

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

February 13, 2024

[REDACTED], EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF DOVER ASSOCIATES
3377 FOX RUN ROAD
DOVER, PA, 17315

RE: PROVIDENCE PLACE OF DOVER
3377 FOX RUN ROAD
DOVER, PA, 17315
LICENSE/COC#: 33696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2023, 12/28/2023 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 DOVER **License #:** 33696 **License Expiration:** 02/11/2024

Address: 3377 FOX RUN ROAD, DOVER, PA 17315

County: YORK **Region:** CENTRAL

Administrator

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

Legal Entity

Name: PROVIDENCE PLACE OF DOVER ASSOCIATES

Address: 3377 FOX RUN ROAD, DOVER, PA, 17315

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2	Date: 05/21/2010	Issued By: Dover Township
Type: I-1	Date: 04/15/2023	Issued By: Dover Township
Type: C-2 LP	Date: 04/25/1998	Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 151 **Waking Staff:** 113

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal, Complaint **Exit Conference Date:** 12/28/2023

Inspection Dates and Department Representative

12/27/2023 - On-Site: [REDACTED]

12/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190 **Residents Served:** 109

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 74 **Residents Served:** 39

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 109
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 42	Have Physical Disability: 0

Inspections / Reviews

12/27/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/20/2024

Inspections / Reviews *(continued)*

02/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/15/2024

02/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/16/2024

02/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

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 weekend of [REDACTED], Staff Person A was informed by Resident 1's family of suspected physical abuse. The residence did not report the suspected physical abuse to the local Area Agency on Aging office.

Repeated Violation-03/16/2023

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

Reporting process has been reviewed by ED, DON, & CN Director on 1/10/2024. The pyramid diagram of suspected resident abuse reporting, investigating requirements, and residence incidents-investigating and reporting process will continue to be utilized. Residence will continue with annual trainings and initial trainings with new coworkers. The ED, DON, and CN Director will be responsible for ongoing and initial trainings with coworkers on identifying and reporting alleged abuse. Documentation reviews will be conducted by the ED, DON, CN Director, and LPN Shift lead. Staff has been educated to notify ED, DON, CN Director, and or Shift lead (LPN) of any incidents of concern per company incidents-investigating and reporting process. The ED, DON, CN Director and or Shift lead (LPN) will complete necessary reporting procedures. The required reportable forms and notifications will be submit to AAA and or DHS. Incidents will be reviewed at residence next QM meeting to be held 1/31/24.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented ([REDACTED] - 02/13/2024)

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On weekend of [REDACTED], Staff Person A was informed by Resident 1's family of suspected physical abuse. The residence did not report the suspected physical abuse to The Department.

Repeated Violation-03/16/2023

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

Reporting process has been reviewed by ED, DON, & CN Director on 1/10/2024. The pyramid diagram of suspected resident abuse reporting, investigating requirements, and residence incidents-investigating and reporting process will continue to be utilized. Residence will continue with annual trainings and initial trainings with new coworkers. The ED, DON, and CN Director will be responsible for ongoing and initial trainings with coworkers on identifying and reporting alleged abuse. Documentation reviews will be conducted by the ED, DON, CN Director, and LPN Shift lead. Staff has been educated to notify ED, DON, CN Director, and or Shift lead (LPN) of any incidents of concern per company incidents-investigating and reporting process. The ED, DON, CN Director and or Shift lead (LPN) will complete necessary reporting procedures. The required reportable forms and notifications will be submit to AAA

16c Incident reporting (continued)

and or DHS. Incidents will be reviewed at residence next QM meeting to be held 1/29/24.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 02/13/2024)

82c Locked poisons

3. 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 12/27/2023, at 10:10AM, there was a bottle of 90% isopropyl alcohol located behind a cabinet door with a child lock located in activity kitchen of the Secure Care Unit (SCU). Child lock could easily be opened. Not all the residents of the residence, including Resident 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 02/12/2024)

On 12/27/23 the bottle of 90% isopropyl alcohol was removed immediately by the Connections Director. Moving forward no poisonous materials will be stored in the common area cabinets. Beginning 12/27/2023, the CN Director and or Activity staff will complete checks to ensure no poisonous materials are being stored in resident areas. The checks will be weekly to ensure no poisonous materials are being stored in resident areas. On January 1 & January 3, 2024 the Connections Director educated the staff on securing poisonous materials out of reach of the residents. The CN Director will re educate the staff monthly during staff meetings.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 02/13/2024)

105g Dryer lint removal

4. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 12/27/2023 at 9:52AM, there was an accumulation of lint in the lint trap of the Roper dryer located in the resident laundry room in the 900 hallway.

