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

July 8, 2026

[REDACTED], EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF DOVER ASSOCIATES
3377 FOX RUN ROAD
DOVER, PA, 17315

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2026, 06/10/2026 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 DOVER* **License #**: *33696* **License Expiration**: *02/11/2027*

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

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/10/1996* **Issued By**: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *185* **Waking Staff**: *139*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *06/12/2026*

Inspection Dates and Department Representative

06/09/2026 - On-Site:

06/10/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *190* **Residents Served**: *128*

Special Care Unit

In Residence: *Yes* **Area**: *Connections* **Capacity**: *74* **Residents Served**: *43*

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *128*

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

Have Mobility Need: *57* **Have Physical Disability**: *1*

Inspections / Reviews

06/09/2026 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2026*

07/02/2026 - POC Submission

Submitted By: **Date Submitted**: *07/08/2026*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2026*

Inspections / Reviews *(continued)*

07/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *07/08/2026*

Reviewer: [redacted] **Follow Up Type**: *Document Submission* **Follow Up Date**: *07/20/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted**: *07/08/2026*

Reviewer: [redacted] **Follow Up Type**: *Not Required*

17 Record confidentiality

1. 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 6/9/26 at 9:46 AM physical therapy notes, containing confidential resident information, were observed unlocked, unattended, and accessible in a common area of the home. The confidential information documented within the notes included:

- Resident#1's Occupational Therapy evaluation date, reason for evaluation, and mobility needs.

-Resident #2's Occupational Therapy goals, a note stating the resident had an injection in the knee, and documentation of a referral to cardiology.

- Resident #3's Occupational Therapy and Physical Therapy goals.

Plan of Correction ***Accept (- 07/06/2026)***

The therapy record was immediately secured and reviewed. The residence's Confidentiality policy and Procedure has been reviewed to ensure compliance with 2800.17. Staff members were retrained on confidentiality protocols, including HIPAA an resident rights, on 6/30/26 and 7/1/26 by the DON. Beginning 7/6/2026, to ensure ongoing compliance the ED, DON, and CN Director will conduct random spot checks weekly for 30 days to ensure no confidential documents are present in common areas. Audit results will be documented and reviewed during QA, and corrective actions will be adjusted if any non compliance is identified.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

18 Other laws, regs, ordins.

2. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act, signed into law on 6/13/2008, requires that the home post signage stating, "Smoking Permitted in Designated Areas Only" or "No Smoking." On 6/9/26, these required signs were not posted on the property.

Plan of Correction ***Accept (- 07/06/2026)***

On 7/1/2026, "No Smoking"/"Smoking Permitted in Designated Areas Only" (personal vehicles only) were posted. Beginning 7/6/2026 the Maintenance Director will monitor to ensure signs remain posted. Frequency of monitoring will be weekly and this will be ongoing.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

42b Abuse/Neglect

3. Requirements

2800.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff Member A stole Resident #4's credit card and spent over $5,000 on unauthorized purchases. On [redacted] Staff Person A was charged with Access Device Issued to Another Who Did Not Authorize (F3), and Theft by Unlawful Taking- Moveable Property (F3).

On [redacted] Resident #5 pushed Resident #6. Resident #6 fell to the floor and sustained a closed wound to the back of the head.

Repeated Violation- 1/14/25

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

On [redacted] theft of the credit card was reported to residence by POA. On [redacted] Residence immediately investigated, notified Northern Regional Police, AAA, and DHS on [redacted]. Upon investigation, a coworker was identified as possible suspect. Coworker was put on leave immediately. On [redacted] Northern Regional Police notified residence that coworker confessed to stealing credit card and was immediately terminated from employment. Residence (ED & Office Manager) completed in-service with staff on resident rights and abuse on [redacted]
On [redacted], residents had an altercation resulting in resident #5 pushing resident #6 causing resident #6 to lose balance and fall to the floor. Resident #6 was assessed by LPN and had complaint of pain to back left side of head. LPN found [redacted] and resident was sent to ED for further evaluation. Resident #5 was sent to ED for change in mental status. Resident #6 returned to residence on [redacted], after imaging and evaluation at ED. Imaging results were negative and no new orders were presented. Resident #5 returned to residence [redacted] with no new orders, all labs were negative. Care plans were reviewed on [redacted] and were up to date with residents' current needs. Staff was educated by DON on Resident Rights and abuse on 12/6/25 & 12/8/25.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

85a Sanitary conditions

4. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/10/26 at 2:06 PM a TRUEdraw lancing device was stored loosely in a medication cart of the Assisted Living unit. This device was not labeled with a resident's name and the Med Tech assigned to the medication cart was not able to identify the owner of the device.

85a Sanitary conditions (continued)

On 6/10/26 at 2:55 PM a liquid medication syringe was stored loosely in a medication cart of the Secure Dementia Unit. A residue of orange liquid was observed within the syringe and a piece of hair was stuck to the outside of the syringe.

