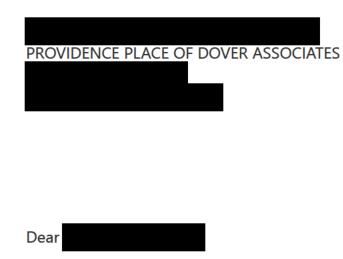
Department of Human Services Bureau of Human Service Licensing

November 10, 2022



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

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.

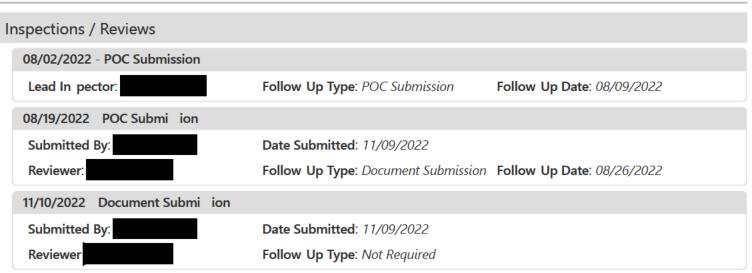
Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

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 C	OF DOVER	License #: 33696	License Expiration: 02/11/2022	
Addre : 3377 FOX RUN ROAD, DOVER, PA 17315				
County: YORK	Region: CENTRAL			
Administrator				
Name:	Phone:	Email:		
Legal Entity Name: PROVIDENCE PLACE OF DOVER ASSOCIATES				
Address:	DF DOVER ASSOCIATES	I		
Phone:	Email:			
		-		
Certificate(s) of Occupancy	Date: 12/12/2012		Issued By: Dover Township	
Туре: /-1 Туре: /-2	Date: 05/21/2010		Issued By: Dover Township	
Type: C-2 LP	Date: 12/10/1996		Issued By: Labor and Industry	
			. ,	
Staffing Hours	Total Daily Staff: 1	76	Walting Chaffe 121	
Resident Support Staff: 0	Total Daily Staff: 17	6	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:				
12/01/2021 - On-Site:				
12/02/2021 - Off-Site:				
12/03/2021 - Off-Site:				
Resident Demographic Data as of Inspection Dates				
General Information				
License Capacity: 190		Residents Serve	d : <i>126</i>	
Special Care Unit				
In Home: Yes	Area: Connections	Capacity: 74	Residents Served: 47	
Hospice				
Current Residents: 21 Number of Residents Wh	0.			
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 126				
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 49		-	Have Physical Disability: 0	
-		-	-	



23a ADL assistance

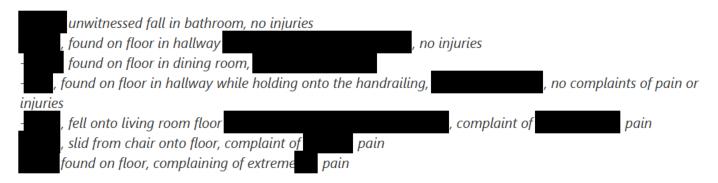
1. Requirements

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 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 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 221 and 221 including:



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

- 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 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 /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

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

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

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

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

POC Submission

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

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

Accept

Accept

Implemented (- 11/10/2022)

Implemented (

- 11/10/2022)

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 /21 at approximately 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

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

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

/21, a small, round, peach-colored pill was lying loose inside of medication cart 4. On

POC Submission

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

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

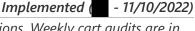
6. Requirements

Accept

- 11/10/2022)

Implemented

Accept



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

POC Submission

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 (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

5

Accept