



Sent via e-mail fhoch@prov-place.com
July 31, 2020

Ms. Francie K. Hoch
Executive Director
Providence Place of Collegeville Associates
1528 Sand Hill Road
Hummelstown, Pennsylvania 17036

RE: Providence Place at the Collegeville Inn
4000 Ridge Pike
Collegeville, Pennsylvania 19426
License #: 144770

Dear Ms. Hoch:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 6, 16, and 28, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: PROVIDENCE PLACE AT THE COLLEGEVILLE INN

License Number: 14477

Address: 4000 RIDGE PIKE, COLLEGEVILLE, PA 19426

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Francie Hoch

Phone: 6102225007

Email: FHOCH@PROV-PLACE.COM

Legal Entity

Name: PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES

Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036

Certificate(s) of Occupancy

Type: Other

Date:

Issued By:

Staffing Hours

Resident Support Staff: 109

Total Daily Staff: 156

Waking Staff: 117

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/06/2020 - Off-Site: Christina Eberhart

04/16/2020 - Off-Site: Christina Eberhart

04/28/2020 - Off-Site: Christina Eberhart

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150

Residents Served: 37

Special Care Unit

In Home: Yes

Area: Memory Care

Capacity: 48

Residents Served: 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 36

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 10

Have Physical Disability: 0

16c Incident reporting

Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/27/20, Resident #1 was administered 0.25 mg Lorazepam at 4:23 pm from a straight order which reads "take ½ tablet 0.25 mg by mouth at bedtime." The resident was administered another dose at 7:10 pm. The medication error was never reported to the Department.

On 12/6/19, police were called to the residence for Resident #1. ... struck another resident on ... chin. This incident was not reported to the Department.

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.)

Please see attached.

Legal Entity Representative

Francie K. Hoch
Signature

Francie K. Hoch, ED 7-28-20
Printed Name and Title Date

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

The above plan of correction is approved as of 7/31/2020
(Date)

Plan of correction implementation status as of 7/31/2020
(Date)

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

Implemented
 Not Implemented

Plan of Correction – Providence Place at the Collegeville Inn

License # 144770

2800.16.c

Plan of Correction (POC)

According to MAR documentation, On 3/27/20 Resident #1 received his PRN Lorazepam 0.5mg at 4:25 in accordance with PRN order. Resident #1 then received Lorazepam 0.25mg at Bedtime in accordance with the routine bedtime order. (MAR documents are attached for your review)

Reportable Incident for Police response to the community for resident aggression toward another resident on 12/06/19 was completed and is attached.

The Executive Director provided re-training regarding Reportable Incidents to the Management Team on 7/28/20. Training sign in sheet is attached.

The Director of Wellness and Connections Director will provide re-training on reportable incidents to all nursing staff (LPN and RLA) at clinical staff meetings on August 4th and 5th.


7-28-20

Plan of Correction – Providence Place at the Collegeville Inn

License # 144770

2800.57.d

Plan of Correction (POC)

On 3/19/20 there were 22 mobile residents in the community and 9 immobile residents in the community which establishes a requirement of 40 care hours within a 24 hour period. 75% of 40 would require us to provide 30 hours during waking hours. On 3/19/20 we provided 99 hours of care, 67% of those hours were during waking hours which comes to 66 hours, exceeding the required number of hours outlined in subsections b and c of 57. (See attached resident census from 3/19/20)

The Executive Director continues to monitor resident needs and staffing hours on a regular basis to ensure we are able to meet the safety and care needs of the residents in our care and to ensure we are in full compliance with this regulation.

Francis Hoh, 7-28-20

183d Current medications

Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

Resident #2 passed away on 3/19/20 at 4:14 am. On 3/20/20 at 1:00 am, Morphine Sulfate 20 MG/20 ML, prescribed to Resident #2 was delivered and accepted at the residence.

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.)

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2800.183.d

On 07/17/20 and 07/21/20 a complete audit of all med carts was conducted to ensure any medications for residents who are no longer in our care have been removed and properly disposed of.

The DOW will review with LPNs and Med Techs proper storage and disposal of medications at the clinical staff meetings on August 4th and 5th. See attached policy for medication storage.

Cart Audits will be conducted on monthly basis to ensure ongoing compliance with medication storage and disposal regulations.

DPOC:

1. The administrator will discuss the importance of the protocols for accepting and documenting the receipt of controlled substances at all monthly staff meetings for the next six months, starting immediately.

