

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

February 6, 2023

[REDACTED], EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES
[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 12/19/2022, 12/20/2022, 12/21/2022 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 POTTSVILLE License #: 20397 License Expiration: 12/05/2023
 Address: 2200 FIRST AVENUE, POTTSVILLE, PA 17901
 County: SCHUYLKILL Region: NORTHEAST

Administrator

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

Legal Entity

Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 169 Waking Staff: 127

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/22/2022

Inspection Dates and Department Representative

12/19/2022 - On-Site [REDACTED]
 12/20/2022 - On-Site [REDACTED]
 12/21/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 192 Residents Served: 113
 Secured Dementia Care Unit
 In Home: Yes Area: Connections Capacity: 56 Residents Served: 56
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 112
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 56 Have Physical Disability: 0

Inspections / Reviews

12/19/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/20/2023

Inspections / Reviews *(continued)*

01/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/27/2023

01/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/01/2023

02/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 had 2 quarter length bed rails that were not covered with openings that were 12 inches high and 2 feet in length.

Plan of Correction

Accept (████) - 01/23/2023)

Surveyor identified 2 quarter length bed rails that weren't covered with openings that were over 12 inches high and 2 feet in length, facility immediately removed both bed rails to ensure the residents safety. Nursing requested order from primary physician and therapy screen for safety measure. Director of Maintenance applied new enabler with cover to remain free of hazards.

DOW will completely monthly rounds for four months and then quarterly in all resident rooms to ensure devices are free of hazards.

See attached pictures.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (████) - 02/06/2023)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The second-floor secured unit Whirlpool brand refrigerator located in the dining area did not have a thermometer at the time of inspection.

Plan of Correction

Accept (████) - 01/23/2023)

Second-floor secured unit Whirlpool refrigerator immediately had a thermometer placed in the refrigerator by the Connections Director on 12/20/2022. Weekly audits have been started by Connections Director for four weeks then monthly. See attached picture and current audit.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (████) - 02/06/2023)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On the initial walk through the home's exterior patio exit gate located on the lower lever Connections secured community on the left exit gate, was locked with a chain and pad lock and had 2 patio tables located in front of the gate's, preventing immediate egress.

121a Unobstructed Egress (continued)

Plan of Correction

Accept (████) - 01/27/2023)

Two patio tables located in front of the gates that prevented immediate egress on the lower level of Connections secured community were removed by ██████████, Director of Maintenance and staff was educated on keeping stairways, hallways, doorways, passageways and egress routes unlocked and unobstructed. Director of Maintenance will conduct weekly audits for 8 weeks, biweekly for 8 weeks and then monthly to ensure stairways, hallways, doorways, passageways and egress routes are unobstructed.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (████) - 02/06/2023)

185a - Implement Storage Procedures

4. 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's Glucometer was not calibrated correctly. On ██████████ at ██████████ resident's glucometer had a blood glucose test of reading of ██████████ and ██████████ was documented as a blood glucose reading. ██████████ at ██████████ the resident's glucometer had a blood glucose reading of ██████████ and ██████████ blood glucose reading was recorded. ██████████ the resident's glucometer had a blood glucose test reading of ██████████ at ██████████ and the home recorded a blood glucose test reading of ██████████

Plan of Correction

Accept (████) - 01/23/2023)

DOW will complete monthly glucometer readings to ensure accurate blood glucose readings. Staff to be educated on the importance of making sure the blood glucose reading are documented properly from the blood glucometer into Accu flo. Audits will be done monthly for four months and then quarterly by DOW.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (████) - 02/06/2023)

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The lower level Connections secured unit had the following exit doors that did not have the code posted near or on the exit pads. On the right side patio exit gate door and the lower level interior door that exited into the Physical Therapy area and the elevator area of the unit.

Plan of Correction

Accept (████) - 01/23/2023)

Access code picture was immediately posted conspicuously by interior door and patio exit door. Weekly audit for 4 weeks by Connections Director and then monthly.

Licensee's Proposed Overall Completion Date: 01/10/2023

233c - Key-Locking Devices (continued)

Implemented () - 02/06/2023

233d - Electronic/Magnetic System

6. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

On the initial walk through the home's exterior patio exit gate located on the lower lever Connections secured community on the left exit gate, was locked with a chain and pad lock.

Plan of Correction

Accept () - 01/23/2023

Exterior patio gate was found to be locked with a chain and lock pad on 12/19/2022, Director of Maintenance will ensure chain and lock is removed. On or before 1/16/2023, Garland Communications will install the Securetron Maglock Keypad to the exit door. Director of Maintenance will provide updated picture and manufacturer information once this is completed.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented () - 02/06/2023

237a - Activities

7. Requirements

2600.

237.a. The following types of activities shall be offered at least weekly:

Description of Violation

The Connections secured unit located on the second floor did not have an activity calendar posted that was developed to meet the social recreational needs for the secured unit residents.

Plan of Correction

Accept () - 01/27/2023

Activities calendar posted on a bulletin board in Connections South hallway and will be updated monthly by the Connections Coordinator, (), (), the Director of Connections will do weekly audits for 8 weeks, bi-weekly audits for 8 weeks and then monthly checks on the unit to ensure that the calendar is posted and visible for all residents, families and staff to see.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented () - 02/06/2023