

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

January 7, 2025

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 150 Waking Staff: 113

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 11/06/2024

Inspection Dates and Department Representative

11/06/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 155 Residents Served: 97

Special Care Unit
 In Home: Yes Area: Memory Care Capacity: 42 Residents Served: 30

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 53 Have Physical Disability: 0

Inspections / Reviews

11/06/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2024

12/17/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/02/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2024

Inspections / Reviews (*continued*)

12/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/02/2025

01/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a Storage procedures

1. 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] was receiving hospice services and had a prescription order for [REDACTED] patches which was written on [REDACTED]. As per faxed documentation to the hospice provider, the home indicated that [REDACTED] patches are not used by the home unless [REDACTED] is ineffective for the resident and preapproval is obtained. The home's-controlled substance policy does not indicate that [REDACTED] is not to be ordered unless [REDACTED] is ineffective to treat a resident's pain and that preapproval is required.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

On [REDACTED] and [REDACTED] a training was completed with Nurses by Director of Nursing on proper policy and procedure of medication storage. Director of Nursing reinforced with staff that all medication ordered must be kept in facility and administered as ordered until order is received from Doctor to discontinue medication. Audits to be done on 3 residents 3x weekly x 1 week then 2x weekly x 2 weeks then 1 x week x 1 week beginning 12/17/2024 ending week of 1/5/2024. Executive Director to monitor for compliance. Providence Place uses a Clinical QA (attached) to continue to remain complaint and continues to complete quarterly clinical audits. The ED, DON and Cn Director will be using the following guide to audit the building and will be completed by 12/31/2024. The audits will continue quarterly by the ED, DON or CN Director

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [REDACTED] - 01/07/2025)

187d Follow prescriber's orders

2. Requirements

2800.

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

Description of Violation

Resident [REDACTED] received an order for [REDACTED] patches, administer patch every 72 hours on [REDACTED]. On [REDACTED] the home notified ACHC hospice they do not use [REDACTED] patches in the home unless morphine does not work and it requires pre-approval. On [REDACTED], The [REDACTED] was discontinued for [REDACTED] for mild pain, [REDACTED] for moderate pain, every 4 hours as needed. The resident did not receive the prescribed treatment from [REDACTED] until it was discontinued on [REDACTED].

Repeat Violation: 5/29/24 et al.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

On [REDACTED] and [REDACTED] a training was completed with Nurses by Director of Nursing on proper policy and procedure of following prescribers' orders. Director of Nursing reviewed that all prescribed medication must be administered until a signed order is received from Doctor to discontinue medication. Director of Nursing and or Connections Director to complete audits on residents charts to assure all ordered medications are available and being administered as ordered. Audits to be done on 3 residents 3x weekly x 1 week then 2x weekly x 2 weeks then 1 x week x 1 week beginning 12/17/2024 ending week of 1/5/2024. Providence Place uses a Clinical QA (attached) to continue to remain complaint and continues to complete quarterly clinical audits. The ED, DON and Cn Director will be using the following guide to audit the building and will be completed by 12/31/2024. The audits will continue quarterly

187d Follow prescriber's orders (continued)

by the ED, DON or CN Director

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [redacted] - 01/07/2025)

227d Support plan – med/dental

3. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident # [redacted] received wound care for the foot in [redacted] and for the [redacted] wound beginning [redacted]. The Assessment and Support Plan (ASP) dated [redacted] and [redacted] does not note wound care in the document or include any addendums indicating the update in care required by the resident.

Plan of Correction

Accept [redacted] - 12/26/2024)

On [redacted] Executive Director had training with Director Of Nursing and Connections Director on proper documentation on care plan. Executive director reviewed that all changes in resident status must be added to the care plan including wounds and home health services. Charts were checked for compliance with residents that have current wounds by Director of Nursing. Beginning [redacted] a care plan or addendum is to be updated with all changes and attached to care plan. Beginning [redacted] Audit to be completed by Executive Director 3 x week for one week then 2 x week for one week then 1 time a week for two weeks, end date 12/7/2024. Ongoing audits to be completed by Executive Director with each annual/sig change and Executive Director will sign off on care plan for 2 months beginning 12/17/2024, ending on 2/17/2025

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented [redacted] - 01/07/2025)

252 Records – content

4. Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the residence, a copy of the official death certificate.

Description of Violation

Resident # [redacted] passed at Providence Place Hazelton on [redacted]. There is no death certificate in the resident's file.

Plan of Correction

Accept [redacted] - 12/17/2024)

On [redacted] Executive Director had training with Director of Nursing and Connections Director on initial and final state reportable incidents when involving the death of a resident. Executive Director reviewed that a death certificate must be obtained after death of a resident and sent with a final copy of state reportable incident. Audits to be completed by Executive Director beginning 11/7/2024 ending 12/7/2024 on any new deaths to confirm a death certificate has been received.

252 Records – content (*continued*)

Licensee's Proposed Overall Completion Date: 12/07/2024

Implemented ([REDACTED] - 01/07/2025)