

Department of Human Services
Bureau of Human Service Licensing

April 15, 2022

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

RE: PROVIDENCE PLACE OF POTTSVILLE
2200 FIRST AVENUE
POTTSVILLE, PA, 17901
LICENSE/COC#: 20397

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2021, 12/15/2021, 12/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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 POTTSVILLE* License #: *20397* License Expiration: *12/05/2022*
Address: *2200 FIRST AVENUE, POTTSVILLE, PA 17901*
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/11/2013* Issued By: *City of Pottsville*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *163* Waking Staff: *122*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *12/21/2021*

Inspection Dates and Department Representative

12/14/2021 - On-Site: [REDACTED]
12/15/2021 - On-Site: [REDACTED]
12/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *192* Residents Served: *123*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *54* Residents Served: *17*

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *123*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *2*

Inspections / Reviews

12/14/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/10/2022*

03/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/09/2022*

03/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/30/2022*

04/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

*The home did not change and date the batteries in the homes CO2 detector on an annual basis. The Homes carbon monoxide detector located the in office directly behind the fireplace was dated 2018.
The home has a gas fired stove and there is no CO2 detector located in the kitchen.*

Plan of Correction

Do Not Accept

1. *The carbon monoxide detector near the fireplace was replaced with a 10-year battery on 12/17/21.*
2. *A carbon monoxide detector with a 10-year battery was installed in the kitchen near the gas stove on 12/17/21.*
3. *All carbon monoxide detectors will be tested at least annually and a record of testing will be kept by the home.*

Completion Date: 12/17/2021

Update: 03/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-03-2022 MM

Plan of Correction

Accept

1. *The Maintenance Director replaced the carbon monoxide detector near the fireplace. It was replaced with a 10-year battery on 12/17/21.*
2. *A carbon monoxide detector with a 10-year battery was installed by the Maintenance Director in the kitchen near the gas stove on 12/17/21.*
3. *An audit of all carbon monoxide detectors will be tested at least annually by the the Maintenance Director and a record of testing will be kept by the home.*

Completion Date: 03/03/2022

Document Submission

Implemented

The Maintenance Director replaced the carbon monoxide detector near the fireplace. It was replaced with a 10-year battery on 12/17/21.

A carbon monoxide detector with a 10-year battery was installed by the Maintenance Director in the kitchen near the gas stove on 12/17/21.

An audit of all carbon monoxide detectors will be tested at least annually by the the Maintenance Director and a record of testing will be kept by the home.

25c8 - Smoking

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The smoking policy indicates the home is a non-smoking campus. Resident #1 and Resident #2's contract addendum F

25c8 - Smoking (continued)

indicates that smoking areas are 3rd floor and 2nd floor balcony on the south wing.

Plan of Correction

Do Not Accept

1. The contracts of Residents #1 and #2 will be updated by the ED/designee with an addendum indicating the home's current smoking policy.
2. 100% of contracts signed prior to 2/2021 will be reviewed and updated by the ED/designee as needed to include the home's current smoking policy. The current contract, effective 2/2021 indicates the home has a no smoking policy.

Completion Date: 03/01/2022

Update: 03/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-03-2022 MM

Plan of Correction

Accept

1. The contracts of Residents #1 and #2 will be updated by the ED/designee with an addendum indicating the home's current smoking policy.
2. 100% of contracts signed prior to 2/2021 will be reviewed and updated by the ED/designee as needed to include the home's current smoking policy. The current contract, effective 2/2021 indicates the home has a no smoking policy.
3. The ED/designee will audit 100% of new contracts until 100% compliance is noted for 3 consecutive months to ensure the current smoking policy is acknowledged.

Completion Date: 03/03/2022

Document Submission

Implemented

Residents # 1 and #2 contracts had smoking policy addendum signed.

100% of contracts signed prior to 2/2021 were reviewed and updated by the ED/designee to include the home's current smoking policy.

The ED/designee audited 100% of new contracts. 100% compliance is noted for March 2022 to ensure the current smoking policy is acknowledged.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room # 342.

