

Department of Human Services
Bureau of Human Service Licensing

March 30, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2021, 10/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *11/03/2022*
Address: *24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963*
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/24/2006* Issued By: *Pine Grove Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/21/2021*

Inspection Dates and Department Representative

10/20/2021 - On-Site: Jason Harvey
10/21/2021 - On-Site: Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *71*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

10/20/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/27/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/17/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/12/2022*

03/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A large box of frozen bratwurst located in the home's walk-in freezer was opened and unsealed.

Plan of Correction **Accept**

ED reeducated Director of Dining on the importance of closing, sealing and labeling all boxes of food after opening. This ED will continue to monitor that Dining Director is following through with this with his staff ongoing.

Completion Date: 01/18/2022

Document Submission **Implemented**

documentation already submitted

133.3 - Exit Signs Letter Size

1. Requirements

2600.
133.3. Exit Signs - The following requirements apply for a home serving nine or more residents: Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Description of Violation

The exit sign located in the home's community room measured 1 inch by 3 inches. The home currently serves 71 residents.

Plan of Correction **Accept**

This ED had Maintenance Director get Exit sign that meets regulations and hang by the exit. The new sign now makes this exit compliant. picture attached

Completion Date: 01/18/2022

Document Submission **Implemented**

documentation already submitted

141a - Medical Evaluation

1. Requirements

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.

Description of Violation

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident #3.

Resident #1 admitted to the home on [redacted] does not have a medical evaluation,

Plan of Correction **Accept**

Resident#3 had evaluation however it was done outside of the 60 day window. This ED reeducated DOW regarding the importance of dates of medical evaluation to stay in compliance. DOW had our medical director do a new medical evaluation on resident #3. attached

Resident #1 attached

Completion Date: 01/18/2022

141a - Medical Evaluation (continued)

Update: 02/07/2022

Document Submission

Implemented

documentation already submitted

141b1 - Annual Medical Evaluation

1. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 5's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Do Not Accept

This ED took over the role on 11/6/2020. This ED has been auditing charts with DOW making sure [redacted] understands the importance of the time frame of medical evaluations for initial and annual. This ED will continue to monitor charts ongoing.

Completion Date: 01/18/2022

Update: 02/07/2022

How will the Adm oversee compliance with the annual timing going forward? This section is needed to prevent future violations.

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of medical evaluation's.

Completion Date: 02/14/2022

Update: 03/02/2022

Please send in a copy of the audit tool in use in Step 2.

AG, 3-2-22

Document Submission

Implemented

Attached is the tool used to audit charts. However, It is reversed. First floor is even months and second floor is odd months.

225a - Assessment 15 Days

1. Requirements

2600. 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #7 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

225a - Assessment 15 Days (continued)

Plan of Correction

Do Not Accept

This ED took over the role on 11/6/2020. This ED has been auditing charts with DOW making sure she understands the importance of the time frame for initial assessments. This ED gave DOW 2600 regulation book with time lines to have on hand at all times. This ED will continue to monitor assessments for compliance ongoing.

Completion Date: 01/18/2022

Update: 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Initial date is put in Rasp slot and then final date is added when 30 day is completed. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of 15 day assessment's.

Completion Date: 02/14/2022

Update: 03/02/2022

Please send in a copy of the audit tool in use in Step 2 as evidence of compliance.

AG, 3-2-22

Document Submission

Implemented

Attached is tool showing tracking of initial assessment dates

225c - Additional Assessment

1. Requirements

2600.

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

Description of Violation

Resident 4's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Do Not Accept

This ED took over the role on 11/6/2020. This ED had been auditing charts for compliance. When resident #4 paperwork was found to be non compliant it was completed. This ED will continue to monitor with DOW for compliance of paperwork ongoing.

Completion Date: 01/18/2022

Update: 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of annual assessment's.

