

Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[REDACTED]

PROVIDENCE PLACE OF LANCASTER ASSOCIATES

[REDACTED]

RE: PROVIDENCE PLACE OF LANCASTER
1380 ELM AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 33725

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *PROVIDENCE PLACE OF LANCASTER* License #: *33725* License Expiration: *01/14/2023*
Address: *1380 ELM AVENUE, LANCASTER, PA 17603*
County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7175200330* Email: [REDACTED]

Legal Entity

Name: *PROVIDENCE PLACE OF LANCASTER ASSOCIATES*
Address: *1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036*
Phone: *7175200330* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Complaint* Exit Conference Date: *11/04/2021*

Inspection Dates and Department Representative

11/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *61*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *44* Residents Served: *21*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/04/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2022*

05/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/12/2022*

Inspections / Reviews (*continued*)

05/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/17/21, an allegation of theft was made by Resident #1 to Staff Member A. However, the residence did not report this allegation to the local area agency on aging or to the Department.

Plan of Correction

Accept

1. The allegation was reported to DHS on 11-4-21 and reported to the Area Agency on Aging on 11-4-21 by the Executive Director. 2. Staff were educated on reporting suspected abuse of a resident in the community on 11-4-21 and 2-1-22 and 2-2-22 by the Executive Director. 3. New staff will continue to be educated at new hire orientation on abuse and neglect mandatory reporting by the Executive Director or Designee. 4. Staff will complete annually abuse and neglect training on line individually.

Completion Date: 02/22/2022

Document Submission

Implemented

see attached documents

161d Special dietary needs

1. Requirements

2800.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Residents #2 and #3 were each prescribed a mechanical soft/chopped diet. However, on 11/04/21 at 11:30 am, these residents were served toasted/grilled tomato, bacon and cheese sandwiches that were not chopped.

Plan of Correction

Accept

Resident #2 and #3's diets were verified for accuracy and adjusted to mechanical soft/chopped diets on 11-4-21 by the Dining Director. 2. Resident's diets were verified by the Dining Director and the LPN Shift Lead nurse on 11-4-21 for accuracy. 3. Dietary staff were educated on diet types, special diet roster and examples of the diets by the Dining Director on 11-4-21. 4. Two times a month 5 residents will be audited for accuracy for the following months- May, June and July 2022

Completion Date: 07/31/2022

Document Submission

Implemented

see attached documents