



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: kperchak@prov-place.com
Mailing Date: November 26, 2019

Ms. Kimberley Perchak
Executive Director
Providence Place of Hazleton Associates
1528 Sand Hill Road
Hummelstown, Pennsylvania 17036

RE: Providence Place of Hazleton
149 South Hunter Highway
Drums, Pennsylvania 18222
License #: 227600

Dear Ms. Perchak:

As a result of the Department's Bureau of Human Services Licensing inspection on November 1 2019 of the above facility, the citations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with **Choose an item.** must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

| Facility Information | |
|---|-------------------------------|
| Name: <i>Providence Place of Hazleton</i> | License Number: <i>227600</i> |
| Address: <i>149 South Hunter Highway, Drums, PA 18222</i> | |
| County: <i>LUZERNE</i> | Region: <i>NORTHEAST</i> |

| Administrator | | |
|-------------------------------|--------|--------|
| Name: <i>Kimberly Perchak</i> | Phone: | Email: |

| Legal Entity |
|--|
| Name: <i>Providence Place</i> |
| Address: <i>149 South Hunter Highway, Drums, Pa, 18222</i> |

| Certificate(s) of Occupancy | | |
|-----------------------------|-------------------------|-------------------------------|
| Type: <i>C-2 LP</i> | Date: | Issued By: |
| Type: <i>I-2</i> | Date: <i>08/13/2010</i> | Issued By: <i>Butler Twp.</i> |

| Staffing Hours | | |
|----------------------------------|-------------------------------|--------------------------|
| Resident Support Staff: <i>0</i> | Total Daily Staff: <i>142</i> | Waking Staff: <i>107</i> |

| Inspection | | |
|-------------------------|---------------|----------------------------|
| Type: <i>Partial</i> | BHA Docket #: | Notice: <i>Unannounced</i> |
| Reason: <i>Incident</i> | | |

| Inspection Dates and Department Representative |
|---|
| <i>08/01/2019 - On-Site: Gerald Dumas, Jason Harvey</i> |

| Resident Demographic Data as of Inspection Dates | | | |
|--|--|---------------------|-----------------------------|
| General Information | | | |
| License Capacity: <i>155</i> | Residents Served: <i>100</i> | | |
| Special Care Unit | | | |
| In Home: <i>Yes</i> | Area: <i>lower level</i> | Capacity: <i>42</i> | Residents Served: <i>29</i> |
| Hospice | | | |
| Current Residents: <i>0</i> | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: <i>0</i> | Are 60 Years of Age or Older: <i>99</i> | | |
| Diagnosed with Mental Illness: <i>0</i> | Diagnosed with Intellectual Disability: <i>0</i> | | |
| Have Mobility Need: <i>42</i> | Have Physical Disability: <i>0</i> | | |

42b Abuse/Neglect

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

On 7/23/19 at approximately 9:15pm resident #1 was woken up for medication administration by staff member C who startled the resident from a deep REM sleep. Resident #1 began grabbing at staff person C's hands when the staff person radio for assistants. Staff member A went over to resident #1's bedside and began to yell at the resident to lay down and the resident tried to get out of bed when staff member A began roughly putting the resident's legs into bed and holding the resident down. When staff person C went to administer the resident's medications, staff person A got on top of the resident's bed and held the resident down by their shoulders. After the medications were administered staff A remained in the resident's room yelling to go to bed.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)
 7/24/2019 Executive Director was notified of the alleged abuse. Executive Director started an internal investigation. All staff involved was immediately called into a meeting for witness statements on 7/24/2019. Staff person "A" was terminated based on her roughness and yelling at the resident. The other staff involved was educated on their role and what they need to do in these types of situations. Executive Director self identified the abuse and self reported to Department of Human Services, Area Agency on Aging (protective services). Family and MD was also notified. Executive Director (Licensed Practical Nurse) did a full body assessment of the resident and found no apparent injuries. Resident was stable and had no complaints of abuse. Area Agency on Aging did come in and do an investigation on 7/24/2019. Executive Director held a mandatory Abuse training on 7/29/2019 and 7/30/2019 at 2:00pm and 5:00pm. All full and part time staff attended and signed in. Handouts was given to all staff who attended. Providence Place abuse policy and residents rights were reviewed and handed out. Our staff was re in serviced in the event of any concerns with any abuse or rough treatment to initiate an alert to Executive Director. Executive Director did provide a copy of the training and staff sign in sheet to DHS at the time of inspection on 8/1/2019. Providence Place has no tolerance for any types of abuse to our residents. Since all of our residents have potential to be affected by this deficient practice it is still our policy to ensure our residents are free from abuse. We will continue to educate the staff, review residents level of care, medications, and behaviors to prevent and further abuse to any of the residents. All managers were trained in areas that can also help identify any care concerns with residents and coworkers. Trainings and education yearly for abuse and resident rights will continue in our LMS computerized trainings. Executive Director will continue to interview residents to ensure their care needs are being met without any concern of abuse. Executive Director will also ask if any concerns during monthly fireside chat-meetings-with-residents.

Legal Entity Representative

Kimberley Perchak
 Signature

Kimberley Perchak Executive Director 10/7/2019
 Printed Name and Title Date

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The above plan of correction is approved as of 11-14-19
 (Date)

Plan of correction implementation status as of 11-14-19
 (Date)

The above plan of correction was approved by ag
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

202 Prohibitions

Requirements

2800.
202. The following procedures are prohibited:

Description of Violation

On 7/23/19 at approximately 9:15pm resident #1's wrists were physically restrained by staff person A, while staff person B administered resident's medications.

The home is using a bed side wedge on the left side of the resident's bed and the right side of the bed is against the wall to prevent the resident from falling out of bed. This bedside wedge is a restraint and enables the resident from moving freely.

Plan of Correction (POC)


(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Resident did have a bed wedge that was not requested by community, purchased by community or ordered by physician. Providence Place was unaware of the purchase. Executive Director observed that the bed was not actually against the wall, had space between the wall that resident can freely move on the opposite side of the bed. Resident was able to independently and freely remove the bed wedge if needed. The wedge was used for position and not for restraint.

Providence Place does not allow any bed wedges even for the use of positioning. Director of Resident services has identified that none of our other residents have bed wedges. Staff was educated on the non use of bed wedges. DRS will continue to audit apartments and have care plan meetings with all residents and families regarding non use of bed wedges. Director of Resident Services and or Executive Director will audit ASP, Dr. orders, therapy notes on going to be sure all residents continue to be free from any restraints.

Staff was in serviced regarding the physically restraint while administering medications and the right of all residents to refuse medication administration. We have educated that if a resident refused medications to document refusal, notify the MD, and notify the Director of Resident Services so that a medication review and support plan can be initiated.

Legal Entity Representative

| | | |
|---|--------------------------------------|-----------|
|  | Kimberley Perchak Executive Director | 10/7/2019 |
| Signature | Printed Name and Title | Date |

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

| | | | |
|--|-------------------------|---|--------------------|
| The above plan of correction is approved as of | 11-14-19 (Date) | Plan of correction implementation status as of | 11-14-19 (Date) |
| The above plan of correction was approved by | <u>ag</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented | |