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

December 12, 2024

PROVIDENCE PLACE OF DOVER ASSOCIATES

RE: PROVIDENCE PLACE OF DOVER
3377 FOX RUN ROAD
DOVER, PA, 17315
LICENSE/COC#: 33696

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/28/2024, 10/29/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PROVIDENCE PLACE OF DOVER* **License #**: *33696* **License Expiration**: *02/11/2025*

Address: *3377 FOX RUN ROAD, DOVER, PA 17315*

County: *YORK* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *PROVIDENCE PLACE OF DOVER ASSOCIATES*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-2* **Date**: *05/21/2010* **Issued By**: *Dover Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *166* **Waking Staff**: *125*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *10/29/2024*

Inspection Dates and Department Representative

10/28/2024 - On-Site:

10/29/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *190* **Residents Served**: *123*

Special Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *74* **Residents Served**: *42*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *123*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *43* **Have Physical Disability**: *0*

Inspections / Reviews

10/28/2024 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/18/2024*

11/13/2024 - POC Submission

Submitted By: **Date Submitted**: *12/12/2024*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/20/2024*

Inspections / Reviews *(continued)*

11/14/2024 POC Submission

Submitted By: [redacted]
Date Submitted: *12/12/2024*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *12/13/2024*

12/12/2024 Document Submission

Submitted By: [redacted]
Date Submitted: *12/12/2024*
Reviewer: [redacted]
Follow Up Type: *Not Required*

89b Hot water temperature

1. Requirements

2800.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 10:54AM, the hot water temperature in the common bathroom by the dining room measured 122.5 degrees Fahrenheit.

On [redacted] at 11:12AM, the hot water temperature in kitchenette sink by resident rooms [redacted] and [redacted] measured 123.1 degrees Fahrenheit.

On [redacted] at 3:45PM, the hot water temperature in the bathroom sink of resident room [redacted] measured 123.4 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 11/14/2024)***

On [redacted] the Maintenance Director lowered the temperature on the hot water heaters to not exceed 120 degrees. Beginning on 11/17/2024, Maintenance Director will audit water temperatures weekly for one month then move to monthly audits to ensue temperatures do not exceed 120 degrees. Education on required water temperature was provided to maintenance department by [redacted] on [redacted]

Licensee's Proposed Overall Completion Date: *11/17/2024*

Implemented [redacted] 12/12/2024)

183b Medications and syringes locked

2. 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 10:52AM, a container of [redacted] was unlocked, unattended, and accessible in Resident [redacted] room. Resident [redacted] cannot self-administer medications per the resident's Assessment and Support Plan, dated 3/21/2024 and medical evaluation, dated 3/20/2024.

Plan of Correction ***Accept [redacted] - 11/14/2024)***

On [redacted] LPN removed the [redacted] from resident [redacted] apartment. On [redacted] the LPN sent an order to physician for PRN usage. Beginning [redacted], room audits will be completed weekly by MT/LPN for one month, then monthly to ensure prescription medications, OTC medications, CAM and syringes are locked up for residents with orders to self administer and not in residents apartments that do not have an order to self administer. On 11/8/24 & 11/11/24, the DON completed training with the MTs/LPNs on medications and syringes locked.

Licensee's Proposed Overall Completion Date: *11/17/2024*

183b Medications and syringes locked *(continued)*

Implemented (█ - 12/12/2024)

183d Current medications

3. Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On █, █, prescribed for Resident █, were observed in the home's medication cart; however, the medication was discontinued on █.

On █, █, prescribed for Resident █ were observed in the home's medication cart; however, the container indicated an expiration date of █.

On █ Fluticasone inhalation disk, prescribed for Resident █, were observed in the home's medication cart; however, the box indicated an expiration date of █

On █, Boost supplement drinks, prescribed for Resident █, were observed in the home's medication cart; however, the bottle indicated a use-by date of █

Plan of Correction ***Accept (█ - 11/14/2024)***

On █, LPN removed all medications and supplements from medication cart that were discontinued or expired for residents █ & █ The DON completed training with the MTs/LPNs on discontinued and expired medications on 11/8/2024 & 11/11/2024. Weekly audits are in place and will continue to ensure discontinued, or expired medications are removed from medication carts. Weekly audits will be completed by LPN/MT. Beginning 11/17/2024, the DON will review weekly audits and spot check carts for compliance.

Licensee's Proposed Overall Completion Date: *11/17/2024*

Implemented (█ - 12/12/2024)

183e Storing Medications

4. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e Storing Medications *(continued)*

Description of Violation

On [redacted], blister [redacted] on a blister pack containing a [redacted] for Resident [redacted] was previously punctured and the tablet was placed back into the blister and taped.

On [redacted] blister [redacted] on a blister pack containing a [redacted] for Resident [redacted] was previously punctured and the tablet was placed back into the blister and taped.

Plan of Correction ***Accept [redacted] - 11/14/2024)***

On [redacted], the medications for resident [redacted] and resident [redacted] were destroyed by the DON and LPN. No replacement dose was needed due to medication being PRN. On 11/8/2024 & 11/11/2024, the DON educated LPN/MT's on procedure for punctured blister pack. If blister pack is damaged, LPN/MT will destroy medication according to policy and notify pharmacy if replacement dose is needed. Beginning 11/17/2024, blister packs will be inspected weekly during cart audits by LPN/MT.

