

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

December 4, 2024

[REDACTED], COO
PROVIDENCE PLACE OF LANCASTER ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF LANCASTER
1380 ELM AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 33725

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2024, 10/30/2024 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 LANCASTER **License #:** 33725 **License Expiration:** 01/14/2025

Address: 1380 ELM AVENUE, LANCASTER, PA 17603

County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: PROVIDENCE PLACE OF LANCASTER ASSOCIATES

Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 09/08/2010 **Issued By:** Associated Building Inspections

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 110 **Waking Staff:** 83

Inspection Information

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

Reason: Renewal, Complaint, Incident **Exit Conference Date:** 10/30/2024

Inspection Dates and Department Representative

10/29/2024 - On-Site: [REDACTED]

10/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 74

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 55 **Residents Served:** 26

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 74

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

Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

10/29/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/15/2024

Inspections / Reviews *(continued)*

11/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/28/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c Locked poisons

1. 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

On 10/29/24 at 9:31 AM, a room marked "chemicals" was unlocked and unattended on the first floor of the Connections Special Care Unit (SCU). Multiple poisonous substances were accessible including a gallon-size jug of "X-Effect Neutral Cleaner Disinfectant with Fresh Lavender Fragrance" with a manufacturer's label indicating "If swallowed, call a poison control center or doctor immediately for treatment advice." Residents of the Connections SCU are not assessed to be capable of recognizing and using poisons safely.

Repeated Violation - 3/13/24, 11/29/23

Plan of Correction

Accept [redacted] - 11/18/2024)

During the inspection, employees promptly closed the door. On November 12, 24 staff members received refresher training on poisonous materials. Maintenance replaced the first-floor door's closer on November 13, 24.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 12/04/2024)

91 Telephone Numbers

2. 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.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom 24.

Plan of Correction

Accept [redacted] - 11/18/2024)

Emergency phone numbers were shown in apartment 24 on October 31, 2024. In order to guarantee compliance during weekly cleaning, emergency numbers were added to the housekeeping checklist on October 31, 2024. Retraining on the checklist was given to housekeeping. On November 12, 24th, all employees underwent refresher training on emergency numbers.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 12/04/2024)

103g Storing food

3. Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

103g Storing food (continued)

Description of Violation

A plastic tub of cherry pie filling was opened and unsealed in a cooler. A box of premade hamburger patties was opened and unsealed in the walk-in freezer.

Plan of Correction

Accept ([redacted] - 11/18/2024)

The hamburgers and pie filling were thrown out by the dining director on October 31, 2024. Staff received refresher training on Providence Place Procedures and cross-contamination prevention on November 12, 24. Beginning on November 18, 2024, the Dining Director will oversee storage practices on a weekly basis for 4 weeks' time one month before conducting sporadic compliance checks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([redacted] 12/04/2024)

105g Dryer lint removal

4. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/30/24, there was an accumulation of lint in the lint trap of the dryer in the west hallway laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept ([redacted] - 11/18/2024)

On October 31, 2024, employees took the dryer's lint out. Staff members were retrained on how to remove lint from the dryer trap, and lint traps were put to the housekeeping list on November 12, 24 for monitoring compliance. On 11/12/24, staff was re-trained on the removal of lint on the dryer lint trap.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([redacted] - 12/04/2024)

121a Unobstructed egress

5. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 10/29/24, at 9:15 AM, a chair and a piano blocked egress from the residence's main dining room.

Plan of Correction

Accept ([redacted] - 11/18/2024)

In order to make room for egress, staff members promptly moved the piano and took out the chairs on October 29, 24. Staff received refresher training on the significance of fire and restricted escape on November 12, 24. Beginning on 11/18/24, the Executive Director and/or a designee will conduct weekly compliance checks in the dining room for four weeks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([redacted] - 12/04/2024)

132c Fire drill records

6. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 10/21/24 does not include any problems encountered including why 1 resident did not evacuate.

The fire drill record for the drill conducted on 6/15/24 does not include any problems encountered including why 5 residents did not evacuate.

The fire drill record for the fire drill conducted on 5/23/24 does not include the time of day that the drill was conducted including AM or PM.

Plan of Correction

Accept (█ - 11/18/2024)

On 10/30/24, maintenance director was re-train on the proper way to complete the fire drill record. On 10/31/24, the Executive Director change the fire drill record to include the information on the DHS model form. The Executive Director will review the fire drill record monthly beginning November fire drill.

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

Implemented (█ - 12/04/2024)

132h Designated meeting place

7. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 10/21/24, at 12:15 AM, 1 resident did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 6/15/24 at 11:11 PM, 5 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept (█ - 11/18/2024)

On 11/12/24, staff was retrained on fire drill, evacuation procedures and designated meeting place. The Executive Director will review the fire drill monthly for compliance.

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

Implemented (█ - 12/04/2024)

183b Medications and syringes locked

8. Requirements

2800.

183b Medications and syringes locked (continued)

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 10/30/24, there was a bottle of [redacted] tablets unlocked and accessible in Resident 1's bedroom. The resident is not assessed to self-administer this medication. There was a bottle of [redacted] softgels unlocked and accessible in Resident 2's bedroom. Resident 2 is not assessed to self-administer this medication.

Repeated Violation - 11/29/23

Plan of Correction

Accept ([redacted] - 11/18/2024)

On 10/30/24, staff immediately removed medication from resident apartment. On 11/18/24, the Executive Director will begin re-training staff on medication storage, administration and MAR. The Executive Director will audit the med carts on a weekly basis for 4 weeks' time one month before conducting sporadic compliance checks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([redacted] - 12/04/2024)

183e Storing Medications

9. 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.

Description of Violation

On [redacted], there was a round, white pill loose in the "north" medication cart.

On [redacted], there was an [redacted] inhaler prescribed for Resident 3 in the "east" medication cart. The manufacturer label states that this medication expires 6 weeks after opening, however, there is no indication when this medication was opened. There were 22 inhalations remaining according to the counter on the inhaler.

Repeated Violation - 11/29/23

Plan of Correction

Accept ([redacted] - 11/18/2024)

On 10/30/24, staff immediately removed medication from the cart. On 11/18/24, the Executive Director will begin re-training staff on medication storage, administration and MAR. The Executive Director will audit the med carts on a weekly basis for 4 weeks' time one month before conducting sporadic compliance checks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([redacted] - 12/04/2024)

187a Medication record

10. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 4 is prescribed [redacted], take 2 tablets by mouth daily x 4 days, and [redacted] capsule, take

187a Medication record (continued)

1 capsule by mouth daily for 21 days then 7 days off. The resident's medication administration record does not contain the diagnosis or purpose for these medications.

Plan of Correction

Accept ([REDACTED] - 11/18/2024)

On 10/30/24, staff immediately requested pharmacy to add diagnosis. On 11/18/24, the Executive Director will begin re-training staff new order checklist. The Executive Director will audit the checklist on a weekly basis for 4 weeks' time one month before conducting sporadic compliance checks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([REDACTED] - 12/04/2024)

187d Follow prescriber's orders

11. Requirements

2800.

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

Description of Violation

Resident 4 was prescribed [REDACTED], take 1 tablet by mouth daily x 3 days. This medication was only given two times including on [REDACTED].

Repeated Violation - 11/29/23

Plan of Correction

Accept ([REDACTED] 11/18/2024)

On 11/18/24, the Executive Director will begin re-training staff new order checklist. The Executive Director will audit the checklist on a weekly basis for 4 weeks' time one month before conducting sporadic compliance checks.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented ([REDACTED] S - 12/04/2024)