



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2018

Mr. Richard 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's Bureau of Human Services Licensing annual inspection on October 5, 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](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, appearing to read 'J. Rowe', written over a white background.

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 Zuralt		Region: NORTHEAST
Legal Entity Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES		
Legal Entity Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA 17036		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/21/1999 PA Dept of L&I	R-1 12/11/2013 City of Pottsville	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 191	Waking Staff: 143
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/05/2017: Foulkes, Kimberli; Hummel, Jesse; Deluca, Amy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 192 Number of Residents Served: 144 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: 33 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 21	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 143 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 47 Have a Physical Disability: 1	

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 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 Celecoxib 200mg, take one capsule by mouth daily at 8am. On 9/29/17 at 8am this medication was not administered because it was not available in the home. The home did not submit an incident report to the Department.

**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 if a medication is unavailable for administration, it will be reported to the ED and/or Dow per regulation. In addition staff educated that when a medication is getting low, we will need to re-order immediately to prevent a resident from having the medication unavailable. Staff educated on 10-18-17.

If medication is noted not to be in the cart, we will call to a local pharmacy to make aware of need for that dose, make PCD aware to have order sent over.

ED/Dow will conduct audit, one time/week for 4 weeks, one time/every other week for 4 weeks, then monthly, of resident medications and MAR's to ensure all medication is on site and all medication is being administered as ordered for ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/22/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nicole Bowers*

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

NICOLE BOWERS DOW/EA

Date 12-19-17

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

The above plan of correction is approved as of

12-21-17  
 (Date)

Plan of correction implementation status as of

12-21-17  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

- ① The facility has installed battery operated carbon monoxide detectors throughout the facility. The facility did not date the batteries with the date of installation as required.
  - ② The facility has natural gas fired clothing dryers located in the lower level laundry room. The facility has installed a carbon monoxide detector in the laundry room, however the detector is installed 10 feet from the dryer.
- The facility is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

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 All carbon monoxide detector batteries were dated by maintenance director on 10-6-17, a log showing when the batteries are changed, will be created and maintained by the maintenance director.
- ② Maintenance director spoke to state surveyor, Jesse, during walking inspection and he agreed to keep original carbon monoxide detector on wall and install another above outside of doorway, was completed 10-6-17.

The administrator shall monitor and be responsible for ongoing compliance. *m* 12/21/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers DOW/EA*      Date *12-19-17*

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

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  
 Resident #2's contract dated 7/20/17 was not signed by the resident.  
 Resident #3's contract dated 10/31/2014 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.

Both contracts were signed by the residents;  
 Resident #2 was signed 10-6-17  
 Resident #3 was signed 10-6-17

Business office manager is checking all documents from admission process done by the Senior Living Counselors to make sure all paperwork is signed timely and completely, in addition ED will audit for completion and sign off after review, process started 10-6-17.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Bowers DOWLED</i>	Date <i>12-19-17</i>
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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 9/30/17 at 9:30pm, resident # 4 left the resident's bedroom. Staff person A became very upset, yelling at the resident for changing out of the resident's pajamas. Resident # 4 was visibly upset after the encounter. Staff person A failed to treat resident # 4 with dignity and respect.

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.

Facility followed proper protocol for this resident during the incident in accordance with state and facility regulations, co-worker was terminated after proper investigation was completed.

Staff was re-education on sls of abuse in the facility. We will be holding an abuse inservice with our Ombudsman, [REDACTED] on January 24, 2018 at 2:00 PM. This type of behavior will not be tolerated by Providence Place.

The administrator shall monitor and be responsible for ongoing compliance.  
 M  
 12/21/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nicole Bowers Dowled		12-19-17

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Violation Report: 20397 - 10/05/2017 - Fouikes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed an enabler bar measuring approximately 10 inches by 24 inches installed to the bed located in room 127. The enabler bar is not covered, posing a risk of the resident's limbs becoming entangled in the bar, causing injury.