Plan of Correction ***Accept (- 07/02/2026)***

On 6/10/26, the loose lancing device and syringe were removed from the medication cart. Syringes will be stored in a labeled zip lock bags. All devices in carts were checked to ensure they were labeled with correct resident names. Staff was educated on sanitary conditions by the DON and LPN on 6/30/26 & 7/1/2026. On 6/30/2026, monthly cart audit check list have been updated to ensure sanitary conditions are being maintained.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/08/2026)

89b Hot water temperature

5. Requirements

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

Description of Violation

On 6/9/26 at 1:26 PM the hot water temperature at the kitchenette sink, across from bedroom 920, measured 122.5 degrees Fahrenheit.

On 6/9/26 at 3:28 PM the water temperature at the bathroom sink of Resident # 4 measured 123.4 degrees Fahrenheit.

Repeated Violation 10/28/24, et al.

Plan of Correction ***Accept (- 07/02/2026)***

On 6/30/2026, the Maintenance Department lowered the temperature on the hot water heaters to not exceed 120 degrees. Beginning on 7/6/26, Maintenance Director will audit water temperatures weekly for one month then move to monthly audits to ensure temperatures do not exceed 120 degrees. Education on required water temperatures was provided to maintenance department by ED on 6/30/2026 & 7/2/2026.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

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

On 4/15/26, a fire drill was conducted at 11:44 PM. The fire drill record states that only 2 staff participated. However,

132c Fire drill records (continued)

Staff Person B reported that the fire drill record is inaccurate as there were 5 staff participating.

On 11/15/24, a fire drill was conducted at 11:00 AM. The fire drill records states 154 residents were present in the home and 151 were residents evacuated. However, Staff Person B reported that the fire drill record is inaccurate as 151 residents were present in the home and all 151 residents were evacuated.

Plan of Correction ***Accept (- 07/06/2026)***

On 6/30/26, fire drill records for 4/15/26 and 11/15/24, were updated with correct information. On 6/30/26 & 7/2/2026, education was provided by ED to maintenance department on proper documentation for fire drill records. Beginning 7/6/2026, the ED will review monthly fire drill records to ensure accuracy.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

144c1 Smoking area guidelines

7. Requirements

2800.
144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At the front of the home, there is a gazebo containing a smoker's receptacle for cigarette disposal and furniture. However, the furniture cushions within the gazebo do not contain a label indicating they are fire-resistant.

Plan of Correction ***Accept (- 07/02/2026)***

On 6/30/2026 the receptacle for cigarette disposal was removed by maintenance. "No smoking"/"Smoking in designated areas only" (personal vehicles only) were posted in common areas by maintenance.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 07/08/2026)

183b Medications and syringes locked

8. 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

The medical evaluation for Resident #8, dated indicates the resident cannot self-administer medication. However, on 6/9/26 at 3:00 PM, Resident #8 had the following over-the-counter medications unlocked and accessible on bathroom vanity:

183b Medications and syringes locked (continued)

- a 3 oz. bottle of Medline Remedy brand antifungal powder (Miconazole Nitrate 2%)
- a .5 fl. oz. bottle of Equate lubricant eye drops (Glycerin Propylene 0.3%, Propylene Glycol 1.0 %)
- two 4oz. tubes of Medline Remedy brand zinc oxide paste (17% Zinc Oxide)

Repeated Violation- 10/28/24, et al.

Plan of Correction ***Accept (█ - 07/02/2026)***

On 6/9/2026, the medications were removed from bathroom vanity by LPN. Beginning on 7/1/2026, 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 6/30/26 & 7/1/26, the DON and LPN completed training with the MT's/LPN's on medications and syringes locked.

Licensee's Proposed Overall Completion Date: *07/02/2026*

Implemented (█ - 07/08/2026)

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 6/10/26 at 1:19 PM, a white, circular pill was found on the floor of the Assisted Living medication room.

On 6/10/26 at 2:08 PM, a white, circular pill was found loose within the Assisted Living medication cart.

The pharmacy label for Resident # 9's Lispro and Lantus Solostar insulin pens do not include the date opened, per manufacturer's instructions, to ensure these medications are not used beyond the expiration date.

Repeated Violation- 10/28/24, et al.

Plan of Correction ***Accept (█ - 07/06/2026)***

On 6/10/2026, the medications were destroyed by the LPN/MT. The LPN corrected and marked the label with the open date on the Lispro and Lantus Solostar insulin pens. Education was provided by the DON and LPN on 6/30/26 & 7/1/2026, on storing medications. Beginning 7/6/2026, weekly cart audits will be conducted by the MT/LPN to ensure proper storing of medications.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (█ - 07/08/2026)

185a Storage procedures

10. 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 #8 is prescribed Tramadol 50 mg, take 1 tablet by mouth every 6 hours as needed for pain. On 6/10/26 this medication was not available in the home.

