

Department of Human Services
Bureau of Human Service Licensing

November 28, 2022

[REDACTED]
PROVIDENCE PLACE OF DOVER ASSOCIATES
3377 FOX RUN ROAD
DOVER, PA, 17315

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 10/18/2022, 10/19/2022 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:** 02/11/2023
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: 3377 FOX RUN ROAD, DOVER, PA, 17315
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 162 **Waking Staff:** 122

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 10/19/2022

Inspection Dates and Department Representative

10/18/2022 - On-Site: [REDACTED]
10/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 190 **Residents Served:** 117

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 74 **Residents Served:** 44

Hospice

Current Residents: 17

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 116
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 45	Have Physical Disability: 1

Inspections / Reviews

10/18/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/08/2022*

11/07/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/16/2022*
 Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/12/2022*

11/10/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/16/2022*
 Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *11/17/2022*

11/28/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/16/2022*
 Reviewer: [REDACTED] Follow Up Type: *Not Required*

22a1 Medical Eval - time frames

1. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

Description of Violation

Resident #5 was admitted to the home on [REDACTED]/21. The resident's medical evaluation was not completed until [REDACTED]/22.

Plan of Correction

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

Medical evaluations will be completed within 60 days prior to admission and within 15 days after admission on all residents. The residence did obtain the medical evaluation dated [REDACTED]/2021 in purged filing on [REDACTED]/22. The residence will have all required documentation available to inspector at time of inspection. The residence will retain required documentation on current chart for a two year period including current and previous documents. The process will be monitored by the DOW & Connections Director. The staff has been re-educated on 11/7/2022 by the ED to retain required documentation, to include time-frames, and quarterly audits will be performed by the DOW & CN Director, to ensure no reoccurrence of the violation in the future. The DOW & CN completed chart audits on 11/3/2022 to ensure documentation retention.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([REDACTED] - 11/28/2022)

25b Contract signatures and renewal

2. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for Resident #5, dated [REDACTED]/21 was signed by the Power of Attorney (POA), but not the resident; nor was there an indication that the resident was unable to sign the contract.

The contract for Resident #6, dated [REDACTED]/21 was signed by the payor, but not the resident; nor was there an indication that the resident was unable to sign the contract.

Plan of Correction

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

All contracts will be signed by resident or noted if unable to sign by resident. Re-education has been completed by ED to sales team 11/7/2022. POA will sign for resident when resident is unable to sign. Directors of Sales will ensure home obtains required signatures. Contracts for residents 5 and 6 both have been updated [REDACTED] 2022 by the CN Director, indicating residents unable to sign. All contracts will be audited monthly ongoing by Business Office Manager.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([REDACTED] - 11/21/2022)

63a First Aid/CPR 1:35

3. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On [redacted]/22 from [redacted] pm to [redacted] am, there were only three (3) staff certified in first aid, obstructed airway techniques and CPR for 112 residents in the home.

On [redacted]/22 from [redacted] pm to [redacted] am on 1 [redacted]/22, there were only three (3) staff certified in first aid, obstructed airway techniques and CPR for 112 residents in the home.

Plan of Correction

Accept ([redacted] - 11/10/2022)

The residence will ensure the correct number of staff are present at all times per requirement. The ED has re-educated the DOW, CN Director, & Employment Specialist for requirements on certifications for first aid CPR, on 10/19/2022. The residence now have two certified CPR instructors available for trainings to be completed for all new hires and for bi-annual trainings for current staff. The Business Office Manager will monitor monthly to ensure compliance of required certifications.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([redacted] - 11/28/2022)

89b Hot water temperature

4. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted]/22, at approximately [redacted] pm, the hot water temperature in the bathroom of room [redacted] measured 125.2 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 11/10/2022)

The hot water heater has been adjusted on 10/19/2022 to comply with the required temperature to not exceed 120 degrees Fahrenheit. The Maintenance Director will complete monthly audits beginning November 2022, to monitor water temperatures indefinitely. The Maintenance Director was re-educated by the ED on 10/19/22.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([redacted] - 11/28/2022)

141a Medical evaluation

5. Requirements

2800.

141a Medical evaluation (continued)

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.

Description of Violation

The medical evaluation for Resident #4, dated [redacted] 22, does not include the medical professional's name, professional license number, signature or date signed. These areas of the form were blank.

Plan of Correction

Directed [redacted] - 11/10/2022)

The residence will ensure the medical evaluation will be completed with medical professional's name, professional license number, signature and date signed. The medical evaluation dated [redacted] /2022 was filled out and signed by the physician [redacted] /2022. See attached.

(Directed)

- Beginning 12/1/22, the DOW and Connections Director will audit all resident medical evaluations on a quarterly basis.
- The administrator will document the results of these audits beginning 12/1/22 and address any discrepancies during the next quality management review, to be held no later than 12/15/22.

