

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

August 27, 2024

[REDACTED], ADMINISTRATOR
PROVIDENCE PLACE OF HAZLETON ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF HAZLETON
149 SOUTH HUNTER HIGHWAY
DRUMS, PA, 18222
LICENSE/COC#: 22760

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024, 06/06/2024 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 HAZLETON* License #: *22760* License Expiration: *04/01/2025*
 Address: *149 SOUTH HUNTER HIGHWAY, DRUMS, PA 18222*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *08/16/2010* Issued By: *Butler TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *155* Waking Staff: *116*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/06/2024*

Inspection Dates and Department Representative

05/29/2024 - On-Site: [REDACTED]
 06/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *155* Residents Served: *98*

Special Care Unit
 In Home: *Yes* Area: *Connections* Capacity: *42* Residents Served: *31*

Hospice
 Current Residents: *20*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *98*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *57* Have Physical Disability: *0*

Inspections / Reviews

05/29/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/06/2024*

07/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2024*

Inspections / Reviews *(continued)*

07/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2024

08/27/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

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

Resident #1 has a diagnosis of dementia and resides in a secure special care unit within the facility. Resident #1 was observed unaccompanied in the residence's secure courtyard for an extended period, from approximately 6pm until 9pm on 5/22/24, despite inclement weather conditions including rain and thunderstorms. The resident was located outside under an awning, adjacent to a locked door with keypad entry. Staff Person A discovered the resident knocking on the window and helped the resident reenter the building.

Due to Resident #1's cognitive limitations, they were unable to operate the keypad entry system. The staff's failure to monitor the resident effectively resulted in involuntary seclusion. In a subsequent interview, Resident #1 expressed fear and distress, stating that the experience was very frightening as they attempted to gain access to the facility by knocking on the window multiple times before receiving assistance. According to the resident's Assessment and Support Plan dated, [REDACTED], the resident requires supervision while outside the facility.

Plan of Correction**Accept** ([REDACTED] - 07/25/2024)

On 5/23/2024 and 5/24/2024 Director of Nursing completed re-education with staff on resident safety checks approximately every 2 hours. Director of Nursing informed staff that residents will remain inside the building unless accompanied by a staff member or family member and the door in memory care unit leading to locked gated courtyard will remain closed after dinner.

Licensee's Proposed Overall Completion Date: 07/23/2024

Implemented ([REDACTED] - 08/01/2024)

63a First Aid/CPR 1:35

2. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 5/24/24 and 5/25/24, the facility had no appropriately trained staff in First Aid during the evening shift (6p-6a). The facility, with a census of 98 residents, must have three staff members trained in CPR/First Aid at all times, and the facility had none.

On 5/26/24, the facility did not have appropriately trained staff in First Aid. The facility, with a census of 98 residents, must have three staff members trained in CPR/First Aid at all times, and the facility had none throughout the entire day.

Plan of Correction**Directed** ([REDACTED] - 07/26/2024)

On 6/6/2024 Executive Director and Director of Nursing immediately looked at the schedule and tried to cover all shifts with staff that had their CPR/AED/First Aide Certifications. Director of Nursing received [REDACTED] CPR/AED/First

63a First Aid/CPR 1:35 (continued)

aide instructor certification on 6/12/2024. [REDACTED] has scheduled classes to certify all direct care workers, ancillary staff and new hires in CPR/First Aid and AED. All shifts from 6/27/2024 forward had staff certified in CPR/First Aide and AED. Providence Place ensures that all new staff are trained in first aid and CPR. The organization contracted to deliver the training failed to include First Aid in the certification. Providence Place places a major focus on first aid and CPR. We go above and beyond to train every employee in our community, not just the RLAs and medical technicians.

Proposed Overall Completion Date: 07/23/2024

Directed- Within 7 days of receipt of this directed plan of correction and ongoing:
The administrator or designee will review the staff schedule 7 days in advance to ensure that there is enough CPR/first aid staff scheduled for each day based upon the current home census. If any staff member calls off, fails to show, or leaves their scheduled shift early the administrator will replace the staff member immediately with a staff member certified in CPR/ first aid. The administrator or designee will document by initialing staff schedules to verify that they have been reviewed. This documentation will be kept and provided to the department upon request.
The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/01/2024

Implemented ([REDACTED] - 08/26/2024)

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

Located in an unlocked cabinet in Connections Kitchen was a can of Ecolab Mandarin Burst aerosol. The can indicated that the contents cause eye irritation and fatal if inhaled.

Plan of Correction

Accept ([REDACTED] - 07/08/2024)

Re-education on safely storing hazardous materials is being provided by Connection Director. Connections Director will perform checks weekly x 4 weeks to ensure all hazardous materials are appropriately stored in locked cabinets beginning on 6/17/2024

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented ([REDACTED] - 08/01/2024)

91 Telephone Numbers

4. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

91 Telephone Numbers (continued)

Description of Violation

The telephone numbers required by this regulation were not posted by the phone located in the Connections dining room.

Plan of Correction

Accept () - 07/08/2024

Director of Maintenance will perform weekly audits x 4 weeks to ensure telephone in Connections common area has a red tag attached to it beginning 6/10/2024. Findings will be submitted to the Safety Committee.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented () - 08/01/2024

103i Outdated food

5. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The refrigerator located in Connections had 2 bags of whip cream that had been removed from the freezer and placed in the refrigerator. When it was placed in the refrigerator a date was not placed on the bag. The whip cream is good for 14 days from the time it is placed in the refrigerator.

Plan of Correction

Accept () - 07/08/2024

Re-education on properly storing and dating food/drink to be completed by Connections Director. Weekly audits of food/drinks in Connections refrigerator to assure all food and drinks are properly dated.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented () - 08/26/2024

131f Fire extinguisher inspection

6. Requirements

2800.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 2nd floor laundry room did not have an inspection tag attached to indicate the extinguisher had been inspected yearly.

Plan of Correction

Accept () - 07/24/2024

Director of Maintenance replaced the extinguisher with a new one with a tag on it on 5/29/2024. Director of Maintenance will perform weekly audits x 4 weeks to ensure fire extinguishers have inspection tag attached to it beginning 6/10/2024. Findings will be submitted to the Safety Committee.

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented () - 08/01/2024

185a Storage procedures

7. Requirements

185a Storage procedures (*continued*)

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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #2 – At 4:30pm on 5/21/24, the glucometer reading was 282 and the Medical Administration Record, MAR, was incorrectly transcribed as 122.

Plan of Correction

Accept (█) - 07/08/2024)

Resident did not experience any negative outcome from this documentation error. Re-education is being provided to the med-techs and LPNs on various shifts by Director of Nursing on proper documentation of glucometer readings on MAR to be completed between 6/10/2024 and 6/17/2024. Audits of glucometers and MARs will be completed on three diabetic residents weekly x 4 weeks beginning 6/17/2024 by Director of Nursing. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented (█) - 08/01/2024)

187d Follow prescriber's orders

8. Requirements

2800.

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

Description of Violation

Resident #3 has an order for insulin – inject 6 units subq three times a day. Resident goes to █ three times a week. When resident is out of facility, resident is not getting medication midday as prescribed.

Plan of Correction

Accept (█) - 07/08/2024)

On 6/10/2024 Director of Nursing received signed order from Resident #3 PCP to hold accuchecks and insulin when resident is out of facility at █. Re-education with LPN's/Med-techs on following all orders as prescribed by doctor.

Licensee's Proposed Overall Completion Date: 07/04/2024

Implemented (█) - 08/01/2024)

190a Completion of course—meds

9. Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff C completed MedTech training on 6/4/24 with a score of 85%. The record was documented as passing. A passing score is 90% or higher.

190a Completion of course—meds (continued)**Plan of Correction****Accept (█ - 07/08/2024)**

Director of Nursing had Staff C re-take the Med-tech Training course in which █ received a passing score. on 6/10/2024. Director of Nursing will assure that all medication technicians will have a passing score of at least 90% on the Departments performance-based competency test prior to administering any medications

Licensee's Proposed Overall Completion Date: 07/04/2024

Implemented (█ - 08/26/2024)