

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

April 24, 2025

[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 03/20/2025 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: 01/14/2026
 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: Associated Building Inspections

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 111 Waking Staff: 83

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Incident Exit Conference Date: 03/20/2025

Inspection Dates and Department Representative

03/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 125 Residents Served: 72

Special Care Unit
 In Home: Yes Area: Connections Capacity: 44 Residents Served: 29

Hospice
 Current Residents: 12

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 39 Have Physical Disability: 1

Inspections / Reviews

03/20/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/05/2025

04/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/16/2025

Inspections / Reviews (*continued*)

04/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/22/2025

04/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] support plan was developed on [redacted] however the resident or resident's designee did not sign and date the support plan.

Resident [redacted] support plan was developed on [redacted] however the resident or resident's designee did not sign and date the support plan.

Plan of Correction

Accept [redacted] 04/15/2025)

When ASP reviewed by DHS inspector, it was observed that two ASPs were not signed by residents, no indication of refusal or unable to sign was noted.

4/2/25 ED conducted staff education on violation with RCG regulation.

4/2/25 Nursing Coordinator to schedule ASP assignment to Shift Leads and due date, sent to Director of Nursing and Connections Director to know who and when to follow up with.

4/9/25 Director of Nursing and Connections Director will seek signing with resident, family, and additional staff at care plan meeting. If refused, staff will seek resident in room and explain care plan and have them sign. If they refuse or cannot, it would be noted on ASP. Director of Nursing and Connections Director will 2nd check during chart audit within a month of admission or annual ASP.

4/16/ED will 3rd check once completed by Directors. This process will continue.

Licensee's Proposed Overall Completion Date: 04/19/2025

Implemented [redacted] - 04/24/2025)

231c1 Preadmit screening

2. Requirements

2800.

231.c.1.ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and the resident's family to coordinate the resident's care.

Description of Violation

Resident [redacted], and [redacted] written cognitive preadmission screening forms, were completed in collaboration with a physician or a geriatric assessment team; however, the forms do not include the date each were completed.

Resident [redacted] written cognitive preadmission screening for was not completed in collaboration with a physician or a geriatric assessment team.

Plan of Correction

Accept [redacted] - 04/15/2025)

When reviewed prescreen by DHS inspector, it was observed that on four charts, dates were not included on preadmission screening form.

4/2/25 ED conducted staff education on violation with RCG regulation. In addition to DHS prescreen form, PP uses

231c1 Preadmit screening (continued)

their own screening form. At time of imitation, information is transferred and date added by Marketer. During the evaluation the assessor will date both documents.

4/9/25 Director of Nursing and Connections Director will 2nd check date during chart audit within a month of admission.

4/16/25 ED will 3rd check once completed by Directors. Tracker will be used to ensure completion.

Licensee's Proposed Overall Completion Date: 04/19/2025

Implemented [REDACTED] - 04/24/2025)