

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

October 11, 2024

[REDACTED]  
PROVIDENCE PLACE OF DOVER ASSOCIATES  
[REDACTED]  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2024 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: PROVIDENCE PLACE OF DOVER

License #: 33696

License Expiration: 02/11/2025

Address: 3377 FOX RUN ROAD, DOVER, PA 17315

County: YORK

Region: CENTRAL

## Administrator

Name:

Phone:

Email:

## Legal Entity

Name: PROVIDENCE PLACE OF DOVER ASSOCIATES

Address:

Phone:

Email:

## Certificate(s) of Occupancy

Type: I 2

Date: 05/21/2010

Issued By: Dover Township

Type: I 1

Date: 04/15/2023

Issued By: Dover Township

Type: C 2 LP

Date: 04/25/1998

Issued By: Dept of Labor &amp; Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 167

Waking Staff: 125

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/15/2024

## Inspection Dates and Department Representative

08/15/2024 On Site

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 190

Residents Served: 123

## Special Care Unit

In Home: Yes

Area: Connections

Capacity: 74

Residents Served: 43

## Hospice

Current Residents: 13

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 123

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 44

Have Physical Disability: 0

## Inspections / Reviews

08/15/2024 - Partial

Lead Inspector

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2024

Inspections / Reviews (*continued*)

## 09/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/17/2024

## 09/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/21/2024

## 10/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42b Abuse/Neglect

## 1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED] Resident [REDACTED] went to the emergency room after experiencing a fall. Physician's order form dated [REDACTED] documents that the resident's [REDACTED] was noted to be much worse and the resident was leaning while [REDACTED] was walking or sitting. [REDACTED] was ordered per the hospital discharge instructions on the same day; redness and swelling was noted to her right arm by hospital discharge documentation. On [REDACTED], the resident fell again and was found unconscious per physician's order form; [REDACTED] was sent to the emergency room. The resident was diagnosed with cellulitis of the right upper extremity and again prescribed [REDACTED]. On [REDACTED], the home discovered that the [REDACTED] medication had not been received from their pharmacy and reached out to the pharmacy via fax to request the status. On [REDACTED] at 6:50AM, the resident showed signs and symptoms of infection, including [REDACTED] degree Fahrenheit temperature, increased arm swelling, and right elbow pain. The home called the POA requesting that the medications be transferred to the home's pharmacy rather than the resident's pharmacy, CVS, where they were filled on [REDACTED]. At 12:00PM, the resident was showing signs of decline in condition as per physician's order forms, including an increase in right arm edema, pain and swelling and a two-person assist to the bathroom due to weakness. At 12:30PM, the resident was sent to the emergency room due to these signs of infection. The first dose of [REDACTED] medication was administered on [REDACTED] shortly before the resident left to go to the hospital as per the June Medication Administration Record and confirmed by Staff Member A. The resident was subsequently diagnosed with [REDACTED], mimicking a similar situation involving back-to-back falls with ER visits and a [REDACTED] diagnosis in February 2024. The home did not contact the doctor on [REDACTED] upon discovering that the resident had not received medication for the right arm cellulitis ordered on [REDACTED]. The resident was noted to have signs and symptoms of infection at 6:50AM on [REDACTED] but was not taken to the hospital until 12:30PM, after [REDACTED] condition had further worsened.

On [REDACTED] at 5:30PM, Resident [REDACTED] was pushed by Resident [REDACTED] which caused [REDACTED] to fall backwards and hit [REDACTED] head on a dining table. [REDACTED] was seen in the emergency room for evaluation as this was the second time [REDACTED] had hit [REDACTED] head. On [REDACTED] at 6:40PM, Resident [REDACTED] was pushed by Resident [REDACTED] after encountering the resident in [REDACTED] bedroom and asking them to leave. Resident [REDACTED] fell to the floor, resulting in a small skin tear that required first aid treatment. On [REDACTED] around 10:45AM, Resident [REDACTED] grabbed Resident [REDACTED] on the right forearm. Resident [REDACTED] sustained a bruise on the right forearm that required the administration of [REDACTED] for pain and ice for the injury. Per Staff Member B, Resident [REDACTED] reported that their right forearm hurt when Staff Member B was assessing the resident's arm. Per Staff Member B, the bruise remained on the resident's arm until the end of the staff's shift, approximately 5:00pm. At the time of inspection on [REDACTED], an agent of the Department observed Resident [REDACTED] bruise to be dark reddish-purple in color and large in size, approximately from 5" in diameter, running from mid-wrist to elbow. The part of the bruise on the underside of the arm was darker black/purple where the blood appeared to be pooling. The resident reported to the agent that it hurts when one presses on the bruise.

