



January 22, 2020

Ms. Tanya Hoy
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. Hoy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 19, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive, 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 POTTSVILLE
Address: 2200 FIRST AVENUE,, POTTSVILLE, PA 17901
County: SCHUYLKILL Region: NORTHEAST

License Number: 20397

Administrator

Name: Tanya Hoy Phone: 5706286950 Email: thoy@prov-place.com

Legal Entity

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

Certificate(s) of Occupancy

Type: Other Date: 12/11/2013 Issued By: City of Pottsville

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 192 Waking Staff: 144

Inspection

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

Inspection Dates and Department Representative

09/19/2019 - On-Site: Amy Deluca, Ryan Yankowy, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 192 Residents Served: 139

Secured Dementia Care Unit

In Home: Yes Area: Connections Capacity: 36 Residents Served: 32

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 139
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 53 Have Physical Disability: 0

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 #1's DME dated 3/16/19 did not include anything for weight. The DME was a photocopy. Ink was written in for height, pulse, temperature and blood pressure after the form was signed by the doctor.

Resident #2's DME dated 8/16/19 was a photocopy. Ink was written in for body positioning after the form was signed by the doctor.

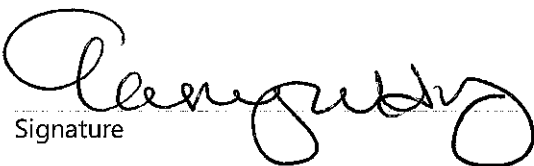
Resident #3's DME dated 7/18/19 was a photocopy. Ink was written in for body positioning and the ability for the resident to self-administer medications after the form was signed by the doctor.

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.)

Director of Resident Services & Connections Director was re-trained of DME regulations / Completion 10/16/19 with ED
 ED will review DME's on Completion prior to filing in chart next 2 months then randomly monthly by ED

Legal Entity Representative


 Signature

Tanya Hay, Executive Director
 Printed Name and Title
 Date
 10/23/19

141a 1-10 Medical Evaluation Information *(continued)*

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The above plan of correction is approved as of 10-30-19
(Date)

Plan of correction implementation status as of 10-30-19
(Date)

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

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

183b - Meds and Syringes Locked

Regulations

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.

Description of Violation

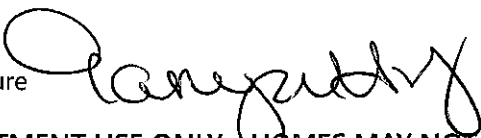
Resident #4 is assessed to self administer medications. The resident's medications were not being stored in a locked box at the time of the physical site inspection, and the door to the resident's room was not locked.

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 #4 was re-trained on regulations to keep Medication in Room by ED
 Also ED will have training with residents PC that may keep Meds in Room at next Fire slide chart 11/16/19 + Yearly or Eval any Change in Resident status and reassess resident's ability to self admin medications + follow PCP's directions
 IF PCP ordered may self-admin

Legal Entity Representative

Signature 

TANYA Hay (Executive Director) 10/23/19
 Printed Name and Title Date

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		<input type="checkbox"/> Not Implemented	

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #5 had an order for Cephalexin to be taken 3 times daily for 7 days. The order for the medication ended on 9/17/19. The medication was still in the medication cart as of 9/19/19.

There were 3 boxes of Pro Air Albuterol in the medication cart for resident #5. The boxes had expiration dates as follows: 7/20/18, 2/2019, and 4/2019.

Resident #6's PRN 500mg Tylenol to be taken every 6 hours as needed was in the medication cart but was not a current order.

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 Corrections made to Medication s in Cart day of inspection by Director of Resident Services

Director of Resident Services will be re-training Med Admin staff on the rights of Drug Administration at nursing monthly meeting Oct. 2019
Director of resident Services with check carts weekly
with check carts quarterly also pharm

Signature *Tanya Hoy*

TANYA Hoy, Executive Director
Printed Name and Title

10/30/19
Date

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183e - Storing Medications

Regulations

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Two loose pills were found in the 2nd drawer of the medication cart for the Connections unit. The Spiriva inhaler and the Symbicort inhaler for resident #5 was not labeled with the date the inhalers were opened for use. Both inhalers are to be discarded 90 days after they are opened for use.