Plan of Correction

Accept

1. Emergency telephone numbers have been posted by the telephone in room #342.
2. All facility phones will be checked for emergency numbers to be posted.
3. The home will conduct an audit of 30 resident rooms monthly until 100% compliant for 3 consecutive months.

91 - Telephone Numbers (continued)

4. The ED/DOW will provide education to the home's staff of the regulatory requirement 2600.91

Completion Date: 03/01/2022

Document Submission**Implemented**

Emergency telephone numbers have been posted by the telephone in room #342.

All facility phones will be checked for emergency numbers to be posted.

The home conducted an audit of 30 resident rooms in March 2022 and were 100% compliant.

The ED/DOW provided education to the home's staff of the regulatory requirement 2600.91

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathroom ventilation system was not functioning in room 113.

Plan of Correction**Accept**

1. The bathroom ventilation system in resident room #113 was repaired 12/20/2021.

2. Maintenance/designee will check all resident bathroom ventilation systems. Any repairs will be made immediately.

3. An audit of 30 resident bathroom ventilation systems will be audited by Maintenance/designee monthly until 100% operational for 3 consecutive months.

4. ED/DOW will educate all staff to report inoperable bathroom ventilation systems.

Completion Date: 03/01/2022

Update: 03/03/2022

Please send/Attach proof (invoice) of repairs. 3-3-2022 MM

Document Submission**Implemented**

Maintenance/designee checked all resident bathroom ventilation systems. All repairs were made immediately.

An audit of 30 resident bathroom ventilation systems completed in March 2022 and were 100% operational.

4. ED/DOW educated all staff to report inoperable bathroom ventilation systems.

103i - Outdated Food**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located on the can rack in dry storage area was a #10 can of apricots that was dented.

103i - Outdated Food (continued)**Plan of Correction****Accept**

1. The dented can identified was removed from the dry food storage on 12/16/21
2. The Dietary Director checked all canned food for damages on 12/16/21
3. The Dietary Director/designee will conduct an audit of all canned goods weekly until 100% compliance is documented for 4 consecutive weeks.
4. The Dietary Director/designee will provide education to kitchen staff regarding the regulatory requirement 2600.103i

Completion Date: 03/01/2022**Document Submission****Implemented**

The Dietary Director/designee conducted an audit of all canned goods for 4 consecutive weeks and 100% compliance was noted.

The Dietary Director/designee provided education to kitchen staff regarding the regulatory requirement 2600.103i

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

1. The DOW/designee will review all resident records to ensure a medical evaluation was completed at least annually.
2. The DOW/designee will audit 15 resident records monthly for current medical evaluations until 100% complaint for 3 consecutive months.
3. The ED/DOW will provide education to the home's nursing staff regarding the regulatory requirement 2600.141.b.1

Completion Date: 03/01/2022**Update:** 03/03/2022

Please send/Attach proof of staff training. 3-3-2022 MM

Document Submission**Implemented**

The DOW/designee reviewed all resident records to ensure a medical evaluation was completed at least annually.

The DOW/designee audited 15 resident records in March 2022 for current medical evaluations. 100% compliance noted

The ED/DOW provided education to the home's nursing staff regarding the regulatory requirement 2600.141.b.1

161d - Dietary Needs**1. Requirements**

2600.

161d - Dietary Needs (continued)

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

Resident #4's DME dated (6/29/21) states resident is on a mechanical soft diet, the RASP dated [REDACTED] states bite size food and nectar thickened liquids, and the special diet list located in the homes kitchen area states nectar thick liquids. It is unclear what resident #4's diet is.

Plan of Correction

Accept

1. Resident #4 had diet clarified in the RASP and added to the house altered diet list [REDACTED]
2. All current resident diet orders to be checked against the RASP and corrected as needed. The home's altered diet list will reflect all current orders.
3. The ED/DOW will educate the home's staff on diet orders, RASP and altered diet list accuracy.
4. The DOW/designee will conduct an audit of matching resident diet orders, RASP and altered diet list- 15 residents monthly until 100% compliance is noted for 3 consecutive months.