Repeated Violation - 10/3/2023

## Plan of Correction

Accept [REDACTED] - 09/12/2024)

The Executive Director held mandatory in-services with staff on abuse and neglect and on ensuring medications

**42b Abuse/Neglect (continued)**

are available and being administered as prescribed and to notify the physician immediately if medications are not given, on [REDACTED] and [REDACTED]. If medications are not given staff will obtain further instructions from physician. This is to help reduce the risk of continued medical decline for residents as well as preventing neglect of a resident's plan of care. Residence will continue with new hire/onboarding and current staff annually to educate staff on abuse and neglect. Residence will increase additional abuse/neglect training throughout the year with Positive Approach to Care (PAC) presented by Connections Director. The training will be held (in person) to ensure all staff receive this training annually. Next scheduled training will be held [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Quality management meetings will review trainings and any incidents identified. Resident [REDACTED] support plan was updated on [REDACTED] for proper support in areas of aggression towards others as well as supervision needs. Resident [REDACTED] was given a 30 day discharge notice on [REDACTED] and was discharged from facility on 2/6/2024. Staff will encourage/support residents to utilize life stations and participate in activity programs to help to prevent future resident to resident abuse as well as neglect for a resident's plan of care.

Proposed Overall Completion Date: 09/11/2024

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [REDACTED] 10/11/2024)

**141a Medical evaluation****2. Requirements**

2800.

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:

2. Medical diagnosis including physical or mental disabilities of the resident, if any.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident [REDACTED] most current medical evaluation, dated [REDACTED] did not include the resident's diagnosis of diabetes, mobility needs assessment, medication regimen, nor the medical professional's signature, date, and professional license number.

Resident [REDACTED] medical evaluations dated [REDACTED] and [REDACTED] did not include the resident's medication regimen, contraindicated medications, nor medication side effects.

## 141a Medical evaluation (continued)

## Plan of Correction

Accepted [REDACTED] - 09/12/2024)

On [REDACTED] and [REDACTED], the Executive Director held an in-service to educate the Shift lead (LPN), Director of Nursing, Connections Director, team lead, and Sales, on residence policy/procedure of ADME. The residence has added an addendum to the ADME to ensure all ADME's include the resident's medication regimen, contraindicated medications, and medication side effects. The addendum is effective [REDACTED]. The DON will be responsible for tracking and accuracy of ADME's. Audits will be completed monthly beginning [REDACTED], to ensure accuracy and completion of ADME. Resident [REDACTED] was discharged from facility [REDACTED], no corrected ADME could be obtained. Resident #6 appointment with physician is scheduled [REDACTED] new ADME and med list will be completed at time of visit.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [REDACTED] - 10/11/2024)

## 142e Secure preventive care

## 3. Requirements

2800.

142.e. The residence shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

## Description of Violation

A UPMC hospital after visit summary dated [REDACTED] for Resident [REDACTED] recommended a CT scan of the chest to be done as an outpatient visit. At the time of the inspection, the resident's file does not have any records that the home has attempted to schedule a CT scan of Resident [REDACTED] chest as recommended by a physician on [REDACTED] nor records that the resident's Power of Attorney declined the CT scan.

A request was sent by the home to the Podiatrist on [REDACTED] for Resident [REDACTED] to be added to the resident list for in-home podiatry services-last seen in December 2023. The home was not able to provide documentation to support that these services were secured. Resident [REDACTED] who has a diagnosis of [REDACTED], has overgrown toenails growing past the tip of the toes.

## Plan of Correction

Directed [REDACTED] - 09/12/2024)

Beginning [REDACTED] the hospital visit summary will be reviewed by Shift Lead (LPN) and Director of Nursing to ensure all preventative orders are being followed up by residence. Staff will assist resident with any needs from discharge summary. Resident [REDACTED] did not have CT scan due to physician recommendation dated [REDACTED]. Staff was educated on [REDACTED] and [REDACTED] by Executive Director on residence policy/procedure for nail care. Nail care task has been assigned to resident daily task beginning [REDACTED]. Staff will be prompted to check nails on shower days. Staff will trim and clean fingernails. Staff will notify shift lead (LPN) and or DON if podiatry services are needed, non licensed staff will not trim any toenails. Residence has podiatry services contracted to visit monthly. On [REDACTED] the residence has created a podiatry tracker to ensure all resident are receiving services as needed. Review of all residents who need podiatry services will be completed by CN Director and DON, by [REDACTED].

