



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

Ms. Anna Zuratt
Executive Director
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 Ms. Zuratt:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 20, 2018 and September 24, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20397 - 09/20/2018 - Novak, Ryan
 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 #1 did not sign the residents contract.

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.

- All contracts will be signed by the resident prior to admission, if the resident is unable to sign, it will be documented as such on the signature line.
- Resident #1 reviewed contract & signed 9/20/18
- Executive Director / Business Office Manager will review all contracts to assure they are signed by all necessary parties prior to admission to facility and as needed to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	Anna Ignatt Executive Director
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Anna Ignatt Executive Director	10/11/18

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

The above plan of correction is approved as of <u>2-5-19</u> (Date)	Plan of correction implementation status as of <u>2-5-19</u> (Date)
The above plan of correction was approved by <u>AG</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: 20397 - 09/20/2018 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A hired 8/21/18 did not complete the Department approved online direct care competency course.

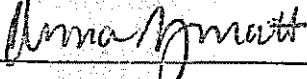
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

All direct care staff will complete all mandatory training listed above as well as completing direct care competency course prior to providing resident care as well as ensuring certificate is in file prior to providing resident care.

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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)	 Executive Director
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Anna Zwart Executive Director	10/11/18

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Executive Director will audit all new direct care co-worker files to assure training & direct care competencies are completed prior to providing care to ensure compliance.

Direct Care Staff member A is no longer with the company.

2-5-19

AG

Violation Report: 20397 - 09/20/2018 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff member B did not received training in fire safety by a fire safety expert or someone trained by one for training year 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.

All staff will receive mandatory fire safety training by a fire safety expert annually in order to maintain active co-worker status

All new hires will be required to attend fire safety training as well

All co-worker required trainings will be audited by Executive Director / Business Office Manager prior to end of annual training year to ensure compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anna Ignatt Executive Director</i>	Date <i>10/16/18</i>
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 (Date)

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

Plan of correction implementation status as of 2-5-19
 (Date)

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

Violation Report: 20397 - 09/20/2018 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2's dorzolamide 2% eye drop was located in the medication cart. The medication was not current.

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 removed from cart and destroyed
 - Staff will be educated and reminded that all staff will remove all discontinued medication from cart when the physician orders medication to be discontinued.

DOW/ED will audit med cart monthly to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anna Mraz Executive Director* Date *10/11/18*

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Violation Report: 20397 - 09/20/2018 - Novak, Ryan
 PCH Name: PROVIDENCE PLACE OF POTTSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The homes secured memory care courtyard had two gates. One of the gates was unlocked and it also did not have a magnetic lock on it. The gate leads to an unsafe area behind the home.

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.

Lock placed on gate on 9/20/18

ED/Maintenance Director will look at gated locks monthly to ensure working properly to keep residents safe & ensuring ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Anna Muratt Executive Director</i>	Date <i>10/11/18</i>
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