



December 9, 2019

Ms. Anna Zuratt
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. Zuratt:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 26, 2019 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: PROVIDENCE PLACE OF PINE GROVE
Address: 24 HIKES HOLLOW ROAD,, PINE GROVE, PA 17963
County: SCHUYLKILL Region: NORTHEAST

License Number: 22550

Administrator

Name: Anna Zuratt Phone: 5703454999 Email: RBARLEY@PROV-PLACE.COM

Legal Entity

Name: PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2001 Issued By: PA L&I
Type: C-2 LP Date: 10/28/1994 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

08/26/2019 - On-Site: Ann O'Haire, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 Residents Served: 75

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 7 Have Physical Disability: 0

17 - Record Confidentiality

Regulations

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.

Description of Violation

Licensing representatives observed a medication cart that was located near the front entrance of the building with the electronic MAR up and opened. No staff were near the medication cart and confidential information regarding residents could be viewed by visitors or other residents.

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.)

Co-worker reminded and retrained on importance of confidentiality, noting resident information cannot be left open at any time unless co-worker is out work area. Training completed 8/26/19 by Executive Director
All staff retrained on Confidentiality, noting importance on 9/2/19 and 9/4/19 by Executive Director

Executive Director will complete periodic checks of medication carts & resident record documentation monthly to assure ongoing compliance of regulation 2600.17

Legal Entity Representative

Anna Zuratt
Signature

Anna Zuratt Executive Director 11/9/19
Printed Name and Title Date

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The above plan of correction is approved as of 11-12-19
(Date)

Plan of correction implementation status as of 11-12-19
(Date)

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

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

25b - Contract Signatures

Regulations

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.

Description of Violation

Resident #1, DOA 02/07/19, their resident contract was not signed by the resident.

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.)

Contract reviewed with Resident #1 and signed 8/26/19 as well as dated 8/26/19.

Executive Director reviewed all current resident contracts to assure compliance of regulation 2600.25(b)

Executive Director will review all resident contracts upon admission to assure ongoing compliance of regulation 2600.25(b)

Legal Entity Representative

Anna Zuratt

Signature

Anna Zuratt Executive Director 11/9/19

Printed Name and Title

Date

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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash receptacle in the shared bathroom for resident bedroom # 220 did not have a lid.

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.)

Obtained lid 8/26/19 for trash receptacle in resident room 220.

Executive Director audited all kitchen and bathroom areas to assure lids are covering all trash receptacles to assure compliance of regulation 2600.85(d)

Executive Director will complete periodic checks of trash receptacles in kitchens and bathroom areas monthly to assure ongoing compliance of regulation 2600.85(d)

Legal Entity Representative

Anna Zurratt
Signature

Anna Zurratt Executive Director 11/9/19
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2, DOA 04/21/16, and DME dated 06/17/19 did not contain the physician's medical license number.

Resident #3's DME exam date was 06/18/19 and the form was dated 06/25/19. The form was incomplete because it did not have the printed medical professionals name and medical license number.

Plan of Correction (POC)

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Resident # 2 DME resent to Physician noting he did not complete license number, received back 8/28/19 completed and dated 8/28/19.

Resident # 3 DME resent to Physician noting he did not complete Medical Professional Name and medical license number, received back 8/28/19 completed and dated 8/28/19.
(see attached Page 5(a) of 7)

Legal Entity Representative

Anna ZuraH
Signature

Anna ZuraH Executive Director 11/9/19
Printed Name and Title Date

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All current resident charts reviewed by Executive Director
to assure compliance of regulation 2600.141(a)

Executive Director/Director of Wellness will review all initial
and annual DME's upon receipt from Physician to assure
ongoing compliance of regulation 2600.141(a)

11-12-19

MM

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for resident #2 was not calibrated with the correct date and time.

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.)

Glucometer for Resident #2 calibrated 8/26/19.

All current resident glucometers audited by Executive Director to assure they are calibrated with the correct date and time to assure compliance of regulation 2600.185(a). Nursing staff educated on 9/1/19 and 9/4/19 on importance of glucometers being correctly calibrated at all times.

Director of wellness will assure any new admission with a glucometer will have it correctly calibrated prior to placing in med cart for use. Nursing staff will audit glucometers once weekly on a Sunday to assure glucometers are correctly calibrated. Executive Director will complete a periodic check monthly to assure ongoing compliance of regulation 2600.185(a)

Legal Entity Representative

Anna Zurratt
Signature

Anna Zurratt Executive Director 11/9/19
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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

The home's computerized E MAR system did not indicate the amount of insulin that residents received according to their sliding scales. It could not be determined if residents were being administered the correct amount of insulin daily as per their physician's orders.

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.)

Contacted Care Options Pharmacy on 8/26/19, Corrected 8/26/19,
EMAR system indicates amount of insulin all insulin dependent
residents receive per physician orders.
Software updated for entire system.

Executive Director will complete periodic audits monthly of MAR's
of insulin dependent residents to assure quantity received is
indicated to assure ongoing compliance of regulation 2600.187(d)

Legal Entity Representative

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Signature

Anna Zurratt Executive Director 11/9/19
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