



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

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:

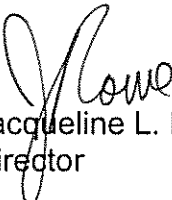
As a result of the Department's Bureau of Human Services Licensing annual inspection on August 30, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 2255C - 08/30/2018 - Harvey, Jason

PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9am the medication cart was in the main lobby with the resident's electronic medication administration records exposed, the MAR's contain the residents' confidential information and were left accessible to unauthorized persons.

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 was retrained + Coached on Hippa Policy by ED 8-30-18
- ② All Co-workers will be retrained on Hippa Policy by ED. Week of 9-16-18
- ③ Ed will do random checks of carts during use to make sure of compliance with Hippa is maintained

9/16/18

Tanya Hoy, ED

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 9-16-18

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

The above plan of correction is approved as of 10-3-18
(Date)

The above plan of correction was approved by ag
(Initials)

Plan of correction implementation status as of 10-3-18
(Date)

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

Violation Report: 22550 - 03/30/2018 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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
 Resident room #217 has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety 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 Co-workers retrained on 2600.81(b) regulation
 All bed enablers will be covered at all times - (training by ED)
 retrained ^{week of} 9-16-18
- ② Ed will do random checks to ensure compliance with regulation

Thank you
 Cecily Hry ED

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TANYA HRY, Executive Director Date 9-16-18

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The above plan of correction was approved by <u>CH</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

Violation Report: 22550 - 08/30/2018 - Harvey, Jason

PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home failed to conduct a fire drill for the month of October 2017. The home indicated that the fire alarm was activated on October 10th, 2017 at 4:02AM, however an evacuation of staff and residents was not performed.

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 Coached /retrained Maintenance Director on RGG Code 2600.132(A) 8-31-18 - retrained/coached. Bi -
- ② ED Will review fire Drills /log monthly to ensure Compliance with regulation Code.

Thank You
Tanya Hing LED

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) TANYA Hing, Executive Director Date 9-16-18

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Violation Report: 22550 - 02/30/2018 - Harvey, Jason
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home did not evacuate residents to the home's designated meeting place or fire-safe area within the home when the fire alarm was activated on October 10th, 2017 at 4:02AM.

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 continue training with residents on evacuation of building or fire safe areas during drills at Fire Side Chats Quarterly + 9/11/18
- ② staff retrained by ED on proper evacuation procedures. week of 9-16-18
- ③ ED will check fire drill logs bi-monthly to ensure proper evacuation procedures are followed.

(See Attached)

Thank you
Tanya Hing

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TANYA HING, Executive Director Date 9-16-18

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To whom it may concern,

On 10/2/2017 at 4:02 am alarm located by 2nd floor elevator was accidentally activated by a co-worker. Alarm was reset and fire monitoring company called to cancel alarm. Immediately staff notified residents that this was a false alarm. Co-worker notified other co-workers by walkie talkie system. All residents were located on other side of fire safe doors on each wing/ floor.

Rebuttal: since it was a false alarm and residents were notified immediately of false alarm total *evacuation was unwarranted for situation*. Also, *resident on each wing/ floor were on other side of fire safe doors*.

Providence Place Pine Grove will continue to take fire safety seriously and we continue to do monthly fire drills per RCG regulations, along with staff and resident trainings.

Thank you

Tanya Hoy, Executive Director

Violation Report: 22550 - 08/30/2018 - Harvey, Jason

PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Medication Technician A completed their last annual practicum on 8/2/2017, med tech A did not complete their annual practicum for August 2018 and was still administrating resident's medications.

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 Completed annual practicum 8/31/18 by DHS Medtech trainer (on file at Facility)

② ED will check training book Monthly to ensure all trainings are scheduled per PCG - 2600.182(b) - all documents will be available at Facility for review

Thank You
Tanya Hoy, ED

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(Required on EVERY Page) *Tanya Hoy*

Printed Name and Title of Legal Entity Representative
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