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 corrections to med cart made day of inspection by Director of Resident Services

Director of Resident Services will conduct weekly inspections of med carts + Pharm will do cart checks quarterly. Director of Resident Services will conduct training on rights of medication administration at nurse monthly meetings Oct.

Legal Entity Representative

[Handwritten Signature]
Signature

TANYA Hoy Executive Director
Printed Name and Title
Date 10/23/19

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		<input type="checkbox"/> Not Implemented	

184b - Resident's Meds Labeled

Regulations

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #6's UTI Stat-Liquid did not include the residents name.

Resident #5 has an order for Furosemide 80mg 1 tablet 2 times daily. The label on the medication indicated the order was for 1 tablet by mouth every day.

Resident # 5 has an order for Metoprolol 25 mg 1 tablet 2 times daily. The label on the medication indicated the order was for 1/2 tablet once daily.

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 Corrections Made to Med Cart day of inspection
Director of resident services will conduct weekly inspections + Pharm will check carts quarterly
Director of resident services will conduct training on rights of medication admin. with monthly nursing meetings
Oct 2019

Legal Entity Representative

Signature *Tanya Hay*

TANYA Hay, Executive Director
Printed Name and Title

Date 10/23/19

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 5. Dosage form.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

There was no diagnoses listed for the following medications on resident #5's Medication Administration Record (MAR): Cephalexin, Digoxin, and Furosemide.

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.)

Corrections on listed Medication Completed on day of inspection. Pharm to Alert if any Script is upur into Computer without Dx will call facility + fax

Dr. Director of Resident Services will check MAR'S Monthly ^{in addition} if any Alert from Pharm.

Legal Entity Representative

Signature

Tanya H

TAWYIA HOY Executive Director

Printed Name and Title

Director

Date

10/23/19

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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

Resident #7's 75mg clopidogrel daily 6:00pm dose was not administered until 7:39pm.
Resident #8 has an order for blood pressure readings daily at 6:00am and 2:00pm with the order stating the physician is to be notified if the blood pressure is over 160/90. On the following dates the blood pressure was over these parameters but the home did not have documentation that the physician was notified:
9/2/19: 179/94; 9/4/19: 184/91; 9/10/19: 188/92; 9/12/19: 194/96; 9/15/19: 206/94; 9/16/19: 211/97

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 Corrections Completed on day of inspection
Dr aware of Resident #7 getting dose of uprax at 7:39pm / NNO
Also resident #8 PCP aware of Medication for B/P & Parameters on Dates listed + Staff will fax if needed per parameters
Also Director of Resident Services will conduct training of rights of Medication & Monthly nursing Meetings Oct 2019

Legal Entity Representative


Signature

TANYA Hoy Executive Director
Printed Name and Title Date 10/23/19

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

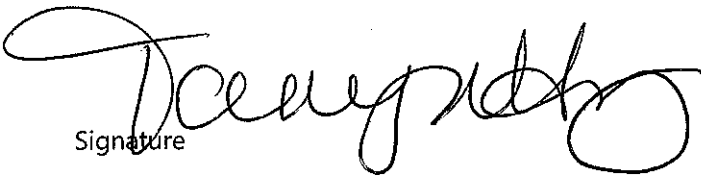
Resident #9's most recent assessment was completed on 5/16/19; the previous assessment was completed on 4/29/18.

Plan of Correction (POC)

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Director of Resident Services & Connections Director retained on 10/16/19 by Executive Director.
 ED will check prior to filing in chart

Legal Entity Representative


 Signature

TANYA Hoy Executive Director
 Printed Name and Title

Date
 10/23/19

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- Not Implemented

231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

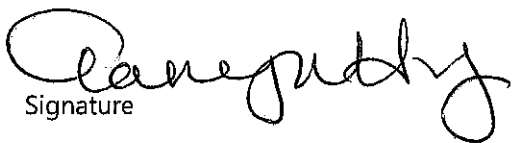
Resident #10 was admitted to the home's memory care unit on 8/1/19; the DME was not completed until 8/2/19.

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.)

isolated incident
re-trained Director of Resident Services if
Any Resident Connections Director
attending any day portion in SDU
will be treated as initial SDU
resident as per DHS regulations
ED will monitor

Legal Entity Representative


Signature

TANYA Hoy, Executive Director
Printed Name and Title

Date
10/23/19

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