

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

December 18, 2023

[REDACTED], COO
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 11/29/2023, 11/30/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PROVIDENCE PLACE OF LANCASTER License #: 33725 License Expiration: 01/14/2025
Address: 1380 ELM AVENUE, LANCASTER, PA 17603
County: LANCASTER Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: PROVIDENCE PLACE OF LANCASTER ASSOCIATES
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 09/08/2010 Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 133 Waking Staff: 100

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
Reason: Renewal, Incident Exit Conference Date: 11/30/2023

Inspection Dates and Department Representative

11/29/2023 - On-Site: [Redacted]
11/30/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 125 Residents Served: 89
Special Care Unit
In Home: Yes Area: Connections Capacity: 44 Residents Served: 39
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 44 Have Physical Disability: 1

Inspections / Reviews

11/29/2023 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/17/2023
12/14/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 12/18/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2023

Inspections / Reviews *(continued)*

12/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/23/2023

12/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

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

Residents 1 and 2 reside in the dementia care unit of the home. On [redacted] at approximately [redacted] Staff Member A heard yelling down the hallway. Staff Member A witnessed Resident 1 push Resident 2 to the ground at the doorway of Resident 2's apartment. Resident 2 sustained an injury as a result of the incident.

On [redacted] at approximately [redacted], Staff member B observed Staff member C inappropriately touching Resident 3 underneath his/her shirt. Furthermore, written statements from Staff members D and E confirms Staff member C also kissed Resident 3 on the lips.

Repeated Violation-10/12/23

Plan of Correction

Accept [redacted] - 12/13/2023)

Resident 1 was new admission to community, not on any medications for behaviors and admitting dx was [redacted]. Residence was not aware of any potential issues with Resident 1. Resident 1 was placed on 1:1 after incident on [redacted] staffed by residence and medication adjusted, UTI completed: negative. Assessed after 1 week and residents behaviors improved. Per family request on [redacted] meds adjusted to reduce dosage and within 2 days resident displayed behaviors. Resident was placed back on 1:1 [redacted] staffed by residence and meds re-adjusted (earlier HS dosage 5pm vs 8pm), UTI completed: negative. Resident 1 has since displayed no behaviors and has improved. ED and CN Director spoke to family that if behaviors would continue Resident 1 may need skilled placement. Residence followed prior POC implementing 1:1 for behaviors to ensure safety of all residents as well as implementing PCP intervention with labs and med adjustments. 24hr report continued to be updated daily and DOW, ED and CN Director to review for any compliance issues. Doors to remain locked on unit to avoid residents in other resident apartments.

On 11/21/23, ED notified 3rd party provider Matura of incident. Staff member C asked to leave premise and not able to return to residence permanently. Any future stylist who will be on the premises will need to do an OAPSA training and dementia training provided by ED.

As a provider I find it disheartening to continue to be cited for incidents that are outside of our control when dealing with residents with dementia and outside providers. I feel as though when we handle an incident in the proper manner, following regulations, providing safety and implementing numerous interventions prior to being cited that we should not withstand a citation for handling the situation appropriately. As a provider we want to fight for each resident and their safety, and I feel as a healthcare system we could find a better way to interpret this regulation when it comes to dementia as we as providers should not be continually penalized for providing sound care.

Proposed Overall Completion Date: 12/08/2023

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 12/18/2023)

82c Locked poisons

2. Requirements

2800.

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

Description of Violation

On [redacted], a bottle of Eco lab bio enzymatic odor eliminator, with a manufacture's label indicating "do not drink", was unlocked, unattended, and accessible to residents in the secured dementia unit. These residents have been assessed incapable of recognizing and using poisons safely.

On [redacted], a tube [redacted], with a manufacture's label indicating "call poison control if swallowed", was unlocked, unattended, and accessible in resident room #218 in the secure dementia unit. These residents have been assessed incapable of recognizing and using poisons safely.

Repeated Violation-11/28/22, et al

Plan of Correction

Accept ([redacted] - 12/13/2023)

Cabinet with odor eliminator was broken on the morning of 11/29/23. Repaired by MD on 11/30/23 first thing, items remained locked after correcting issue. Lock on cabinet in 218 was not flipped into the lock position. Corrected upon inspection immediately. CN Director or designee will audit all cabinets on 12/8/23 to ensure that cabinets are in working order. CN Director or designee will audit 10 random cabinets each month to ensure that compliance is being maintained.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ([redacted] - 12/18/2023)

85a Sanitary conditions

3. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/30/23, a pungent odor of urine was detected upon entry into resident room #210.

Plan of Correction

Accept ([redacted] - 12/13/2023)

Do not agree with citation. Residence was clean and tidy overall. Resident in room 210 had an accident which required the deep cleaning of residents recliner chair. CN Director notified of issue and spoke with family on 12/1/23 about options. CN Director is going to deep clean chair and apply a waterproof/washable chair cover to resolve issue by 12/4/23. If there would be continued issue, a replacement chair with less soluble fabric, i.e. leather, would be ordered. CN Director to work continually with staff moving forward on any odors noted and resolving those immediately upon notice.

