

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

December 29, 2022

[REDACTED], ADMINISTRATOR
PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
[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 11/15/2022, 11/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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: Julie Wallace **Phone:** 5703454999 **Email:** jwallace@prov-place.com

Legal Entity

Name: PROVIDENCE PLACE OF PINE GROVE ASSOCIATES

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/02/2001 **Issued By:** PA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 11/16/2022

Inspection Dates and Department Representative

11/15/2022 - On-Site: [REDACTED]
11/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 **Residents Served:** 58

Secured Dementia Care Unit

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

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

11/15/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/17/2022

12/12/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/22/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/16/2022

Inspections / Reviews (*continued*)

12/13/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2022

12/29/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During the initial walk through on 11/15/22 the home had shower logs and treatment sheet that were being stored on linen carts located in the halls on each wing. The resident's information was not secured and was available to other residents and visitors to the home.

Plan of Correction

Accept ([REDACTED] - 12/13/2022)

DOW removed task sheets locking them in nursing office then re-educated nursing staff on confidentiality. DOW will explain the importance of keeping resident information behind locked door for HIPPA reason at meeting on 12/20 & 12/21/22. DOW will monitor ongoing for compliance.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented ([REDACTED] - 12/29/2022)

28a - Refunds

2. Requirements

2600.

- 28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident #1 passed away on [REDACTED] and all their items were remove from the home on [REDACTED]. They had a balance of [REDACTED] and received this refund on [REDACTED] which was over [REDACTED] day limit.

Plan of Correction

Accept ([REDACTED] - 12/13/2022)

BOM will complete discharges timely making sure that all are completed within 30 day time frame. BOM will include ED in the refund process so there is a second set of eyes making sure time frame is met 12/12/22. BOM will monitor ongoing.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented ([REDACTED] - 12/29/2022)

42b - Abuse

3. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2 gave staff person A their bank card to make purchases for them. Staff person A failed to return their bank card and Staff person A made unauthorized bank card expenditures totaling [REDACTED]

42b - Abuse (continued)

Repeat Violation 05/03/22

Plan of Correction

Accept (████ - 12/13/2022)

ED re-educated staff on resident/rights and theft. ED had meetings with staff 11/22 & 11/23 to re-educate staff on consequences of violating residents rights and theft of resident property. ED will monitor on going. ED is working with PSP to bring resolution to resident #2 ongoing. Attached trainings.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented (████ - 12/29/2022)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

During the initial walk through, the home had Clorox disinfectant wipes and Champion Spira Brand disinfectant sprays that were marked harmful and seek medical attention if ingested or in contact with eyes and skin that were located on linen carts. The home reported they have residents who are not capable of managing poisonous materials.

Plan of Correction

Accept (████ - 12/13/2022)

Housekeeping Director has all wipes and disinfectant spray locked up in laundry room. Housekeeping director manages poisonous materials keeping them locked in storage room and discusses during onboarding how to access supplies 12/06/22. Attached. Housekeeping Director will monitor ongoing.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented (████ - 12/29/2022)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menu posted in the main dining room had the present week posted 11/12/22 thru 11/19/22. The upcoming week 11/20/thru 11/27/22 was not posted.

Plan of Correction

Accept (████ - 12/13/2022)

Dining Director printed and hung second week menu 11/16/22. Dining Director will make sure two week menus are hung on Dining room doors at all times. Dining Director will monitor ongoing.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented (████ - 12/29/2022)

185a - Implement Storage Procedures

6. 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 #3's glucometer on [redacted] at [redacted] had a blood glucose test reading of [redacted]. Resident #3 MAR had a blood glucose test reading [redacted] for [redacted] on [redacted]

Plan of Correction

Accept ([redacted] - 12/12/2022)

DOW re-educated MT on proper use of glucometer and how to document reading on the MAR. DOW will monitor MT for 4 med passes observing her doing fingersticks and documenting the results on the MAR. DOW will continue to monitor ongoing.

Licensee's Proposed Overall Completion Date: 12/11/2022

Implemented ([redacted] - 12/29/2022)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident #3 was on a sliding scale for coverage with meals for [redacted] and they to receive 2 units of [redacted] and it was documented that Resident #3 received 4 units of [redacted]

Plan of Correction

Accept ([redacted] - 12/12/2022)

DOW re-educated MT on the importance of proper transcription of glucometer readings. DOW re-educated MT on how transcription errors lead to insulin coverage errors. DOW will monitor MT for four med passes observing her fingersticks, documentation of same, and administration of any needed insulin.

Licensee's Proposed Overall Completion Date: 12/11/2022

Implemented ([redacted] 12/29/2022)