

Department of Human Services
Bureau of Human Service Licensing

November 10, 2022

[REDACTED]
PROVIDENCE PLACE OF DOVER ASSOCIATES

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 11/02/2021, 12/01/2021, 12/02/2021, 12/03/2021 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

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

Facility Information

Name: *PROVIDENCE PLACE OF DOVER* License #: *33696* License Expiration: *02/11/2022*
 Address : *3377 FOX RUN ROAD, DOVER, PA 17315*
 County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *PROVIDENCE PLACE OF DOVER ASSOCIATES*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>12/12/2012</i>	Issued By: <i>Dover Township</i>
Type: <i>I-2</i>	Date: <i>05/21/2010</i>	Issued By: <i>Dover Township</i>
Type: <i>C-2 LP</i>	Date: <i>12/10/1996</i>	Issued By: <i>Labor and Industry</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *175* Waking Staff: *131*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/02/2021*

Inspection Dates and Department Representative

11/02/2021 - Off-Site: [REDACTED]
 12/01/2021 - On-Site: [REDACTED]
 12/02/2021 - Off-Site: [REDACTED]
 12/03/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *190* Residents Served: *126*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *74* Residents Served: *47*

Hospice

Current Residents: *21*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>126</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>49</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

08/02/2022 - POC Submission

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/09/2022*

08/19/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/09/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *08/26/2022*

11/10/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/09/2022*
Reviewer: [REDACTED] Follow Up Type: *Not Required*

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted]/21, for Resident 1, states the resident requires assistance with transferring in and out of bed and chairs ("staff will assist resident with transfers per [redacted] recommendations"); with ambulating ("staff will assist resident with ambulating throughout SDU, can independently ambulate at times"); and with judgement ("staff will encourage resident to make safe choices when ambulating, transferring and other times resident may make unsafe choices"). Assistance described was not provided to Resident 1 in the above-mentioned areas as the resident had 7 falls between [redacted]/21 and [redacted]/21 including:

- [redacted] unwitnessed fall in bathroom, no injuries
- [redacted], found on floor in hallway [redacted], no injuries
- [redacted] found on floor in dining room, [redacted]
- [redacted], found on floor in hallway while holding onto the handrailing, [redacted], no complaints of pain or injuries
- [redacted], fell onto living room floor [redacted], complaint of [redacted] pain
- [redacted], slid from chair onto floor, complaint of [redacted] pain
- [redacted] found on floor, complaining of extreme [redacted] pain

POC Submission

Accept

Staff has been educated on 2/24/2022 to follow residents assessments/support plan. Staff will continue to encourage and assist residents with transfers in/out of beds and chairs. Staff will continue to assist residents with ambulating and encouraging residents to use devices for mobility support. SDU Director and DOW will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/24/2022

Document Submission

Implemented [redacted] - 11/10/2022)

Staff has been educated on 2/24/2022 to follow residents assessments/support plan. Staff will continue to encourage and assist residents with transfers in/out of beds and chairs. Staff will continue to assist residents with ambulating and encouraging residents to use devices for mobility support. SDU Director and DOW will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/24/2022

57c 2 hrs/day/immob. resident

2. Requirements

2800.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted]/21, there were 126 residents in the residence, including 49 residents with mobility needs, requiring a total minimum of 175 hours of direct care service. On this date, only 154.75 hours of direct care staffing was provided.

57c 2 hrs/day/immob. resident (continued)

On [REDACTED]/21, there were 126 residents in the residence, including 49 residents with mobility needs., requiring a total minimum of 175 hours of direct care service. On this date, only 157.25 hours of direct care staffing was provided.

POC Submission

Accept

Residence will continue with hiring practices to increase and maintain staffing levels that includes additional staffing hours per day. Residence will continue to supplement staffing with agency as needed. Oversight of schedule/duties to ensure the appropriate number of hours available for direct care will be maintained by the Executive Director, Director of Wellness, and SDC Director.