Completion Date: 03/01/2022

Update: 03/03/2022

Please send/Attach proof of staff training. 3-3-2022 MM

Document Submission

Implemented

Resident #4 had diet clarified in the RASP and added to the house altered diet list 12/17/21.

All current resident diet orders were checked against the RASP and corrected as needed. The home's altered diet list will reflect all current orders.

The ED/DOW educated the home's staff on diet orders, RASP and altered diet list accuracy.

The DOW/designee conducted an audit of matching resident diet orders, RASP and altered diet list- 15 resident records audited and were 100% compliant.

225c - Additional Assessment

1. Requirements

2600.
 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident #6's most recent assessment was completed on [REDACTED]. The resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept

1. All current resident records will be reviewed for a current assessment and corrections will be made as necessary.
2. The DOW/designee will audit 15 resident records monthly for the presence of a current assessment until 100% compliance is documented for 3 consecutive months.
3. The ED/DOW will provide education to all nursing staff on the regulatory requirement of annual assessment 2600.225c

225c - Additional Assessment (continued)

Completion Date: 03/01/2022

Update: 03/03/2022

Please send/Attach proof of staff training. 3-3-2022 MM

Document Submission

Implemented

All current resident records were reviewed for a current assessment and corrections will be made as necessary.

The DOW/designee audited 15 resident records in March 2022 for the presence of a current assessment. 100% compliance is verified

The ED/DOW provided education to all nursing staff on the regulatory requirement of annual assessment 2600.225c

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 #6's most recent support plan was completed on 9/7/21. The resident's previous support plan was completed on 12/4/19.

Plan of Correction

Accept

1. The DOW/designee will review all current resident support plans to ensure completion within 30 days of the resident assessment or resident care changes.

2. The DOW/designee will audit 15 resident records monthly for RASP completion within 30 days of the assessment or resident care changes.

4. The ED/DOW will provide education to all nursing staff on the regulatory requirement of resident Support Plans must be updated within 30 days of the assessment or resident care changes 2600.227c

Completion Date: 03/01/2022

Document Submission

Implemented

The DOW/designee reviewed all current resident support plans to ensure completion within 30 days of the resident assessment or resident care changes.

The DOW/designee audited 15 resident records in March 2022 for RASP completion within 30 days of the assessment or resident care changes. 100%v compliance was verified.

The ED/DOW provided education to all nursing staff on the regulatory requirement of resident Support Plans must be updated within 30 days of the assessment or resident care changes 2600.227c

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4's medical evaluation was completed on [REDACTED]. The medical assessment stated Resident #4 was on a mechanical soft diet, however the assessment and support plan, dated [REDACTED], indicates Resident #4 is on a diet of bite size foods and nectar thick liquids.

Plan of Correction

Accept

1. The Support Plan of resident #4 has been revised to include current diet orders.
2. The DOW/designee will review all current support plans for inclusion of services provided.
3. The DOW/designee will audit 15 charts monthly for support plans to include services provided, until 100% compliance is noted for 3 consecutive months.
4. The ED/DOW will educate all nursing staff on Support Plans must have all current services documented, regulatory requirement 2600.227d

Completion Date: 03/01/2022

Update: 03/03/2022

Please send/Attach proof of staff training. 3-3-2022 MM

Document Submission

Implemented

The Support Plan of resident #4 has been revised to include current diet orders.

The DOW/designee reviewed all current support plans for inclusion of services provided.

The DOW/designee audited 15 charts in march 2022 for support plans to include services provided. 100% compliance is noted

The ED/DOW educated all nursing staff on Support Plans must have all current services documented, regulatory requirement 2600.227d

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #9 participated in the development of their support plan on [REDACTED]. The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction

Accept

1. The Support Plan of resident #9 dated 11/16/2021 has been corrected to include notation of resident's refusal to sign.