Licensee's Proposed Overall Completion Date: 12/07/2023

Implemented ([redacted] - 12/18/2023)

125a Combustible storage

4. Requirements

2800.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a Combustible storage (continued)

Description of Violation

On 11/30/23, there was a cart with 6 cans of paint, 2 of which were empty, and a spray can of Kilz primer stored near hot water heaters in the mechanical room located on the 1st floor of the secured dementia unit.

On 11/30/23, there were 2 pieces of cardboard that were wedged in between 2 hot water heaters in the mechanical room located on the 1st floor assisted living unit.

Plan of Correction

Accept () - 12/13/2023)

Items removed from mechanical closets on 12/1/23. MD or designee to audit mechanical closets monthly to ensure no combustible materials are being stored. First audit to be completed 12/8/23. Ongoing audits completed monthly.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented () 12/18/2023)

127a Portable space heaters

5. Requirements

2800.

127.a. Portable space heaters are prohibited.

Description of Violation

On 11/29/23, there was an unplugged portable space heater stored across the receptionist desk in the lobby of the home.

Plan of Correction

Accept () - 12/13/2023)

Portable heater was removed at time of inspection. ED was unaware of space heater being in the residence and upon realizing it was in the residence it was immediately removed. ED will post signs on all resident doors, notifying residents that they are not allowed to use space heaters in the residence. This will be started on 12/7/23 and completed by 12/15/23. ED send out email to all staff to notify staff of regulation and what to do if they were to find one in an apartment or in the residence. This will be completed by 12/12/23. ED and designee will audit all rooms to ensure no space heaters are in rooms. This will be started 12/7/23 and completed by 12/14/23.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 12/18/2023)

181c Self-Administer Assessment

6. Requirements

2800.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On () there was a bottle of () solution and a roll of () (2.5 oz) in Resident 8's room. However, Resident 8 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer.

181c Self-Administer Assessment (continued)

Plan of Correction

Accept () - 12/18/2023

Resident 8 did have a standing order from () for () to self administer which was provided. No self administer order for (). Med techs/ LPNs will be notified via email on () to observe apartments for any medications that are in rooms. Any medication that is found is to be checked against the Physician Orders immediately to make sure there is a self administration order. If there is a standing order, med tech/LPN is to keep medication in room and mark with a pink sticker to signify that it is as self admin. If there is not a standing order med tech/LPN is to take medication and report to DON. DON will either obtain a self administer order and note with a pink sticker or discuss with resident that we will have to administer the medication and why it is being removed from the apartment. This procedure will be completed on an ongoing basis moving forward.

Licensee's Proposed Overall Completion Date: 12/17/2023

Implemented () - 12/18/2023

183b Medications and syringes locked

7. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On (), at approximately (), a medication cart was unlocked, unattended, and accessible in the secured dementia unit near apartment 111.

Plan of Correction

Accept () - 12/13/2023

Med tech pulled to an emergent stroke situation and accidentally left cart unlocked to deal with the immediate concern. ED will train/educate med techs on security of medication on 12/12/23 and 12/14/23. ED or designee will audit all carts monthly to ensure they are locked and secured. Audit will be done at ED or designee discretion and staff will not know when audit occurs. First audit to be completed 12/8/23 and monthly ongoing. Any staff in violation will receive a written coaching.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented () - 12/18/2023

183e Storing Medications

8. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On (), 3 loose pills, were found in the home's T4 medication cart and 2 loose pills were found in the S1 medication cart.

Plan of Correction

Accept () - 12/13/2023

Loose pills were removed from carts at time of inspection 11/30/23. ED or designee will audit carts monthly to ensure medications are in correct packaging and stored in accordance with manufacturer instructions. First audit will be 12/11/23 and ongoing on a monthly basis.

183e Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented () - 12/18/2023)

187d Follow prescriber's orders

9. Requirements

2800.

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

Description of Violation

Resident 7 is prescribed () to be administered twice daily. However, this medication was not administered to Resident 7 on () at () because the medication was not available in the residence.

Plan of Correction

Accept () - 12/13/2023)

ED will train/educate med techs on regulation on 12/12/23 and 12/14/23. Create a binder for any medications that would need a hold order with FAX from PCP approving the hold for medication. This binder will be created and implemented by 12/15/23.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 12/18/2023)

234a Admission – support plan

12. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 1 was admitted to the special care unit on (). However, the resident's initial support plan was completed on ().

Resident 4 was admitted to the special care unit on (). However, the resident's initial support plan was completed on ().

Resident 6 was admitted to the special care unit on (). However, the resident's initial support plan was completed on ().

Plan of Correction

Accept () - 12/13/2023)

Current CN Director new to role 10/1/23. Misunderstanding on timeframe of regulation and ASP needing to be completed. Reviewed regulation with CN Director and provided a timeline for admissions and assessments document to employee for future reference on regulation to ensure compliance with new admissions. Completed 12/1/23.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented () - 12/18/2023)