

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

April 1, 2024

[REDACTED]
PROVIDENCE PLACE OF LANCASTER ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF LANCASTER
1380 ELM AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 33725

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2024 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 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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Complaint, Incident* Exit Conference Date: *03/13/2024*

Inspection Dates and Department Representative

03/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *125* Residents Served: *84*

Special Care Unit
 In Home: *Yes* Area: *Connections* Capacity: *44* Residents Served: *32*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *1*

Inspections / Reviews

03/13/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2024*

03/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/29/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/02/2024*

Inspections / Reviews *(continued)*

04/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c Locked poisons

1. 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

Arm and Hammer complete care toothpaste and a Degree 48hr deodorant, with a manufacture's label indicating "if ingested get medical help or contact poison control", was unlocked, unattended, and accessible to residents in the secured dementia unit (SDU). These residents including Resident [REDACTED] have been assessed incapable of recognizing and using poisons safely.

Repeated Violation - 11/29/23, et al

Plan of Correction

Accept [REDACTED] - 03/25/2024)

Connections staff will be educated on regulation 82c by ED on 3/26/24 and 3/27/24. Connections Director will post on apartment cabinets by 3/28/24 that items are to remain locked and listed examples of items to lock up after use. ED will continue monthly audit of 10 apartments to ensure locking mechanisms are working and observe any issues with locked cabinets. Audit was last completed 3/10/24 and will next be completed in April. Audit is done at random.

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented [REDACTED] - 04/01/2024)

224c3 Support plan content

2. Requirements

2800.

224.c.3. The written preliminary support plan must document the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the individual.

Description of Violation

Resident [REDACTED] has medical diagnosis of asthma and hypoxia respiratory failure. The resident's preliminary support plan, dated [REDACTED], does not include the care services needed to meet this medical condition.

Plan of Correction

Accept [REDACTED] - 03/25/2024)

Resident [REDACTED] is no longer at facility, care plan not updated due to this. Connections Director educated by DON/ED on [REDACTED] on care plan documentation and applicable information needed on form. Initial care plans will be reviewed and signed by DON/ED to ensure all resident information is documented on the form.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [REDACTED] - 04/01/2024)

225a2 Assessment – significant change

3. Requirements

2800.

225a2 Assessment – significant change (continued)

225.a.2. 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: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [REDACTED], Resident [REDACTED] sustained an injury from an unwitnessed fall and was prescribed a neck brace to be worn at all times. Resident was also prescribed physical/occupational therapy 2-3 times per week. An additional written assessment was not completed to address this significant change.

Plan of Correction

Accepted [REDACTED] 03/25/2024)

Connections Director updated assessment/care plan on [REDACTED] to address the significant change. Connections Director educated by DON/ED on [REDACTED] on significant changes and documentation required for a significant change required by regulation. This will ensure proper documentation for future significant changes.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [REDACTED] - 04/01/2024)