Licensee's Proposed Overall Completion Date: 02/24/2022

Document Submission

Implemented ([REDACTED] - 11/10/2022)

Residence will continue with hiring practices to increase and maintain staffing levels that includes additional staffing hours per day. Residence will continue to supplement staffing with agency as needed. Oversight of schedule/duties to ensure the appropriate number of hours available for direct care will be maintained by the Executive Director, Director of Wellness, and SDC Director.

Licensee's Proposed Overall Completion Date: 02/24/2022

57d Waking staff hours

3. Requirements

2800.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED]/21, a total of 175 hours of direct care was required. However, only 111.75 of the required hours, or 64 percent, were provided during waking hours.

On [REDACTED]/21, a total of 175 hours of direct care was required. However, only 121.75 of the required hours, or 70 percent, were provided during waking hours.

POC Submission

Accept

Residence will continue with hiring practices to increase and maintain staffing levels that includes additional staffing hours per day. Residence will continue to supplement staffing with agency as needed. Oversight of schedule/duties to ensure the appropriate number of hours available for direct care will be maintained by the Executive Director, Director of Wellness, and SDC Director.

Licensee's Proposed Overall Completion Date: 02/24/2022

Document Submission

Implemented ([REDACTED] - 11/10/2022)

Residence will continue with hiring practices to increase and maintain staffing levels that includes additional staffing hours per day. Residence will continue to supplement staffing with agency as needed. Oversight of schedule/duties to ensure the appropriate number of hours available for direct care will be maintained by the Executive Director, Director of Wellness, and SDC Director.

Licensee's Proposed Overall Completion Date: 02/24/2022

183b Medications and syringes locked

4. 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

On [REDACTED]/21 at approximately [REDACTED] pm, a small, round, white-colored pill was found unlocked and accessible on the slide-out tray of the S1 medication cart in the special care unit. A small, round, white pill was also found on the floor about 3 feet away from the medication cart where residents had been standing moments before.

POC Submission

Accept

Staff has been educated January 31, 2022 on proper storage and securing of medications. Weekly cart audits are in place to be performed by Medication Tech and or LPN. Monthly cart audits are in place to be performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 01/31/2022

Document Submission

Implemented ([REDACTED] - 11/10/2022)

Staff has been educated January 31, 2022 on proper storage and securing of medications. Weekly cart audits are in place to be performed by Medication Tech and or LPN. Monthly cart audits are in place to be performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 02/24/2022

183e Storing Medications

5. 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 [REDACTED]/21, a small, round, peach-colored pill was lying loose inside of medication cart 4.

POC Submission

Accept

Staff has been educated January 31, 2022 on proper storage and securing of medications. Weekly cart audits are in place to be performed by Medication Tech and or LPN. Monthly cart audits are in place to be performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 01/31/2022

Document Submission

Implemented ([REDACTED] - 11/10/2022)

Staff has been educated January 31, 2022 on proper storage and securing of medications. Weekly cart audits are in place to be performed by Medication Tech and or LPN. Monthly cart audits are in place to be performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 02/24/2022

185a Storage procedures

6. Requirements

185a Storage procedures (*continued*)

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

On [REDACTED]/21, the [REDACTED] log for medication cart 3 indicated that Resident 3 should have 5.5 [REDACTED] 5 mg tablets on hand. The blister card contained 6.0 whole tablets.

POC Submission**Accept**

Staff has been educated January 31, 2022 on proper distribution of medications. Staff education also included proper procedure for counting of medications. Daily count is conducted on narcotics by Medication Tech or LPN. Weekly cart audits by Medication Tech or LPN are in place. Monthly cart audits are in place performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 01/31/2022

Document Submission**Implemented ([REDACTED] 11/10/2022)**

Staff has been educated January 31, 2022 on proper distribution of medications. Staff education also included proper procedure for counting of medications. Daily count is conducted on narcotics by Medication Tech or LPN. Weekly cart audits by Medication Tech or LPN are in place. Monthly cart audits are in place performed by Director of Wellness and Pharmacy consultant.

Licensee's Proposed Overall Completion Date: 02/24/2022