/30/17 the home's main freezer contained previously opened hash browns, previously opened bag of pearl onions, and previously opened bag of sausage that was not labeled with a date opened or expiration date.

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.

Director of dining will do weekly Audit checks of freezer + food storage areas. to ensure proper date + labeling
 Co-worker was coached + retrained
 All staff will be retrained at Monthly Staff Meeting by Dining Director in Oct.
 ED will Audit weekly x 4 weeks then Monthly to ensure ongoing compliance.

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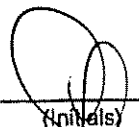
Signature of Legal Entity Representative
 (Required on EVERY Page) *Tanya Hoy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TANYA Hoy, Executive Director Date 9-18-17

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The above plan of correction is approved as of 12/16/17
 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 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] 17. The resident's medical evaluation was completed on [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.

Use Attached: did fax over
 Correction by PCP
 Date with-in regulation

Thank You,

The med eval was not corrected until the record was pulled during the home's renewal inspection.

The Adm will ensure that med evals for new residents are not only timely, but correct. This will ensure compliance. QD

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TANNA Hoy Executive Director* Date *9-18-17*

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Plan of correction implementation status as of 10/14/17
 (Date)

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

On 8/30/17, there were several older cigarette butts and one fresh cigarette butt in the mulch outside the west stair tower exit, posing a fire hazard.

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 + Director of Maintenance will do daily walk around outside of facility.
- ② staff will be retrained on smoking policy & it will be kept on file at staff meeting in Oct.
- ③ Will review Smoking Policy with residents that smoke. & it will be kept on file.

* See Attached

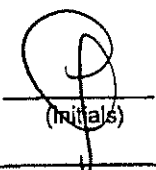
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
TANYA HOY, Executive Director		9-18-17

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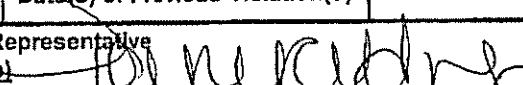
Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On 8/30/17, the home's menu that was posted was dated August 20th through September 2nd.

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.

Director of Dining will put out Menus +/check on Mondays that 1 week advance Menu is posted - if Director of Dining is not available ED will Audit weekly
 ED will Audit as quality assurance monthly in addition - as well as periodic ongoing checks to insure ongoing compliance. 

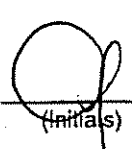
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TANYA HOY, Executive Director			Date 9-18-17

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 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

The above plan of correction was approved by


 (Initials)

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 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
 A bottle of nystatin powder was located in Resident #6's bathroom unlocked and accessible to 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.

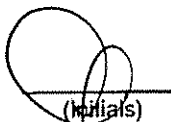
Director of wellness will Audit /
 Check 4 rooms weekly x 4 weeks
 then 4 rooms monthly to
 ensure compliance to regulation
 for quality assurance.
 Adm will then ensure random periodic
 reviews/checks to ensure ongoing compliance. *cf*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
TANYA Hoy, Executive Director		Date: 9-18-17

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 (Date)

Plan of correction implementation status as of 10/16/17
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed mematine twice daily from 8/7-8/10/17.
 Resident #1 did not receive the prescribed symbicort inhaler twice daily from 8/28-8/29/17.
 The MAR's for the above noted dates were initiated as administered by the staff members.

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 Co-worker Coached + retrained on procedure will staff to be retrained at Monthly staff meeting in Oct. + to be kept on file

② if Medication was refused or not given staff will notify Dow.

③ Dow Can Contact local pharmacy to have Medication available. Adm will ensure there is a review process in order to ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 TANISHA HAY, Executive Director 9-18-17

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The above plan of correction is approved as of 10/16/17 (Date)

Plan of correction implementation status as of 10/16/17 (Date)

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

- Fully Implemented
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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 refused the prescribed polyethelene glycol powder on 8/8/17 at 8am, the doctor was not notified regarding the refusal.

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 Co-worker Coached & retrained on procedure
- ② All staff will be retained at monthly staff meeting in Oct. training to kept on file.
- ③ Staff to notify Dow in refusals / not administered, medications Dow will verify MD is made aware per regulations of refusals - Adm will oversee this process in order to ensure ongoing compliance. *OP*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tanya Hay

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

TANYA Hay

Date

9-18-17

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 (Date)

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10-16-17
 (Date)

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OP
 (Initials)

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 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 prescribed guaifenesin tablet 3x daily on 8/2/17 at 12p & 4pm and 8/3/17 at 8am, 12pm and 4pm.

Resident #1 did not receive the prescribed memantine twice daily from 8/7-8/10/17.

Resident #1 did not receive the prescribed symbicort inhaler twice daily from 8/28-8/29/17.

Resident #5's metoprolol tartrate, amlodipine, lisinopril and triamterene/hctz were held on 8/1, 8/9 & 8/20/17. The home did not have orders to hold the medication.

Resident #4 has an order for amlodipine 5mg daily hold for systolic blood pressure <110. On 8/28/17 the residents blood pressure was 104/86, the medication was administered and should have been held.

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 Co-worker Coached + retrained, on proper procedure.
- ② Nursing Staff to be retrained at Monthly Staff meeting, in Oct + kept on file.
- ③ Dow will do Audits, monthly checks on BIP Medications to ensure parameters are ordered + followed as ordered. Adm will oversee to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

TANYA Hoy, Executive Director

Date

9-18-17

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

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12/16/17
 (Date)

Plan of correction implementation status as of

10-16-17
 (Date)

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[Handwritten Initials]
 (Initials)

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Violation Report: 22550 - 08/30/2017 - Novak, Ryan
 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

Resident #1 did not receive the prescribed guaifenesin tablet 3x daily on 8/2/17 at 12p & 4pm and 8/3/17 at 8am, 12pm and 4pm.

Resident #1 did not receive the prescribed memantine twice daily from 8/7-8/10/17.

Resident #1 did not receive the prescribed symbicort inhaler twice daily from 8/28-8/29/17.

The home did not notify the doctor regarding the medication errors.

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 Co-worker Coached + trained on procedure
- ② Nursing staff will re-trained on procedure at Monthly Staff Meetings (to be kept on file)
- ③ Director of Wellness will be contacted by staff on Medication refusal / not administered, Dow will make sure MD is aware of any Medication Errors.
- ④ Dow will contact local pharmacy if needed for medications

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TANYA Hoy, Executive Director* Date *9-18-17*

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