SLW 7/31/2020

 7-28-20

183f Discontinued medications

Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

Resident #2 passed away on 3/19/20 at 4:14 am. All medications in the home that belonged to resident #2 were destroyed on 3/19/20 at 6:30 am. On 3/20/20 at 1:00 am, Morphine Sulfate 20 MG/20 ML for Resident #2 was delivered and accepted at the residence.

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2800.183.f

On 07/17/20 and 07/21/20 a complete audit of all med carts was conducted to ensure any medications for residents who are no longer in our care have been removed and properly disposed of.

The DOW will review with LPNs and Med Techs proper storage and disposal of medications at the clinical staff meetings on August 4th and 5th. The process for refusing medications from the pharmacy for residents who are no longer in our care will also be reviewed.

Cart Audits will be conducted on monthly basis to ensure ongoing compliance with medication storage and disposal regulations.

Francine Hook, 7-28-20

185a Storage procedures

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

According to the residence's medication policy, discrepancies involving narcotics are to be reported immediately to the Director of Wellness. On 3/19/20, Morphine Sulfate for the residence's emergency supply was delivered but the medication was not put into the emergency supply. At the time of the incident, the residence was keeping 30 ML of Morphine in the emergency supply. The pharmacy monitors the medications in the emergency supply using an electronic system. Whenever medication is received for the emergency supply, the staff member receiving the medication must call the pharmacy and get a code to enter the Statsafe and restock the medication. The pharmacy notified staff on various occasions that the Morphine had not been restocked into the emergency supply. The final email received from the pharmacy was dated 3/26/20 and it indicated that the Morphine was delivered one week prior to be restocked into the Statsafe and it had not been done yet. This was not reported to management of the residence until 3/26/20. This caused the Morphine Sulfate to be unaccounted for a specific amount of time.

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2800.185.a

The Statsafe binder was reviewed by the DOW and Executive Director to ensure a clear understanding of the procedures regarding the use of the Statsafe.

The DOW will review the Statsafe Binder with LPNs and Med Techs at the Clinical Staff meetings on August 4th and 5th.

The DOW will receive a report from the pharmacy regarding any discrepancies in the Statsafe and the DOW will take immediate action to resolve the discrepancy.

Providence Place Chief Operating Officer and Regional Director of Clinical Services will develop and implement a Statsafe Policy by 8/15/20.

Frankie Hoh, 7-28-20

DPOC:

1. The administrator or designee will conduct monthly audits of the MAR's against the medications available to ensure medications are being administered in accordance with the prescribers orders, starting immediately.

SLW 7/31/2020

185b Medication procedures**Requirements**

2800.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his living unit.

Description of Violation

The residence's procedures for the safe use of medications and medical equipment do not include the use of the Statsafe, which is the residence's Emergency Medication System Machine.

The residence does not document the receipt of controlled substances kept in the Statsafe.

Medication Administration Record (MAR) for Resident #1 shows resident is prescribed Lorazepam 0.5 mg 1 tablet by mouth every 6 hours as needed for anxiety. MAR indicates that on 4/4/20 medication was administered however the narcotic count sheet for this medication was not updated to reflect administration.

Narcotic count sheet for Resident #1 for Lorazepam 0.5 MG was created on 3/8/20. It has a label from the pharmacy which states 10 tablets were delivered. The number 10 is written over with the number 6. There is nothing on the sheet identifying who made this change, nor anything identifying who received the medication when it arrived at the residence.

Narcotic count sheet created on 3/25/20 for Resident #1 for Lorazepam 0.5 MG has a label from the pharmacy which states 10 tablets were delivered. The number 10 is written over. It is unclear whether the number is 2 or 20. The quantity box states 4 1/2 tablets. There is nothing on the sheet identifying who made these changes, nor anything identifying who received the medication when it arrived at the residence.

Narcotic count sheet created on 3/25/20 for Resident #1 for Lorazepam 0.5 MG has a label from the pharmacy which states 10 tablets were delivered. The number 10 is written over with the number 8. There is nothing on the sheet identifying who made this change, nor anything identifying who received the medication when it arrived at the residence.

Narcotic count sheet created on 4/9/20 for Resident #1 for Lorazepam 0.5 MG has a label from the pharmacy which states 10 tablets were delivered. The number 10 is crossed out, and the number 5 is written and crossed out. The number 10 is then written in parenthesis. The quantity box shows 5 tablets written first, that number was crossed out and replaced with 10. There is nothing on the sheet identifying who made these changes, nor anything identifying who received the medication when it arrived at the residence.