Licensee's Proposed Overall Completion Date: *11/17/2024*

Implemented [redacted] 12/12/2024)

185a Storage procedures

5. Requirements

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

Resident [redacted] is prescribed [redacted] puffs every 4 hours as needed. On [redacted], Resident [redacted] medication was not available in the home.

Repeated Violation 12/27/2023, et al

Plan of Correction ***Accept [redacted] 11/14/2024)***

The medication for resident [redacted] was reordered and received on [redacted] by the MT. Beginning 11/17/2024, the residence will follow the directions of the prescriber by completing weekly checks to ensure that medications are on hand if or when they are needed. If a medication is no longer needed, staff will reach out to the prescriber to have the medication discontinued. The DON re educated the Med Techs and LPNs on 11/8/2024 & 11/11/2024.

Licensee's Proposed Overall Completion Date: *11/17/2024*

Implemented ([redacted] - 12/12/2024)

190a Completion of course–meds

6. 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.

190a Completion of course–meds *(continued)*

Description of Violation

Staff Member A was certified in Medication Administration on [redacted]. An Annual Practicum was not completed by [redacted] for Staff Member A as evidenced by the completion of only 1 Medication Administration Record review and 1 Medication Administration observation in [redacted]. Staff Member A administered medications to Resident [redacted] on [redacted] at 7:00PM.

Plan of Correction ***Accept [redacted] - 11/14/2024)***

The ED and DON audited all MT certifications for annual practicum reviews on [redacted]. Monthly audits will be completed by DON/ED to ensure compliance. Staff member A completed 1 Medication Administration review and 1 Medication Administration observation on [redacted] and [redacted] Moving forward all annual practicum reviews will be completed within 365 days from initial certification as medication technician. Education training was presented to practicum observers by the ED on [redacted] Education provided information on proper completion of course-meds/annual practicum requirements and documentation.

Licensee's Proposed Overall Completion Date: *11/14/2024*

Implemented [redacted] - 12/12/2024)

225a2 Assessment – significant change

7. Requirements

2800.
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

Resident [redacted] most recent diet order, dated [redacted], indicates a change to a mechanical soft diet. Resident [redacted] most recent assessment and support plan, dated [redacted], has not been updated to reflect the change in special diet.

Resident [redacted] most recent hospice diet order change, dated [redacted], indicates a downgrade from mechanical soft to puree. Resident's [redacted] most recent assessment and support plan, dated [redacted], has not been updated to reflect the change in special diet.

Plan of Correction ***Accept [redacted] - 11/14/2024)***

Support plans for resident [redacted] and resident [redacted] were updated on 11/11/2024 by DON, to reflect changes to diets for residents as ordered by physician. Education was provided by the ED on 11/14/2024 with the DON/CN Director on Assessment-Significant change. Moving forward any new orders will be documented on support plan when received from the physician. Beginning 11/14/2024, the DON will complete audit on charts to ensure any special diet changes have been reflected in resident support plan. Audit will be completed by 12/12/2024.

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

Implemented [redacted] - 12/12/2024)

225b Assessment content

8. Requirements

2800.
225.b. The assessment must, at a minimum include the following:

4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
6. The resident's need for special diet or meal requirements.

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted], indicates a mechanical soft diet with chopped meats. The resident's current assessment and support plan, dated [redacted], does not reflect the need for this special diet.

Resident [redacted] most recent medical evaluation, dated [redacted], indicates the resident is on hospice. The resident's current assessment and support plan, dated [redacted] does not reflect the resident's current medical status nor how this impacts the resident's service needs.

Plan of Correction ***Accept ([redacted] - 11/14/2024)***

Support plan for resident [redacted] was updated for diet and continued hospice services on 11/11/2024 by the DON. Resident was admitted under Hospice services 8/15/2023, which was reflected on initial support plan. On 11/14/2024, education was provided by ED to DON/CN Director/and LPN for updates to support plan that will be reflected to any change in special diet or special services needed as received by the physician. Updates to the support plan will be completed by the DON/CN Director/ and or LPN. Beginning on 11/14/2024, the DON will complete an audit on charts to ensure any special diet changes and special services have been reflected in resident support plan. Audit will be completed by 12/12/2024.

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

Implemented [redacted] - 12/12/2024)

231c1 Preadmit screening

9. 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 home on [redacted]; however, the resident's preadmission screening was completed on [redacted]

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening was completed on [redacted]

Plan of Correction ***Accept [redacted] - 11/14/2024)***

On [redacted] the ED completed education with the geriatric assessment team to ensure proper time frame is documented on the Department's cognitive preadmission screening form, it shall be completed for each resident within 72 hours prior to admission to a special care unit. Beginning [redacted], proper documentation will be audited within the monthly chart audit review by the CN Director/ED/DON.

231c1 Preadmit screening (continued)

Licensee's Proposed Overall Completion Date: *11/14/2024*

Implemented (12/12/2024)