



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: April 5, 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 of Human Services' licensing inspection on and February 14, 2018 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Human Services Licensing Supervisor

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		
<b>Certificate(s) of Occupancy</b>		
I-2 12/11/2013 City of Pottsville	C-2 LP 07/19/1999 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 188	Waking Staff: 141
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/14/2018: 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: 146 Secured Dementia Care Unit in Home: Yes Area: Connections Wing Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 32 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 13		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 145 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 42 Have a Physical Disability: 2

Violation Report: 20397 - 02/14/2018 - Deluca, Amy  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 developed a large open wound to the right heel that was noted on 1/7/2018 and a physician's order was obtained to provide daily cleansing and treatment with Santyl ointment beginning 1/8/2018. The treatment record showed missed treatments on the following dates: 1/10, 1/11, 1/12, 1/16, 1/17, 1/20, 1/23, 1/26, and 1/29. The home requested an order for Home Health services for wound care on 1/29/2018. The Home Health assessment conducted on 1/31/2018 noted that the wound was unstageable and not healing. The home failed to follow through with treatment of the resident's wound care and did not secure assistance with the wound care until 3 weeks after discovering the wound.

**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 will be updated promptly in response to a change of status or need. Staff will ensure all physician treatment orders are completed as ordered. Staff will secure assistance on any wounds identified.
- DOW reviewed importance of completing all physician orders as ordered, missed orders policy attached. Support plans updates training will be completed with nursing staff on 4/5/18, staff made aware if any wound is identified we need to notify physician immediately for recommendations.
- DOW/ED will follow up with nursing staff weekly, checking if there are any missed orders along with renewing if there are any changes in a residents needs that support plan was updated accordingly as well as any interventions/physician (see Page 2a)

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 Executive Director*

Date *4/4/18*

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

The above plan of correction is approved as of 4/4/18  
 (Date)

Plan of correction implementation status as of 4/4/18  
 (Date)

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

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

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Page 2(a)

(Continued)

Recommendations are followed through including assistance with wound care.

Anna Zuratt

Anna Zuratt Executive Director

4/4/18

 4/4/18

Violation Report: 20397 - 02/14/2018 - Deluca, Amy  
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

**1. REGULATION 55 Pa.Code §2600**

2600.227(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 #1 developed a large open wound to the right heel that was noted on 1/7/2018 and required daily treatment of the wound by nursing staff. The resident's support plan dated 10/20/2017 did not contain an update or an addendum to address the need for the wound care.

**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 will be updated promptly in response to a change of need. Staff will ensure if any wound is identified, we notify the physician immediately for recommendations. Training regarding support plans will be completed 4/4/18.
- DOW/ED will meet with nursing staff weekly, assuring all residents support plans are current with needs identified including wounds along with any interventions / physician recommendations are followed through as well.

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 *4/4/18*

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

The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (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