227h - Support Plan Refuse Sign (continued)

2. The DOW/designee will review all current resident support plans to ensure there is documentation of resident/designated person's refusal or inability to sign.
3. The DOW/designee will audit resident support plans for documentation of resident/designated person's refusal or inability to sign. There will be 15 charts audited monthly until 100% compliance is noted for 3 consecutive months.
4. The ED/DOW will provide education to all nursing staff that the resident Support Plan must include documentation of a resident/designated person refusal or inability to sign.

Completion Date: 03/01/2022

Document Submission**Implemented**

The Support Plan of resident #9 dated [REDACTED] has been corrected to include notation of resident's refusal to sign.

The DOW/designee reviewed all current resident support plans to ensure there is documentation of resident/designated person's refusal or inability to sign.

The DOW/designee audited resident support plans for documentation of resident/designated person's refusal or inability to sign. There was 15 charts audited in March 2022 and all were compliant.

The ED/DOW provided education to all nursing staff that the resident Support Plan must include documentation of a resident/designated person refusal or inability to sign.

231b - Medical Evaluation**1. Requirements**

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 #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

1. All resident records will be reviewed to include a medical evaluation within 60 days prior to admission.
2. The DOW/designee will audit 100% of all new admissions for 3 months to determine that a medical evaluation was completed within 60 days prior to admission.
3. The ED/DOW will provide education to nursing and admissions of the regulatory requirement 2600.231b

Completion Date: 03/01/2022

Update: 03/03/2022

Please send/Attach proof of staff training. 3-3-2022 MM

Document Submission**Implemented**

All resident records were reviewed to include a medical evaluation within 60 days prior to admission.

The DOW/designee audited 100% of all new admissions to determine that a medical evaluation was completed

231b - Medical Evaluation (continued)

within 60 days prior to admission. 100% Compliance was verified.

The ED/DOW provided education to nursing and admissions of the regulatory requirement 2600.231b

85d - Trash Receptacles

1. Requirements

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

Trash cans located in the home's kitchen were uncovered.

repeat violation 8/26/19

Plan of Correction

Accept

1. All trash cans in the kitchen were covered on 12/16/2021.

2. Dietary Director/designee will conduct an audit of all trash receptacles, covered, weekly until 100% compliance is documented for 4 consecutive weeks.

3. The Dietary Director/designee will provide education to kitchen staff regarding the regulatory requirement 2600.85d

Completion Date: 12/17/2021

Update: 03/03/2022

Please send/Attach proof of staff training. 3-3-2022.

Document Submission

Implemented

Dietary Director/designee conducted an audit of all trash receptacles, covered, weekly for 4 consecutive weeks and noted 100% compliance.

The Dietary Director/designee will provide education to kitchen staff regarding the regulatory requirement 2600.85d

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 #5 glucometer was not calibrated to the correct date and time.

Resident #8 has a PRN order for nitroglycerin .4mg, tablet under tongue every 5 minutes for chest pain. This medication was not available.

Repeat Violation 8/26/19

Plan of Correction

Accept

1. The glucometer belonging to resident #5 and all in-house resident glucometers were calibrated to the correct

185a - Implement Storage Procedures (continued)

date and time on 12/15/21.

2. The medication for resident #8 was obtained 12/15/21.

3. All resident medication supplies were checked for availability 12/17/2021.

4. The DOW/designee will complete an audit of medication availability for 15 residents monthly until 100% compliance is noted for 3 consecutive months.

5. ED/DOW will provide in-servicing to nursing staff on regulatory requirement 2600.185a- resident glucometers shall be calibrated to current date and time and residents will have an adequate supply of all medications ordered.

Completion Date: 03/01/2022

Document Submission**Implemented**

The glucometer belonging to resident #5 and all in-house resident glucometers were calibrated to the correct date and time on 12/15/21.

The medication for resident #8 was obtained 12/15/21.

All resident medication supplies were checked for availability 12/17/2021.

The DOW/designee completed an audit of medication availability for 15 residents in March 2022. 100% compliance is noted

ED/DOW provided in-servicing to nursing staff on regulatory requirement 2600.185a- resident glucometers shall be calibrated to current date and time and residents will have an adequate supply of all medications ordered.