Completion Date: 02/14/2022

225c - Additional Assessment (continued)

Document Submission

Implemented

documentation already submitted

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #7 was admitted on [redacted]; however, the resident's support plan was not completed until [redacted]

Plan of Correction

Do Not Accept

This ED took over the role on [redacted] This ED has been auditing charts with DOW making sure [redacted] the importance of the time frame for support plans. This ED gave DOW 2600 regulation book with time lines to have on hand at all times. This ED will continue to monitor support plans for compliance ongoing.

Completion Date: 01/18/2022

Update: 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of support plan 30 days.

Completion Date: 02/14/2022

Document Submission

Implemented

documentation already submitted

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 4's current assessment was completed on [redacted]. However, the resident's previous support plan was completed on [redacted]

Plan of Correction

Do Not Accept

This ED took over the role on 11/6/2020. This ED had been auditing charts for compliance. When resident #4 paperwork was found to be non compliant it was completed. This ED will continue to monitor with DOW for compliance of paperwork ongoing.

Completion Date: 01/18/2022

Update: 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

227c - Support Plan Revision (continued)

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of annual assessment.

Completion Date: 02/14/2022

Document Submission

Implemented

documentation already submitted

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 2's record does not include identifying marks.

Plan of Correction

Do Not Accept

This ED and DOW assigned one staff member the job of completing the resident face sheet which contains the identifying marks. This will ensure that all required information is included to stay compliant. ED/DOW will monitor ongoing. Resident #2 new face sheet attached

Completion Date: 01/18/2022

Update: 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

AG, 2-7-22

Plan of Correction

Accept

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of face sheets which include all information to keep us compliant.

Completion Date: 02/14/2022

Document Submission

Implemented

documentation already submitted

25b - Contract Signatures

1. Requirements

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

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

25b - Contract Signatures (continued)

REPEATED VIOLATION 8-26-2019

Plan of Correction**Accept**

This ED had resident #1 and resident #2 sign their contract. This ED reeducated Director of Sales regarding having each resident sign their contract. This ED now looks at every new resident Business Office file to make sure the contracts have been signed. attached.

Completion Date: 01/18/2022**Document Submission****Implemented**

Documentation already submitted.

141a 1-10 Medical Evaluation Information**1. Requirements**

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's medical evaluation dated [REDACTED] did not contain temp, allergies, body positioning, health status, cognitive functioning and mobility needs assessment.

Resident #4's medical evaluation dated [REDACTED] did not contain height, weight, blood pressure and temp.

REPEATED VIOLATION 8-26-2019

Plan of Correction**Do Not Accept**

This ED reeducated DOW of the importance of making sure all the boxes are filled in on the DME. DOW will look at each DME before it is filed to make sure it is compliant. ED will continue to monitor process ongoing. Resident #2 med eval attached completed. Resident #4 expired.

Completion Date: 01/18/2022**Update:** 02/07/2022

What will the tracking system be to ensure ongoing compliance in the future?

AG, 2-7-22

Plan of Correction**Accept**

DOW has created a tool that is used when auditing charts. First floor is done odd months and second floor even months. Attached is the tool showing all elements of items audited. ED will continue to monitor tool ongoing. Attached is tool with audits of medical evaluation's and their form completion in its entirety.

Completion Date: 02/14/2022

141a 1-10 Medical Evaluation Information (continued)

Document Submission

Implemented

documentation already submitted

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

Resident #2 is prescribed [redacted] as needed. On [redacted] the medication was not available in the home.

Resident #6 is prescribed [redacted] as needed. On 10/21/21 the medication was not available in the home.

REPEATED VIOLATION 8-26-2019

Resident #4 is prescribed [redacted] and [redacted] as needed. On 10/21/21 the medication was not available in the home.

Plan of Correction

Accept

This ED/DOW addressed as follows resident [redacted] eye drops discontinued for none use. attached Resident#4 was hospice. [redacted] and [redacted] were part of comfort kit which was not on campus but profiled in computer. ED/DOW now have comfort kit orders kept on file and only profile when needed. Resident has expired.

Resident [redacted] as needed. ED/DOW is in the cart and available for residents use. ED/DOW will oversee cart audits to make sure that carts are compliant.

Completion Date: 01/18/2022

Document Submission

Implemented

documentation attached already.