On 12/27/2023 at 9:58AM, there was an accumulation of lint in the lint trap of the Whirlpool dryer located in the primary laundry room of assisted living.

On 12/27/2023 at 10:05AM, there was an accumulation of lint in the lint trap of the Amana dryer located in the Connections laundry room.

The dryers were not use or had clothing located inside at the time of the observations.

105g Dryer lint removal (continued)

Plan of Correction

Accept (█ - 02/12/2024)

On 12/27/23 all lint traps were cleaned of lint by the maintenance director. Reminders to staff to clean lint traps after each use is in place. Reminder to all staff via email was sent by ED on 1/17/2024, to remind staff importance of cleaning dryer vents after each use. Reminder signs to clean lint traps after each use were placed on each dryer by the Maintenance Director on 1/27/2024. Beginning 1/17/2024 the Shift leads will check dryer traps throughout the day to ensure traps are clean of lint. During the community meeting with residents on 2/7/2024, the ED also reminded residents that do their own laundry to check and clean out the lent traps.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█ - 02/13/2024)

141a Medical evaluation

5. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

Resident 2 was admitted to the residence on █. However, the resident was not tested for TB until █.

Resident 5 was admitted to the residence on █. However, resident was not tested for TB until █.

Plan of Correction

Accept (█ - 02/12/2024)

On 1/2/2024, a tracking system was put into place to ensure compliancy with regulation to have TB administered within 15 days of admission. Shift lead (LPN), DON, CN Director, and ED will audit charts to ensure timeframes are within regulation requirements. Chart audits will be reviewed during QM meetings. Next QM meeting will be held 1/31/2024.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█ - 02/13/2024)

141b1 Annual medical evaluation

6. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident 2's current annual medical evaluation (ADME) was completed on █. However, resident's prior ADME was completed on █.

141b1 Annual medical evaluation (continued)

Resident 3 has an ADME from [REDACTED]. However, resident's prior ADME was completed on [REDACTED].

Resident 4's current ADME was completed on [REDACTED] However, resident's prior ADME was completed on [REDACTED]

Repeated Violation-10/18/2022, et al

Plan of Correction

Accept [REDACTED] - 02/12/2024)

Medical evaluations will be completed within 60 days prior to admission and within 15 days after admission on all new admissions. Annual medical evaluations will be completed yearly with no more than the accepted 15 day grace period extension. The DON, CN Director, and or the ED, will complete audits on 10% charts to ensure medical evaluation dates are compliant. The audit will be completed by 1/31/2024. Tracking system was put into effect on 1/2/2024. Tracking system will notify staff 30 days before the deadline for annual medical evaluations. Once staff is alerted by the tracking system the DON, CN Director, and or LPN shift lead will then contact the residents physician's office within 2 business days to set up an appointment for medical evaluation.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/13/2024)

185a Storage procedures

7. Requirements

2800.

185.a. The residence 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 and Resident 5 are prescribed [REDACTED] suppository as needed. On [REDACTED], this medication was not available in the residence.

Plan of Correction

Accept [REDACTED] - 02/12/2024)

The residence will follow the directions of the prescriber by completing weekly checks to ensure that medications are on hand if or when they are needed. If a medication is no longer needed, staff will reach out to the prescriber to have the medication discontinued. The ED re-educated the Med Tech's and LPN on 1/17/2024.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/13/2024)

187d Follow prescriber's orders

8. Requirements

2800.

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

Description of Violation

Resident 5 is ordered [REDACTED] before meals. However, on [REDACTED], the insulin was not given by staff due to low blood sugar. This is not expressed in

187d Follow prescriber's orders (continued)

orders on the medication administration record (MAR) as a reason to hold the medication.

Repeated Violation-10/18/2022, et al

Plan of Correction

Accept (█) - 02/12/2024)

The residence will follow the directions of the prescriber by completing weekly checks to ensure that medications are on hand if or when they are needed. If a medication is no longer needed, staff will reach out to the prescriber to have the medication discontinued. The audit will ensure the medication administration procedures are being followed to reach out to the prescriber and/or pharmacy to ensure accurate orders are documented on the MAR. The ED re-educated the Med Tech's and LPN on 1/17/2024. On 1/19/2024 the LPN's notified PCP's and received orders to set hold perimeters for low blood sugars.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 02/13/2024)

9. Requirements

2800.

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

Description of Violation

Resident 3 is prescribed █ at bedtime. However, this medication was not administered to Resident 3 on █ because the medication was not available in the residence.

Repeated Violation-10/18/2022, et al

Plan of Correction

Accept (█) - 02/12/2024)

The residence will follow the directions of the prescriber by completing weekly checks to ensure that medications are on hand if or when they are needed. If a medication is no longer needed, staff will reach out to the prescriber to have the medication discontinued. The ED re-educated the Med Tech's and LPN on 1/17/2024.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 02/13/2024)

224a2 30 days prior to admission

10. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident 2 was admitted on █. However, the resident's initial assessment was not completed until █.

Plan of Correction

Accept (█) - 02/12/2024)

Charts are being audited to ensure compliancy. Audits will be completed by DON, ED, and CN Director by 1/26/2024. On 1/2/2024, an assessment tracker was implemented to ensure dates are compliant with regulation.

224a2 30 days prior to admission (continued)

During 1/15 1/18/2024, the new DON received training with company Director of Clinical Operations and other DON within the company to review/learn regulations and company policies.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/13/2024)

225a1 Assessment – annually

11. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident 6’s most recent assessment was completed on [REDACTED]. However, the prior assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/12/2024)

Charts are being audited to ensure compliancy. Audits will be completed by DON, ED, and CN Director by 1/26/2024. On 1/2/20204, an assessment tracker was implemented to ensure dates are compliant with regulation. During 1/15 1/18/2024, the new DON received training with company Director of Clinical Operations and other DON within the company to review/learn regulations and company policies. Tracking system will notify DON or CN Director 30 days before the deadline for the annual evaluation.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/13/2024)

227b Final support plan – RN

12. Requirements

2800.

227.b. A residence may use its own support plan form if it includes the same information as the Department’s support plan form. An LPN, under the supervision of an RN, shall review and approve the final support plan.

Description of Violation

Resident 2’s annual support plan, completed on [REDACTED], has no documentation of it being reviewed by an RN or an LPN under an RN’s supervision.

Resident 5’s annual support plan, completed on [REDACTED], has no documentation of being reviewed by an RN or an LPN under an RN’s supervision.

Resident 7’s initial support plan, completed on [REDACTED], has no documentation of it being reviewed by an RN or an LPN under an RN’s supervision.

227b Final support plan – RN (continued)

Plan of Correction

Accept () - 02/12/2024)

Charts are being audited to ensure compliancy. Audits will be completed by DON, ED, and or CN Director by 1/26/2024. Assessments will be reviewed and signed off by the company's RN Director of Clinical Operations. Review binder is in place for assessments. Chart audits will be reviewed during QM meetings.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 02/13/2024)

227g Support plan - signatures

13. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 5's support plan, dated (), was not signed by the resident.

Plan of Correction

Accept () - 02/12/2024)

Charts are being audited to ensure compliancy. Audits will be completed by DON, ED, and CN Director by 1/26/2024. Support plans will be reviewed and signed off by residents. As part of the chart audit, this will be reviewed during residence QM meetings.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 02/13/2024)

254a Records – discharge/active

14. Requirements

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 12/28/2023 at 3:45PM, the laptop on medication cart for the 100 and 200 hallways was unlocked, unattended and accessible. Resident 9's medical information was on the screen, including diagnoses and medication list.

Plan of Correction

Accept () - 02/07/2024)

On 1/17/2024, the ED re educated the nursing staff to comply with confidential resident information. Staff member received a coaching on maintaining confidential resident information. Coaching was completed on 1/12/24, by Director of Clinical Operations. Ongoing educations will be presented monthly by the DON during monthly staff meetings.

Licensee's Proposed Overall Completion Date: 01/17/2024

Implemented () - 02/13/2024)