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.

Enabler bar for room 127 was obtained from family and did not have the proper cover for safety. Family ~~was~~ were unable to locate cover for enabler.

New enabler was obtained with a cover and placed on the bed as per regulation and for the safety of our resident. New enabler was put on bed on 10-16-17, @ further issues.

The administrator shall monitor and be responsible for ongoing compliance. M, 12/21/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers Dowles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers Dowles*      Date *12-19-17*

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Plan of correction implementation status as of 12/21/17 (Date)

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- Not Implemented

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: ~~PO~~ EVIDENCE 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  
 Department Representatives observed the dryer vent outside of the C1 stairwell exit. The mulched flower bed as well as the arborvitae tree located near the dryer vent have large accumulations of lint. The facility is responsible for the cleaning of the dryer ductwork to prevent the accumulation of lint within the ductwork which poses 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.

- Lint was cleaned up from the mulch bed and arborvitae tree, Company-Dryer Wizard were in to conduct annual professional cleaning in September 2017.

- Maintenance director will continue to conduct weekly rounds and keeping a log, to check all external; monitor the grounds and arborvitae tree for any lint and will remove as needed. Dryer Wizard will come in annually, ED will conduct periodic reviews of all external vents, grounds and trees ensuring all lint is removed.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/14/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers Dowlen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Bowers Dowlen      Date 12-19-17

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa. Code §2600  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION  
 The facility's fire safety diagrams posted throughout the facility do not include the location of the pull stations or the direction of travel to exit the building.

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.

Fire Safety Inspector, called and made aware of diagrams not being labeled with fire extinguishers and pull stations.

All diagrams have been corrected by November 1st to include fire extinguishers and pull stations.

The administrator shall monitor for ongoing compliance in 12/21/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers DOW/ED*      Date *12-19-17*

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher inspection tag located on the class K fire extinguisher located in the main kitchen does not indicate the date of the most recent inspection. The inspection tag for the overhead range Ansul system indicates the system was inspected in June 2016 and the current inspection expired in June 2017. These items are required to be inspected annually.

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.

Fire extinguisher inspection completed by another company, Knott, under direction of previous dietary director.

The Class K extinguisher and overhead range Ansul system were inspected by Peifer's Fire Protection, Inc. on 10-16-17. Going forward they will be professionally inspected along with all other building fire extinguishers semi annually. However, all fire extinguishers will be checked and logged monthly by maintenance director.

The administrator shall monitor and be responsible for ongoing compliance. (m 12/21/17)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers ED/POW*      Date *12-19-17*

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 (Initials)

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 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa. Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the facility on 8/25/2015 from the Independent Living unit. The resident did not have a medical evaluation completed in 2016.

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 DME will be obtained upon the transition of a resident from independent living to personal care as per regulation.
- ED/DOW will conduct monthly reviews of the state compliance worksheet that has been set up to ensure the completion of all DME's required.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Powers DOW/ED</i>	Date <i>12-19-17</i>
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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberl  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

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  
 Department Representatives observed an extinguished cigarette and large accumulations of cigarette ash located on the cement of the North patio. This is not the facility designated smoking area.

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 have been inserviced and given a copy of the tobacco use policy. Inservice held on 10-18-17.

— Maintenance / ED will conduct daily walk through of the 2nd floor, north patio to monitor for any further extinguished cigarettes or ashes. Smoking is prohibited except in their personal vehicles. Resident smoking areas are clearly marked in all areas.

• The administrator shall monitor and be responsible for ongoing compliance. m, 2/21/17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole Bowers Dowlen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *NICOLE BOWERS DOWLEN*      Date *12-19-17*

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberril  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #6 is not capable of self-administering medications. Department Representatives observed a bottle of Robitussin located at the bathroom sink within the resident's room.

