

Department of Human Services
Bureau of Human Service Licensing

July 23, 2021

██████████ EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
1528 SAND HILL ROAD
HUMMELSTOWN, PA 17036

RE: PROVIDENCE PLACE OF PINE
GROVE
24 HIKES HOLLOW ROAD
PINE GROVE, PA, 17963
LICENSE/COC#: 22550

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: PROVIDENCE PLACE OF PINE GROVE **License #:** 22550 **License Expiration Date:** 11/03/2021
Address: 24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963
County: SCHUYLKILL **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5703454999 **Email:** [REDACTED]

Legal Entity

Name: PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036
Phone: 5703454999 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Working Staff:** 56

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/03/2021

Inspection Dates and Department Representative

06/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 **Residents Served:** 64

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Resident: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 64
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 10 **Have Physical Disability:** 0

Inspections / Reviews

06/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/16/2021*

7/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/15/2021*

7/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Staff Person A, date of hire [REDACTED], was hired by the home as an LPN. Upon hire, the staff person provided an expired LPN license with an expiration date of 6/30/2020.

Plan of Correction

Accept

ED [REDACTED] supplied current license to inspector 6/3/2021. ED [REDACTED] spoke to Business Manager and Director of Wellness re-educating them on importance of checking expiration dates on all new hire licenses. ED [REDACTED] moved LPN licenses to [REDACTED] office to manage ongoing accuracy of LPN license renewal updates. Attached [REDACTED] License.

Completion Date: 07/07/2021

Update - 07/08/2021

License reviewed 7-8-21

AG

Document Submission

Implemented

All LPN's and Med Techs were re-educated on the controlled substance policy by ED [REDACTED] and DOW [REDACTED]. All policies attached. DOW [REDACTED] will continue to monitor narcotic book for compliance ongoing.

185a - Implement Storage Procedures

1. Requirements

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 shift to shift narcotic count sheet was not signed by the outgoing 6p-6a staff member on 6/2/21. The homes policy notes the form will be signed by both the outgoing and the oncoming person after shift count is completed.

Plan of Correction

Accept

ED [REDACTED] and Dow [REDACTED] spoke to each LPN/MT and re-educated them regarding our controlled substance policy. ED/DOW will have all LPN/MT sign above policy to make sure that they have understanding of the same. DOW will monitor narcotic count book ongoing. Attached is Controlled Substance policy.

Completion Date: 07/07/2021

Update - 07/08/2021

Upon Resubmission of the Plan of Correction (POC), the Adm will submit copies of signature sheets for the training that references the 185a Policy on the Home's Controlled Storage policy.

AG, 7-8-21

Document Submission

Implemented

submitted above.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Staff person A initialed Resident #1's atorvastatin, levemir, metoprolol and florastor as being administered on the MAR on 5/8/21 at 7pm. The above noted medications were not administered.

Plan of Correction

Accept

Staff person A was terminated immediately. State police were called and investigation has been pursued. PSP [redacted] is heading investigation and State investigator [redacted] out to facility to speak to ED and DOW. Attached is Medication Administration Record Policy

Completion Date: 07/07/2021

Update - 07/08/2021

Home's policy was reviewed 7-8-21

AG

Document Submission

Implemented

completed

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 did not receive the prescribed atorvastatin, levemir, metoprolol and florastor on 5/8/21 at 7pm.

Plan of Correction

Accept

Staff person A was terminated immediately. State police were called and investigation has been pursued. PSP [redacted] is heading investigation and State investigator [redacted] out to facility to speak to ED and DOW. Attached is medication error policy

Completion Date: 07/07/2021

Update - 07/08/2021

Policy was reviewed 7-8-21

AG

Document Submission

Implemented

completed