

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

December 9, 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 10/17/2024 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: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 108 Waking Staff: 81

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Incident Exit Conference Date: 10/17/2024

Inspection Dates and Department Representative

10/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 125 Residents Served: 78

Special Care Unit
 In Home: Yes Area: Connections Capacity: 44 Residents Served: 30

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

10/17/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/09/2024

11/14/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/08/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2024

Inspections / Reviews (*continued*)

11/27/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/07/2024

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence 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], at 1:00pm Resident [REDACTED] was sitting in front of Resident [REDACTED] apartment in their wheelchair. Resident [REDACTED] approached their apartment and asked Resident [REDACTED] to move, Resident [REDACTED] became agitated and grabbed Resident [REDACTED] right arm and began to kick Resident [REDACTED] left leg. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/13/2024)

We faxed the report to the Agency on Aging during the inspection. On August 14, 24, all supervisors reviewed the reporting procedure. All staff will continue to get annual and initial training from the community, and the ED, DON, and CN director will evaluate all abuse incident reports to ensure the Agency on Aging notification is received. Managers and team members were re-trained on the reporting process on 11/8/24.

Licensee's Proposed Overall Completion Date: 11/09/2024

Implemented [REDACTED] - 12/09/2024)

17 Record confidentiality

2. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at approximately 9:05am there were four empty medication bottles observed sitting on the medication cart. The empty bottles which were left unlocked, unattended, and accessible included prescription labels with resident's names and types of medication to include Resident [REDACTED] and Resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/14/2024)

During the inspection, medication was promptly taken from the cart's top shelf. DON immediately begin educating employees on safe and proper pharmaceutical storage. DON audited three random med carts three times a week for four weeks, beginning on October 18, 2024, to guarantee compliance. On 11/8/24, workers received training on record confidentiality.

Licensee's Proposed Overall Completion Date: 11/09/2024

Implemented [REDACTED] - 12/09/2024)

23b IADL assistance

3. Requirements

2800.

23b IADL assistance (continued)

23.b. A residence shall provide each resident with assistance with IADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan for Resident [redacted] dated [redacted] indicates the resident requires assistance with extensive supervision in the home. On [redacted] and [redacted], the resident did not receive this assistance as required, as the resident was involved in two separate physical altercations with residents.

The assessment and support plan for Resident [redacted] dated [redacted] indicates the resident requires assistance with moderate supervision in the home. On [redacted] through [redacted] the resident fell or was found on the floor in the home seven times, the resident did not receive the supervision required on these dates.

Plan of Correction

Accept [redacted] - 11/27/2024)

On November 8, 2024, the team received info on support plans and education on supervision of residents. The ED, DON, CN director will conduct random reviews of the support plan to ensure staff are meeting the resident's current needs. ED will conduct audits weekly times 4 weeks starting 11/20/24 then will randomly check support plans monthly for compliance. Any support plans that require updating will have a care plan meeting to update support plan.

Licensee's Proposed Overall Completion Date: 12/11/2024

Implemented [redacted] - 12/09/2024)

183b Medications and syringes locked

4. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s living unit.

Description of Violation

On [redacted] at 9:05am, there was bottle of [redacted] containing two capsules inside the bottle sitting on top of the medication cart. The medication belonging to Resident [redacted], was observed unlocked, unattended, and accessible.

Plan of Correction

Accept [redacted] - 11/14/2024)

During the inspection, medication was promptly taken from the cart's top shelf. DON immediately begin educating employees on safe and proper pharmaceutical storage. DON audited three random med carts three times a week for four weeks, beginning on October 18, 2024, to guarantee compliance.

Licensee's Proposed Overall Completion Date: 11/09/2024

Implemented [redacted] - 12/09/2024)

225a1 Assessment – annually

5. Requirements

2800.

225.a.1. 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: Annually.

225a1 Assessment – annually (continued)

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]
Resident [redacted] most recent assessment was completed on [redacted].

Plan of Correction

Accept [redacted] - 11/14/2024)

The assessments were finished on time. We reminded the staff to enter all support plans into the resident file as soon as possible. On November 8, 24, the team received info on support plans and the yearly need for additional assessments. By November 30, 24th, we will have finished auditing all resident files. To ensure that assessments are completed on time, we are going to implement a tickler system.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/09/2024)

231c1 Preadmit screening

6. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]. However, resident [redacted] written cognitive preadmission screening was not completed.

Plan of Correction

Accept [redacted] - 11/27/2024)

Staff members were instructed on preadmission screening on November 8, 2024. By November 30, 2024, an audit of all resident files will be finalized. The new admission checklist will be completed staff members to guarantee that all necessary documents are submitted upon admission.

New admission checklist started on 11/15/24. Staff was trained on the checklist.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [redacted] - 12/09/2024)