Resident #10 is prescribed Albuterol HFA 90 mcg 8.5gm (inhale 2 puffs by mouth every 4 hours as needed for wheezing), Benzonatate 200 mg (take 1 capsule by mouth three times daily as needed for cough), and Polyethylene Glycol 238 gm (mix 17g in 4-8oz. fluid of choice and drink daily as needed for constipation. However, on 6/10/26 these medications were not available in the home.

Resident #11 is prescribed Biotene moisturize spray, spray in mouth as needed for dry mouth. On 6/10/26 this medication was not available in the home.

Repeated Violation- 10/28/24, et al.

Plan of Correction ***Accept (- 07/02/2026)***

The medications for residents were not being utilized and or no longer needed by the residents. On 6/29/2026, LPN sent request to physicians to have medications discontinued for residents #8, 10, & 11. Beginning 7/1/2026, 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 prescriber to have the medications discontinued. The DON re-educated the MT/LPN's on 6/30/26 & 7/1/2026.

Licensee's Proposed Overall Completion Date: *07/02/2026*

Implemented (- 07/08/2026)

187d Follow prescriber’s orders

11. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident #10 is prescribed Midodrine 5 mg, take 1 tablet by mouth three times daily, hold for systolic blood pressure greater than or equal to 110. However, this medication was not held, per the prescriber's order, on the following dates:
- 6/1/26 at 7 PM, systolic blood pressure 130, medication administered.
- 6/4/26 at 7 PM, systolic blood pressure 110, medication administered.
- 6/5/26 at 7 PM, systolic blood pressure 121, medication administered.
- 6/6/26 at 7 PM, systolic blood pressure 123, medication administered.
- 6/7/26 at 7 PM, systolic blood pressure 117, medication administered.
- 6/8/26 at 12 PM, systolic blood pressure 117, medication administered.
- 6/9/26 at 7 PM, systolic blood pressure 125, medication administered.

Resident #12 is prescribed Novolog Flexpen 100u/ml, inject 4 units subcutaneously twice daily before lunch and supper, hold for blood sugar less than 120. However, on 6/2/26 at 4 PM the resident's blood sugar was 95 and this

187d Follow prescriber's orders (continued)

medication was not held.

Plan of Correction ***Accept (- 07/06/2026)***

On 6/18/2026, reportable incident was sent into DHS for medication error for resident #10. POA and PCP notified with no adverse reactions from receiving the medication.
On 6/18/2026 reportable incident was sent into DHS for medication error for resident #12. POA and PCP notified with no adverse reactions from receiving the medication.
On 6/18/2026 the MT/LPN was educated by DON on proper procedure for following prescriber's orders.
Education presented to all MT's/LPN's by DON on 6/30/2026 & 7/1/2026 for following prescriber's orders as directed.
Urgent Notes are now in place in the EMAR to flag for medications with parameters prior to administration.
Beginning 7/6/2026, the DON/LPN will audit medications with parameters weekly for one month then move to monthly audits to ensure correct following prescriber's orders are being followed.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

225a2 Assessment – significant change

12. 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

The assessment for Resident #13, dated states the resident has no needs related to eating or drinking and is on a regular diet. However, Resident #13 uses a large glass and foam handled spoon to assist with eating and drinking. This assessment has not been updated to reflect the resident's current needs.

The assessment for Resident #14, dated indicates the resident ambulates independently. However, this resident utilizes a walker to assist with ambulation.

Repeated Violation 10/28/24, et al.

Plan of Correction ***Accept (- 07/06/2026)***

Support plan for resident #13 has been updated on 6/30/2026, by CN Director to reflect need for usage of large glass and foam handled spoon to assist with eating and drinking. Support plan for resident #14 has been updated on 6/30/2026, by the CN Director to indicate the resident utilizes a walker to assist with ambulation. Beginning on 7/1/2026, the DON (RN) will complete an audit on charts to ensure proper documentation for any significant changes. Education presented to CN Director and DON by ED for proper documentation for significant changes on 6/30/2026. The charts will be audited weekly for one month then move to monthly by the ED,DON, and CN Director

225a2 Assessment – significant change (continued)

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/08/2026)

227c Final support plan - revision

13. Requirements

2800.
227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

The support plan for Resident #8, dated , was not updated to reflect the resident's admission to hospice in 2025.

The support plan for Resident #11, dated , was not updated to reflect the resident's admission to hospice on

Plan of Correction ***Accept (- 07/02/2026)***

On 6/30/2026 DON updated support plan to reflect hospice services for resident #8.
On 6/30/2026 DON updated support plan to reflect hospice services for resident #11.
On 6/30/2026, the monthly chart audits now include changes for residents that require needs necessary to meet the resident's needs. Monthly chart audits are completed by the ED, DON, and CN Director.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 07/08/2026)