Description of Violation *(continued)*

Narcotic count sheet created on 4/9/20 for Resident #1 for Lorazepam 0.5 MG has a label from the pharmacy which states 10 tablets were delivered. The number 10 is crossed out and the number 5 is written. There is nothing on the sheet identifying who made these changes, nor anything identifying who received the medication when it arrived at the residence.

Narcotic count sheet for Morphine Sulfate for Resident #2 does not match the pharmacy's electronic record for when the Morphine Sulfate was removed from the Statsafe. The pharmacy's record says Morphine Sulfate was removed 3/19/20, the narcotic count sheet says Morphine Sulfate was removed from the Statsafe for Resident #2 on 3/18/20.

The narcotic count sheets for Resident #2 does not have any information indicating who received the controlled substance at the residence for the following medications: Lorazepam Intensol 2 MG, Oxycodone w/ Apap 5/325 MG (60 count sheet), Oxycodone w/ Apap 5/325 MG (120 count sheet), Lorazepam 0.5 MG, Morphine 20 MG/ML, Oxycodone w/ Apap 5/325 MG (14 count sheet), Morphine 20 MG/ML(received after resident's death).

Plan of Correction (POC)

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Legal Entity Representative

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Signature

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Printed Name and Title

7-28-20
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2800.185.b

The DOW and Executive Director reviewed the attached policy on Accountability of Medication and Controlled Substances. DOW will review this policy at Clinical Staff meeting with LPNs and Med Techs on August 4th and 5th. Specifically, the process for accounting for ½ tablets will be reviewed as this is an area we have identified as needing clarification and re-training.

To ensure procedures regarding narcotic count sheets are being implemented on a consistent basis the DOW or designee will do a weekly audit of narc count sheets (medication accountability sheets).

Providence Place Chief Operating Officer and Regional Director of Clinical Services will develop and implement a Statsafe Policy by 8/15/20.

DPOC:

1. The administrator or designee will conduct monthly audits of the MAR's against the medications available to ensure medications are being administered in accordance with the prescribers orders, starting immediately.

SLW 7/31/2020

 7-28-20

186c Changes in medications

Requirements

2800.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 3/19/20, the residence changed the Morphine dosage for resident #2 from 0.25 ML every 3 hours to 0.5 ML every 2 hours. The residence had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

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2800.186.c

Resident #2 is since deceased.

According to policy, changes to medication are only made by the prescriber in writing or taken verbally by a nurse in case of an urgent or emergent situation. See attached policy.

To ensure compliance with this policy, DOW will review with LPNs and Med Techs at clinical staff meetings on August 4th and 5th.

During monthly chart audits written and electronic orders for medication changes will be reviewed.

DPOC:

1. The administrator or designee will conduct monthly audits of the MAR's against the medications available to ensure medications are being administered in accordance with the prescribers orders, starting immediately.

SLW 7/31/2020

Francine Hosh 7-28-20

187d Follow prescriber's orders

Requirements

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 MG, 1/2 tablet (0.25 MG) by mouth at bedtime. However, on 3/27/20 Resident #1 was administered 0.25 MG of Lorazepam, at 4:23 pm, then another 0.25 MG of Lorazepam at 7:10 pm.

Plan of Correction (POC)

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2800.187.d

2800.188.b

To ensure compliance with these regulations, the DOW will review the 5 Rights of Medication Administration with LPNs and Med Techs at clinical staff meeting on August 4th and 5th. The Medication Error Policy will also be reviewed. (See attached)

All new nurses and med techs will have training and review on an ongoing basis regarding medication administration policies.

DPOC:

1. The administrator or designee will conduct monthly audits of the MAR's against the medications available to ensure medications are being administered in accordance with the prescribers orders, starting immediately.
SLW 7/31/2020

Francine Hoh 7-28-20

188b Medication error reporting

Requirements

2800.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 MG, 1/2 tablet (0.25 MG) by mouth at bedtime. However, on 3/27/20 Resident #1 was administered 0.25 MG of Lorazepam, at 4:23 pm, then another 0.25 MG of Lorazepam at 7:10 pm. There is no indication the medication error was reported to the resident, the designated person, or the prescriber.

Plan of Correction (POC)

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2800.187.d

2800.188.b

To ensure compliance with these regulations, the DOW will review the 5 Rights of Medication Administration with LPNs and Med Techs at clinical staff meeting on August 4th and 5th. The Medication Error Policy will also be reviewed. (See attached)

All new nurses and med techs will have training and review on an ongoing basis regarding medication administration policies.

DPOC:

1. The administrator or designee will conduct monthly audits of the MAR's against the medications available to ensure medications are being administered in accordance with the prescribers orders, starting immediately.

