

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]
PROVIDENCE PLACE OF HAZLETON ASSOCIATES

RE: PROVIDENCE PLACE OF HAZLETON
149 SOUTH HUNTER HIGHWAY
DRUMS, PA, 18222
LICENSE/COC#: 22760

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2022, 03/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *PROVIDENCE PLACE OF HAZLETON* License #: *22760* License Expiration: *04/01/2023*
Address: *149 SOUTH HUNTER HIGHWAY, DRUMS, PA 18222*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5707887555* Email: [REDACTED]

Legal Entity

Name: *PROVIDENCE PLACE OF HAZLETON ASSOCIATES*
Address: [REDACTED]
Phone: *5707887555* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/22/2001* Issued By: *L&I*
Type: *I-2* Date: *08/16/2010* Issued By: *Butler Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site: [REDACTED]
03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *155* Residents Served: *67*

Special Care Unit

In Home: *Yes* Area: *Terrace* Capacity: *42* Residents Served: *23*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

03/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/07/2022*

05/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/16/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183d Current medications

1. 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

The Novolog Flexpen belonging to resident #1 was labeled as opened for use on 01/28/22 and should have been discarded by 02/25/22 as per the manufacturer's instructions. The insulin pen was still in the medication cart during the medication cart audit.

Plan of Correction

Accept

The expired Novolog Flexpen was discarded upon inspection and a new one is available. Since this was a sliding scale the resident had not received this medication within the expiration dates. Medication Technicians and LPN were educated on the importance of checking each use to identify if the medication is expired and when it is close to expiration to order a new one. Our pharmacy is not set up to check expired medication and alert for any refills on our MAR prior to expiration dates on all medications. Medication cart will be audited ongoing by nurses, Director of Wellness, and pharmacy.

Completion Date: 03/10/2022

Document Submission

Implemented

187a Medication record

1. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #2 has PRN orders for Tylenol and Loperamide. Both medications were in the medication cart but were not listed on the resident's current medication administration record (MAR).

Plan of Correction

Accept

Providence Place identified this was an issue when a resident returns from a hospital visit the PRN's are not being reordered. Nurses were instructed to review discharge instructions upon a hospital return, review MAR, and check that the ordered medications are available or reordered if needed. They will contact Physician if a PRN was not reordered. Ongoing Medication audits will continue by Nurses, Director of Wellness, and Pharmacy to check that all medications in the medication carts are current and have signed orders from the Physician.

Completion Date: 03/10/2022

Document Submission

Implemented

187d Follow prescriber's orders

1. Requirements

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

Description of Violation

Resident #3 has an order for Metoprolol 12.5mg daily to be held if the heart rate is less than or = to 70 or if the systolic blood pressure (SBP) is less than or = to 120.

On the following dates the medication was not held as per the physician's ordered parameters:

03/01/22: The SBP was 112 and the heart rate was 51.

03/02/22: The heart rate was 68.

On both dates the medication was initialed as administered on the resident's MAR.

Plan of Correction

Accept

Providence Place identified medication technicians were not properly reading the Blood Pressure parameter orders and medications were giving outside of parameters per Physician orders. We immediately stopped medication technicians from administering Blood Pressure medications until they were all properly trained on using the manual blood pressure cuffs and understood how to read the parameters. Nurses were still able to give the Blood Pressure medications. Director of Wellness trained medication technicians on 3/10/2022 -see attached training.

Director of Wellness will monitor the Blood Pressure readings ongoing to be sure everyone is following the proper medication administration.

Completion Date: 03/10/2022

Update: 05/09/2022

Please send proof of staff training. 5-9-22 MM

Document Submission

Implemented

Please send proof of staff training. 5-9-22 MM

251b Record entries - legible

1. Requirements

2800.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #4's amendment to the agreement sheet located in the resident's record and dated 09/17/21 had white out over a checkmark next to the resident's service level fee.

Plan of Correction

Accept

Executive Director educated the Sales team on the importance of not using white-out and if a mistake is made to line out the mistake, mark the error, date, initial, and make the correction.

Executive Director will audit all records ongoing to be records are permanent, legible, dated and signed.

Completion Date: 03/04/2022

Document Submission

Implemented