

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

August 14, 2024

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2024 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]
Human Services Licensing Supervisor

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]

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: 87 Waking Staff: 65

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 08/07/2024

Inspection Dates and Department Representative

08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 93 Residents Served: 60
 Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 93 Residents Served: 27
 Hospice
 Current Residents: 8
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

08/07/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2024

08/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/13/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/18/2024

Inspections / Reviews *(continued)*

08/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home 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 [REDACTED] resident #1 attacked resident #2 in their bedroom by pulling them out of bed and bruising their arms. The home made a verbal report to the area agency on aging but did not send a written report of the abuse incident within 48 hours as required.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On [REDACTED], ED phoned AAA and filed verbal report of abuse and was instructed that written report was not needed and therefore not completed. On [REDACTED] ED and DON reviewed 2600.15a and Older Adults Protective Services Act. ED obtained Mandatory Report Form and reviewed. Resident #1 no longer resides in our community. ED and/or designee will complete appropriate forms and reporting within specified time frame ongoing.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] - 08/14/2024)

42b - Abuse

2. Requirements

2600.

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

On [REDACTED] resident #1 was found in the bedroom of resident #2 after staff heard resident #2 crying out for help. Resident #2 stated that they were pushed to the floor and attacked by resident #1. Resident #2 had bruising and skin tears on both arms as a result of the assault.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

Resident #1 was given 30-day notice for discharge. ED will assist spouse with finding alternate placement. Community provided 1:1 with resident #1 until wife made arrangements for 1:1 and this continued until resident moved out on [REDACTED] RASP was updated with actions taken addressing resident to resident abuse. ED will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] 08/14/2024)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c Preadmission Screening (continued)

Description of Violation

Resident #2's most current Documentation of Medical evaluation (DME) form dated [REDACTED] indicates the need for secure dementia care. The home did not complete a cognitive screening for the resident until [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On [REDACTED] ED reviewed 231.c with DON and instructed on appropriate time frame for completion of preadmission screening. DON will complete an audit for correct documentation of preadmission screening for move ins since [REDACTED] and return to ED by [REDACTED] ED will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] - 08/14/2024)

234a - Admission Support Plan

4. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2's most current DME form dated [REDACTED] indicates the need for secure dementia care. The home did not complete a support plan for the resident until 4/1/24.

Plan of Correction

Accept [REDACTED] - 08/13/2024)

On 8/12/24, ED reviewed 234.a with DON and instructed on appropriate time frame for completion of support plan. DON will complete an audit for correct completion of support plans for move ins since June 1, 2024 and return to ED by 8/16/24. ED will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] /14/2024)