SLW 7/31/2020

Francine Hoch 7-28-20

188c Medication error-documentation

Requirements

2800. 188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 MG, 1/2 tablet (0.25 MG) by mouth at bedtime. However, on 3/27/20 Resident #1 was administered 0.25 MG of Lorazepam, at 4:23 pm, then another 0.25 MG of Lorazepam at 7:10 pm. There is no documentation of the error in the resident's record.

Plan of Correction (POC)

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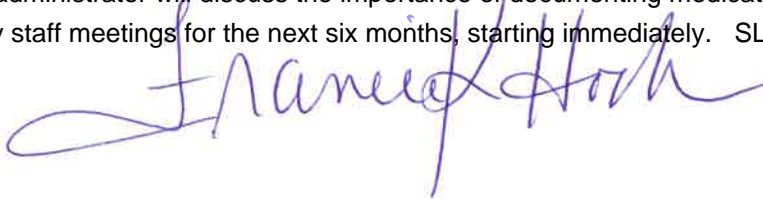
2800.188.c.

A copy of all reportable incidents is kept in the resident record which includes Medication errors. Medication errors are also immediately reported to the prescribing physician. Any instructions given by physician in response to the medication error would be documented in the resident chart (nursing note or verbal order when applicable).

During monthly chart audits, resident chart will be reviewed against the reportable incident binder to ensure all reportable incidents have also been filed in the resident's clinical chart.

DPOC:

1. The administrator or designee will conduct a bi-annual audit of all resident records to ensure a physicians response to a medication error, medication refusal, incident reports and family notification will be documented in the residents records, starting immediately.
2. The administrator will discuss the importance of documenting medication errors and the timely reporting at monthly staff meetings for the next six months, starting immediately. SLW 7/31/2020

A handwritten signature in blue ink, appearing to read "Francis Hook", is written over the second list item. The signature is fluid and cursive.

188d System to doc med errors

Requirements

2800.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The residence does not have a system to identify and document medication errors and patterns of errors. Resident #1 is prescribed Lorazepam 0.5 MG, 1/2 tablet (0.25 MG) by mouth at bedtime. However, on 3/27/20 Resident #1 was administered 0.25 MG of Lorazepam, at 4:23 pm, then another 0.25 MG of Lorazepam at 7:10 pm. The staff administering medication and the administrator were not aware of the error until it was pointed out by the Department.

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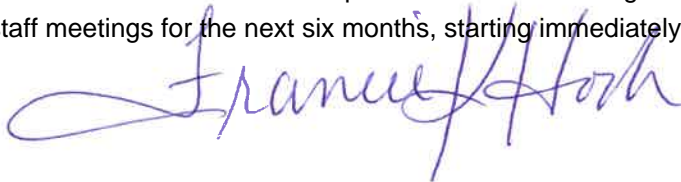
2800.188.d.

The DOW will review each medication error at the time that it occurs and will meet with the nurse or med tech involved in order to determine how the error occurred, steps to be taken to prevent future errors and will assign or provide re-training as indicated.

All reportable incidents including medication errors are reviewed as part of the Quality Management Quarterly review. The DOW will be responsible to look for patterns of errors in order to implement strategies for prevention and intervention.

DPOC:

1. The administrator or designee will conduct a bi-annual audit of all resident records to ensure a physicians response to a medication error, medication refusal, incident reports and family notification will be documented in the residents records, starting immediately.
2. The administrator will discuss the importance of documenting medication errors and the timely reporting at monthly staff meetings for the next six months, starting immediately. SLW 7/31/2020

 7-28-20

202 Prohibitions

Requirements

2800.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

On 1/15/20 at 5:30 pm, Resident #1 was agitated and was given a PRN dosage of Trazadone 50 MG to control behaviors. This is according to nurses' notes in the resident's record. According to MAR, Trazadone 50 MG is prescribed as 1/2 tablet twice daily as needed for anxiety.

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2800.202.

Medications will be utilized only for the reason indicated by the prescriber.

DOW will review the prohibited use of chemical restraint during the clinical staff meeting on August 4th and 5th. All nurses and med techs will also be re-educated regarding the use of prn medication and documentation of use.

All staff are trained in the use of positive approaches and re-direction of resident behaviors.

DPOC:

1. All staff administering medications will be re-trained on the importance of implementing behavioral techniques to residents who exhibit aggressive behaviors before administering medications, within the next 10 days of receipt of this plan of correction and bi-annually thereafter.

SLW 7/31/2020

Francis Hork, 7-28-20