

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

April 1, 2024

[REDACTED]  
PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2024 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 POTTSVILLE* License #: *20397* License Expiration: *12/05/2024*  
 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: *12/14/2013* Issued By: *City of Pottsville*

**Staffing Hours**

Resident Support Staff: *1* Total Daily Staff: *183* Waking Staff: *137*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *03/12/2024*

**Inspection Dates and Department Representative**

*03/12/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *192* Residents Served: *132*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Connections* Capacity: *56* Residents Served: *38*

**Hospice**  
 Current Residents: *15*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *50* Have Physical Disability: *0*

**Inspections / Reviews**

**03/12/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2024*

**03/27/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/01/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2024*

Inspections / Reviews (*continued*)

04/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**82c - Locking Poisonous Materials**

**1. 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**

*The following items were noted in an unlocked and unattended cabinet in the Connections Kitchenette above the stove: 1 spray bottle of Clean Perox; 1 -19oz. can of Clean Home Disinfectant Spray, and 1- 38oz. bottle of Dawn dish soap. The products were labeled with instructions to "Contact Poison Control if inhaled" and "seek medical attention". The residents living in the Connections Area are not assessed to safely identify or use poisonous materials.*

**Plan of Correction**

**Accept** [redacted] - 03/27/2024)

- 1- The ED and Connections Director went through the entire Community and removed all chemicals and products that could be considered poisonous materials from the unit on 3/22/2024.
- 2- The Maintenance Director and Maintenance Assistant pinned both laundry doors in Connections South to ensure the doors lock every time someone goes into the room. The doors were pinned on 3/22/2024.
- 3- There was a cabinet in the laundry room that the Maintenance Director put a safety lock on so all chemicals will be double locked. The safety lock was installed 3/22/2024.
- 4- Education completed with staff on Regulation 2600.82c by ED, CD Director and DON beginning on 3/25/2024.
- 5- Audits began 3/22/2024 on the Connections neighborhoods and will continue daily for a month by the Connections Director, ED, Director of Nursing or Designee.

**Licensee's Proposed Overall Completion Date:** 03/22/2024

**Implemented** [redacted] - 04/01/2024)

**103g - Storing Food**

**2. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*The following food items noted in cabinet in the First Floor Activities Area were not properly sealed: 1-16oz. bag of Great Value Pretzels; 1-16oz. bag of dried noodles; 1-13oz, bag of Lays Potato Chips; 1-16 oz. bag of Stacy's Pita Chips and 1-5oz. bag of Puffed Corn.*

**Plan of Correction**

**Accept** [redacted] - 03/27/2024)

- 1- The ED went through the entire Community and immediately removed any food that was not properly stored on 3/21/2024.
- 2- The ED sent an email to the entire staff on 3/21/2024 notifying them that no food is to be stored in their areas and that any food that is needed for activities needs to come from the kitchen.
- 3- Education completed with staff on Regulation 2600.103g by ED, CD Director and DON beginning on 3/25/2024.
- 5- Audits began 3/22/2024 in the Community in 4 areas and will continue twice a weekly for three weeks, once a week for 3 weeks, biweekly for 2 weeks and then monthly for 2 months. Audits will be completed by the ED, CD Director, Director of Nursing or Designee.

**Licensee's Proposed Overall Completion Date:** 03/22/2024

103g - Storing Food (continued)

Implemented [redacted] 04/01/2024)

185a - Implement Storage Procedures

3. 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

Review of Resident [redacted] MAR indicates a [redacted] reading of [redacted] on [redacted] at [redacted]. There is no reading in Resident [redacted] for that date and time.

Plan of Correction

Accept [redacted] 03/27/2024)

- 1- The Director of Clinical Services completed audits on all [redacted] at our facility on 3/22/2024.
- 2- All residents have their own [redacted] and their own supplies. Staff were educated on Regulation 2600.185a and the proper usage of using the glucometers. We also identified if a staff member removed a testing strip too quickly the reading may not have registered in the [redacted].
- 3- Small reminder papers were made and inserted into each residents testing kit to remind staff to leave the test strip in the [redacted] for 30 seconds. (Attached).
- 4- An extra paper [redacted] Audit (Attached) was created as another check and balance to be used beginning at 6pm on 3/21/2024. Staff will complete the [redacted] reading, document it in the MAR, and then write the [redacted] reading and the number from the MAR on the paper. This paper balance will continue to be monitored by the Director of Nursing, Executive Director of Nursing or Designee beginning on 3/22/2024 and continue weekly for 4 weeks and then biweekly for 4 weeks to ensure compliance.
- 5- Random [redacted] audits will continue by the Director of Clinical Services as well
- 6- Providence Places using a Clinical QA (Attached) to continue to remain compliant and continues to complete quarterly clinical audits. The ED, CN Director and Director of Nursing will use the following guide to audit the building beginning on 3/25/2024 and will complete the audit in 2 weeks. The audits will continue quarterly by the ED, CN Director, Director of Nursing and the Director of Clinical Services.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [redacted] - 04/01/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Review of Resident [redacted] MAR indicates a [redacted] reading of [redacted] on [redacted] at [redacted]. There is no reading in Resident [redacted] to indicate their [redacted] was checked on that date and time.