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 was noted on 10-5-17 in bathroom, family brought cough syrup in for resident in case he needed it, medication was removed from room. Family was called by Dow and made aware that residents who cannot self administer medications cannot keep meds in their room. Prior to move in resident had been assessed to be unable to take own medications. Family agreed not to supply any other med.

Order was obtained from PCP and medication was administered as needed.

The administrator shall monitor and be responsible for ongoing compliance.  
 [Signature] 12/21/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Bowers Dowles      Date 12-19-17

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

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

Resident #7 has been assessed to self-administer all prescribed medications. The resident stores the resident's medications in an unlocked kitchenette cabinet. Based upon an interview with the resident, the resident does not lock the resident's bedroom door when leaving.

Resident #8 has been assessed to self-administer all prescribed medications. Department Representatives received permission from the resident to measure compliance with the resident's room. Upon arrival to the resident's room, the door was unlocked and the resident was not present. The following medications were left unlocked within the bedroom: Advil, Keflex 250mg, and Pantoprazole 40mg.

While conducting the physical site inspection, Department Representatives observed a pharmacy bag lying on the floor in the hallway next to room 317. The pharmacy bag contained the medication Ciprofloxacin 500mg. This medication was left unlocked and unattended.

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 #7 & 8 were instructed and educated on 10-10-17 on the proper storage of medications in their rooms, also instructed on the importance of keeping their room locked.

ED/DOW will audit rooms 1 time/week X 4 weeks, 1 time every other week X 4 weeks then monthly.

Towne Drug pharmacy called, spoke to manager on 10-5-17 who explained it is not their policy to leave medications on the door, he would ensure the delivery personnel will deliver the medications to the receptionist.

Receptionist will ensure outside pharmacies check in and deliver meds to them, ED will be notified of any problems.

The administrator shall monitor and be responsible for ongoing compliance!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nicole Bowers*

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

Nicole Bowers DOW/ED

Date 12-19-17

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Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli

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**

Resident #9 has a physician's order for blood glucose monitoring twice daily with insulin administration based on a sliding scale. The following documentation errors were noted on the resident's Medication Administration Record (MAR):

On 9/27/2017 the resident's blood glucose reading was 292 at 4:52pm, requiring 6 units of insulin. The number of units administered was not recorded on the MAR.

On 10/2/2017 the resident's blood glucose reading was 89 at 8:52pm. The reading was recorded as 0 on the MAR.

On 10/1/2017 the resident's blood glucose reading was 182 at 3:33pm, requiring 2 units of insulin. The number of units administered was not recorded on the MAR.

On 10/3/2017 the resident's blood glucose reading was 197 at 4:45pm, requiring 2 units of insulin. The number of units administered was not recorded on the MAR.

On 10/4/2017 the resident's blood glucose reading was 260 at 4:33pm, requiring 6 units of insulin. The number of units administered was not recorded on the MAR.

Resident #1 has a physician's order for blood glucose monitoring twice daily with insulin administration based on a sliding scale. On 10/1/17 at 4:30pm the resident's blood glucose reading was 101. The reading was recorded as 5128 on the MAR.

Resident #6 has a physician's order for blood glucose monitoring before meals and at bedtime, 7:30am, 11:30am, 4:30pm, and 8pm. On 10/5/17 at 7:30am the resident's blood glucose reading was 98. The reading was recorded as "I" which is the symbol for missed dose on the MAR. On 10/3/17 the resident's blood glucose reading was 306 and the reading was recorded as 309 on the MAR.

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 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.