(Directed)

In addition to the above:

- Resident [REDACTED] was discharged from the home on [REDACTED]
- The Administrator or designee will provide education to all staff on 2800.142(e) by [REDACTED].

**142e Secure preventive care (continued)**

- Documentation of completed education and tracking of services will be kept by the home and available for review by the Department.

Directed Completion Date: 10/01/2024

Implemented [REDACTED] - 10/11/2024)

**188b Medication error reporting****4. 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**

On [REDACTED] and [REDACTED], Resident [REDACTED] had not yet received Ceftin medication ordered on [REDACTED]. The medication error was not immediately reported to the prescriber.

**Plan of Correction**

Accept [REDACTED] - 09/12/2024)

On [REDACTED] and [REDACTED] the Executive Director held an in-service with MT, LPN, and DON on medication error reporting. The in-service also reviewed the residence's policy/procedure on medication errors. Staff was educated to immediately notify prescriber and resident's designated person. Resident [REDACTED] was discharged from facility on [REDACTED]. The residence contracted pharmacy provides the residence with a stat safe locker. The locker is managed and controlled by the pharmacy. The locker allows licensed staff (LPN/RN) access to stat medications as needed. The DON will continue to educate the staff during monthly team meetings. The DON and CN Director will complete audits monthly for the next 4 months beginning [REDACTED]. The audit will be a sample of the resident's MAR and reviewing notification sent to the physician to confirm compliance with the regulation.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 10/11/2024)

**234b Support plan - elements****5. Requirements**

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

Resident [REDACTED] assessment and support plan dated [REDACTED] does not include an assessment nor support plan for vision, hearing, communication, olfactory nor tactile.

Resident [REDACTED] current assessment and support plan, dated [REDACTED] indicates total immobility, requiring total physical and oral assistance in evacuation. However, the resident is documented as being independent in areas of ambulation, transferring, and toileting; the full mobility support provided to the resident is not reflected in these sections of the plan.

## 234b Support plan - elements (continued)

## Plan of Correction

Accept [REDACTED] 09/12/2024)

Beginning [REDACTED], the residence has changed from electronic software to manual support plans. Manual support plans will allow residence to create, complete, and review support plan with resident, families, and staff. An initial audit of all resident ASP's to ensure they are appropriately reflect the resident's needs and support was completed by the CN Director and DON on [REDACTED]. Beginning [REDACTED] support plans will be audited monthly to ensure all elements are present. The audit will be completed by the ED, DON, and or CN Director. On [REDACTED] the ED completed an in service with the DON and CN Director on support plan regulation 234.1(b) to ensure all elements are listed on the support plan. On [REDACTED] the CN Director, updated the support plans for residents [REDACTED] and [REDACTED] to reflect needs and support.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented [REDACTED] - 10/11/2024)

## 234d Support plan - review

## 6. Requirements

2800.

234.d.1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

## Description of Violation

Resident [REDACTED] most current assessment and support plan dated [REDACTED] was not updated when their needs changed. It indicates that the resident does not have any problems with irritability nor aggression and experienced minimal problems with agitation. However, resident record documentation from [REDACTED] through [REDACTED] includes the resident becoming agitated, banging on doors, screaming at others, becoming combative and aggressive towards others, exit seeking, displaying confusion while attempting to eat non-edible items such as napkins, Styrofoam cups, etc.

## Plan of Correction

Accept [REDACTED] - 09/12/2024)

Beginning [REDACTED], the residence has changed from electronic software to manual for support plans. Manual support plans will allow residence to create, complete, and review support plan with resident, families, and staff. Beginning [REDACTED], support plans will be audited quarterly to ensure any reflection of condition changes with the resident. The audits will be completed by the DON (RN), Executive Director, and or Connections Director. On [REDACTED], the ED completed an in service with the CN Director and DON on [REDACTED]. The support plan for a resident of a special care unit for residents with [REDACTED] or [REDACTED] shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes. Resident [REDACTED] was discharged from facility on [REDACTED].

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented [REDACTED] 10/11/2024)