Resident [redacted] indicates a [redacted] reading of [redacted] on [redacted] at [redacted]; [redacted] is recorded on the MAR. Resident [redacted] is prescribed [redacted] with a sliding scale that requires [redacted] of [redacted] to be administered for a [redacted] level between [redacted]. On [redacted] at [redacted] Resident [redacted] indicated a [redacted] level of [redacted] however their MAR indicates 6 units were administered.

Resident [redacted] glucometer indicates a [redacted] reading of [redacted] on [redacted] at [redacted]; [redacted] is recorded on the MAR.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] - 03/27/2024)

- 1- The Director of Clinical Services completed audits on all glucometers at our facility on 3/22/2024.
- 2- All residents have their own [redacted] and their own supplies. Staff were educated on Regulation 2600.185a and the proper usage of using the [redacted]. We also identified if a staff member removed a testing strip too quickly the reading may not have registered in the glucometer.
- 3- Small reminder papers were made and inserted into each residents testing kit to remind staff to leave the test strip in the [redacted] for 30 seconds. (Attached).
- 4- An extra paper [redacted] r Audit (Attached) was created as another check and balance to be used beginning at 6pm on 3/21/2024. Staff will complete the [redacted] reading, document it in the MAR, and then write the [redacted] reading and the number from the MAR on the paper. This paper balance will continue to be monitored by the Director of Nursing, Executive Director of Nursing or Designee beginning on 3/22/2024 and continue weekly for 4 weeks and then biweekly for 4 weeks to ensure compliance.
- 5- Random [redacted] audits will continue by the Director of Clinical Services as well
- 6- Providence Places using a Clinical QA (Attached) to continue to remain compliant and continues to complete quarterly clinical audits. The ED, CN Director and Director of Nursing will use the following guide to audit the building beginning on 3/25/2024 and will complete the audit in 2 weeks. The audits will continue quarterly by the ED, CN Director, Director of Nursing and the Director of Clinical Services.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [redacted] 04/01/2024)

227d - Support Plan Medical/Dental

5. Requirements

2600.

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 [redacted] Resident Assessment and Support Plan (RASP) dated [redacted] Resident [redacted] RASP dated [redacted], Resident [redacted] RASP dated [redacted], Resident [redacted] RASP dated [redacted], Resident [redacted] RASP dated [redacted] and Resident [redacted] RASP dated [redacted] were not updated to include information on therapy services.

Repeat Violation 9-26-23.

Plan of Correction

Accept [redacted] 03/27/2024)

- 1- All RASP's were updated by the Director of Nursing on 3/20/2024 to reflect when residents start therapy.
- 2- Weekly beginning 3/25/2024 the Therapy Director will provide the Director of Nursing and the Connections Director an updated list of residents of who started or ended therapy services so the RASP's can be updated.
- 3- Providence Place developed a support plan update form that the nursing team in PC and Connections will utilize for any add-ons and updates for the residents. These forms will be given to the Director of Nursing or the Connections Director for the updates to be made to the RASP. (Attached)
- 4- The Executive Director will sign off on every care plan, verifying that she was part of the care plan.

Licensee's Proposed Overall Completion Date: 03/22/2024

227d - Support Plan Medical/Dental (continued)

Implemented [REDACTED] - 04/01/2024)

254a - Records Discharge/Active

6. Requirements

2600.

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

Description of Violation

At approximately [REDACTED] Department Representatives returned from a physical site inspection and noted the requested Resident Records were left in the 3rd floor Florida Room which was unlocked and unattended.

Plan of Correction

Accept [REDACTED] - 03/27/2024)

1- Staff will be educated on Regulation 2600.254a beginning 3/25/2024

2- The Executive Director, Director of Nursing and Connections Director will ensure all computers are locked, resident files are locked, and resident information is kept secured.

3- Weekly audits will be completed by the Executive Director, Director of Nursing, Connections Director or Designee beginning on 3/25/2024 once a week for 4 weeks, biweekly for 2 weeks and then monthly for 2 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] 04/01/2024)