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 that this will result in a transcription error and also a med error compromising the health and safety of our residents

DOW will conduct <sup>(daily audit & checks, then weekly & bi-weekly then monthly)</sup> ~~monthly~~ reviews of MARs, checking computer documentation vs. glucometer readings to ensure the accuracy of documentation along with the accuracy of any insulin doses ordered to ensure ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance. *[Signature]* 12/21/17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/14/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

Nicole Bowers DOWLED

Date 12-19-17

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

The above plan of correction is approved as of

12/21/17  
 (Date)

Plan of correction implementation status as of

12/21/17  
 (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 - 10/05/2017 - Fouikes, Kimberli  
 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

- ① Resident #11 requires blood glucose monitoring twice daily with insulin administration based on a sliding scale. On 10/4/2017 at 2:46pm the resident's blood glucose reading was 257 requiring 8 units insulin. The MAR indicates 8 units of insulin were administered.
- ② Resident #1 requires blood glucose monitoring twice daily with insulin administration based on a sliding scale. On 9/30/17 at 7:30am the resident's blood glucose was documented on the resident's medication administration record as 77, however the resident's glucometer did not contain a blood glucose reading for this date and time.
- ③ Resident #1 is prescribed Celecoxib 200mg, take one capsule by mouth daily at 8am. On 9/29/17 at 8am this medication was not administered because it was not available in the home.
- ④ Resident #1 has a physician's order to check weights daily and to call the physician if the resident gains greater than 3 pounds in a day. On 10/2/17 through 10/5/17 the resident did not have daily weights due to the scale being broken.
- ⑤ Resident #12 has a physician's order for Nitroglycerin 0.4 MG/HR, apply one patch topically daily, remove patch, rotate sites. On 10/1/17 and 10/2/17 at 8am the administration site was 54-chest upper right. The site was not rotated.

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 Staff educated on 10-18-17 on the proper documentation of blood sugar readings noted noting that this may result in improper dispensing of a medication and transcription errors compromising the health and safety of our residents
- ② Staff educated on 10-18-17 in the importance of performing blood sugars as required by the POC's orders as this can compromise the health and safety of our residents.
- ③ Staff educated on proper procedure of dispensing medications if not available in the med cart. See violation 2600.187(c) page 2.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/22/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Nicole Bowles Dowler*

Date 12-19-17

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

The above plan of correction is approved as of

12/21/17  
 (Date)

Plan of correction implementation status as of

12/21/17  
 (Date)

The above plan of correction was approved by

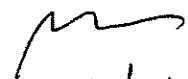
*M*  
 (Initials)

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

④ Staff educated on residents that require daily weights, if a scale is not properly working/broken, an alternate scale will be kept by DOW and available for use as needed.

⑤ Staff educated on the importance of rotating a nitro patch to different sites on her body, resident requests that her nitro patch only be applied to her chest and she states where she would like it placed. We will continue to encourage her and provide education on why the sites need to be rotated.

⑥ The administrator shall monitor and be responsible for ongoing compliance -

  
12/4/17

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident #5 was admitted to the facility on 8/25/2015 from the Independent Living unit. The resident did not have another assessment completed until 3/3/2017

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 #5 was readmitted to facility on 8-25-15, went IL on 9-1-15. Prior to the hospitalization she was independent. We were unable to locate a DME in her file at the time of inspection.

ED will conduct periodic reviews of the state compliance worksheet that has been set up to ensure the completion of all DME's required.

The administrator shall monitor and be responsible for ongoing compliance.

*M*, 12/21/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Powers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Powers ED/ED*      Date *12-19-17*

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

The above plan of correction is approved as of 12/21/17 (Date)      Plan of correction implementation status as of 12/21/17 (Date)

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

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

Violation Report: 20397 - 10/05/2017 - Foulkes, Kimberli  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #5 was admitted to the facility on 8/25/2015 from the Independent Living unit. The resident's next support plan was completed 3/23/2017, more than 12 months and 15 days from the date the resident was admitted.

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 #5 was readmitted to the facility under personal care, prior to this she was independent living. We were unable to locate a revised support plan at the time of inspection.

ED will conduct monthly reviews of the state compliance worksheet that has been set up to ensure the completion of all support plans.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Bowers ED/DOW*      Date *12/9/17*

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

The above plan of correction is approved as of 1/9/18  
 (Date)

Plan of correction implementation status as of 1/9/18  
 (Date)

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

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