

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

May 16, 2024

[REDACTED]
PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF PINE
GROVE
24 HIKES HOLLOW ROAD
PINE GROVE, PA, 17963
LICENSE/COC#: 22550

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2024 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 PINE GROVE* License #: *22550* License Expiration: *11/03/2024*
 Address: *24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963*
 County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PROVIDENCE PLACE OF PINE GROVE ASSOCIATES*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/02/2001* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/30/2024*

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *93* Residents Served: *65*

Secured Dementia Care Unit
 In Home: *Yes* Area: *all* Capacity: *93* Residents Served: *21*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *26* Have Physical Disability: *0*

Inspections / Reviews

04/30/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2024*

05/15/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/22/2024*

Inspections / Reviews *(continued)*

05/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. 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] had falls on [redacted] and [redacted] but their RASP was not updated to reflect this fall history and how the home was addressing the falls.

Plan of Correction

Accept [redacted] - 05/15/2024)

ED immediately reviewed procedures for updating RASP after a fall occurs with DON. DON and/or designee is to complete a Fall Assessment and update RASP with interventions regarding falls to reflect plan for addressing the resident need. ED will audit RASP for updates and/or significant changes using Incident Audit tool with each resident fall x1 week, then randomly for 30 days. Resident [redacted] will be re-assessed prior to return to facility and RASP updated accordingly. DON will instruct clinicians to update RASP with interventions from fall assessment by 5/15/24. Audit tool and record of training will be provided once POC is approved.

Licensee's Proposed Overall Completion Date: 06/08/2024

Implemented [redacted] - 05/16/2024)