Directed Completion Date: 12/01/2022

Implemented [redacted] - 11/28/2022)

141b1 Annual medical evaluation

6. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted] 22. The resident's previous medical evaluation was completed on [redacted] /21.

Resident #4's most recent medical evaluation was completed on [redacted] 22. The resident's previous medical evaluation was completed on [redacted] 21.

Plan of Correction

Directed ([redacted] 11/10/2022)

The residence will ensure each resident shall have a medical evaluation annually. The ED re-educated the DOW and Connections Director 11/2/2022. The DOW/CN Director completed audits of all charts on 11/3/2022, to ensure correct documentation retention.

(Directed)

- Beginning on 12/1/22, the DOW and Connections Director will audit medical evaluations monthly.
- The administrator will document the results of these audits beginning 12/1/22 and discuss findings during the next quality management review to be held no later than 12/15/22.

Directed Completion Date: 12/01/2022

Implemented ([redacted] 11/28/2022)

185a Storage procedures

7. 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

The Medication Administration Record (MAR) for Resident #7 has a blood glucose reading of [redacted] at [redacted] am on [redacted]/22; however, the glucometer of this resident has no recorded reading for this date and time.

The Medication Administration Record (MAR) for Resident #8 has a blood glucose reading of [redacted] at [redacted] pm on [redacted]/22; however, the glucometer of this resident has no recorded reading for this date and time.

The Medication Administration Record (MAR) for Resident #8 has a blood glucose reading of [redacted] at [redacted] am on [redacted]/22; however, the glucometer reading of this resident is [redacted] for this date and time.

Plan of Correction

Accept ([redacted] - 11/07/2022)

The residence will ensure the staff are trained on proper use of medical equipment and procedures for recording results from glucometer. The DOW held in-service for staff on 10/24/2022. The DOW will continue monthly to in-service staff on proper techniques and complete monthly audits on recording results from glucometers.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented ([redacted] - 11/28/2022)

187d Follow prescriber's orders

8. Requirements

2800.

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

Description of Violation

Resident #4 is prescribed [redacted] by mouth, daily. On [redacted] and [redacted]/22, this medication was not administered as prescribed as it was not available in the residence.

Resident #7 is ordered to have his/her blood sugar checked twice weekly, on Mondays and Thursdays. On Thursday, [redacted]/22, this blood sugar check was not completed as ordered.

Plan of Correction

Accept ([redacted] - 11/10/2022)

The residence will follow the directions of the prescriber by completing daily checks for unavailable medications and non completed administrations as ordered. Daily, the LPN or Shift leader will audit a missed medication report and ensure all required medications are in the residence at the time they are to be administered. The DOW re- educated the Med Tech's and LPN's on 10/24.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([redacted] 11/28/2022)

227c Final support plan - revision

9. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident #1's support plan has not been reviewed on a quarterly basis, as the last review was completed on [redacted]/22.

Plan of Correction

Accept [redacted] - 11/10/2022)

All support plans will be reviewed on a quarterly basis. The plan will be notated on the support plan or ASP addendum. The documentation for the quarterly reviews was recovered in the chart and sent to inspector on 10/20/2022. The home will ensure the information is obtained during the on-site visit from the inspectors. The DOW & CN Director will ensure the care plans are being reviewed by the RN on a quarterly basis. All charts were reviewed for correct documentation retention on 11/3/2022 by the DOW and CN Director. All charts will continue to be audited monthly, with no end date, by the DOW & CN Director to ensure no reoccurrence of the violation.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([redacted] 11/28/2022)

227d Support plan – med/dental

10. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

The assessment for Resident #2, dated [redacted] 22, does not document the medical needs of the resident.

Plan of Correction

Accept ([redacted] 11/10/2022)

All support plans will have the required medical needs of the resident. The DOW and RN will audit quarterly to ensure all required documentations are noted on the support plans. The audit was completed by the DOW and CN Director on 11/3/2022. The audit verified all resident files have been reviewed for correct documentation to include the medical needs of the resident. The audits will continue quarterly beginning upon the audit completed on 11/3/2022.

Licensee's Proposed Overall Completion Date: 11/07/2022

Implemented ([redacted] 11/28/2022)

233c Key-locking devices

11. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

233c Key-locking devices (continued)

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the three gates leading from the special care unit courtyard to the exterior of the property across from doors 9, 10 and 12 outside of the special care unit.

Plan of Correction

Accept (█ - 11/07/2022)

The residence will ensure the directions for operating the locking mechanism are conspicuously posted by the three gates leading from the special care unit. The instructions were put up during the inspection. The Connections Director and Maintenance Director will audit weekly to ensure instructions remain posted.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented (█ - 11/28/2022)