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

May 17, 2024

[redacted], EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF CHAMBERSBURG ASSOCIATES
[redacted]

RE: PROVIDENCE PLACE OF CHAMBERSBURG
2085 WAYNE ROAD
CHAMBERSBURG, PA, 17202
LICENSE/COC#: 33698

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2024, 03/28/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PROVIDENCE PLACE OF CHAMBERSBURG* **License #**: *33698* **License Expiration**: *03/18/2025*

Address: *2085 WAYNE ROAD, CHAMBERSBURG, PA 17202*

County: *FRANKLIN* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PROVIDENCE PLACE OF CHAMBERSBURG ASSOCIATES*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP*	**Date**: *08/09/2002*	**Issued By**: *Labor & Industry*
Type: *I-2*	**Date**: *11/24/2010*	**Issued By**: *Franklin County*
Type: *Other*	**Date**: *08/15/2008*	**Issued By**: *Franklin County*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *164* **Waking Staff**: *123*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *03/28/2024*

Inspection Dates and Department Representative

03/27/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *187* **Residents Served**: *108*

Special Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *58* **Residents Served**: *33*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *108*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *56* **Have Physical Disability**: *4*

Inspections / Reviews

03/27/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/18/2024*

Inspections / Reviews *(continued)*

04/22/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/02/2024*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *04/30/2024*

04/26/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/02/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/03/2024*

05/17/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/02/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65j Annual training content

1. Requirements

2800.
65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Member A, hired on [redacted], did not complete fire safety training by a Fire Safety Expert (FSE) or staff trained by a FSE during the 2023 training year.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Staff Member A did not receive the annual fire safety training in 2023 calendar year as it was offered when he/she was out on Family Medical Leave Act (FMLA). Online annual fire safety training was completed in 2023 calendar year by Staff Member A, however it was not building specific.

Training will be provided to coworkers by a Fire Safety Expert annually. The next fire safety training for coworkers will be held on 4/29 for new coworkers.
An audit will be conducted by Executive Director and the Office Manager in October 2024 to determine a list of coworkers who still need to attend the training before the conclusion of the 2024 education year. In the event of a planned FMLA, training will be scheduled for completion earlier. In the event of an unplanned FMLA the residence will make every effort to provide education within the regulation.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented ([redacted] - 05/13/2024)

132h Designated meeting place

3. Requirements

2800.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill conducted on [redacted], the home had 144 residents in the building; however, only 137 residents evacuated to a designated meeting place away from the building or within the fire-safe area.

During the fire drill conducted on [redacted], the home had 137 residents in the building; however, only 136 residents evacuated to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

The residents who failed to evacuate during the above-mentioned drills were given written notices to remind them of the residence rules. Copies of letters were shared with the inspectors.

Residents are informed of the requirement to participate in fire drills at time of signing their admission agreement. Fire Safety education is also provided to residents several times throughout the year during the Community

132h Designated meeting place (continued)

Meetings that administration holds with residents.

The Executive Director provided education to the Fire Safety Experts on 132h on April 15, 2024. In the event a resident fails to evacuate to the designated meeting place or within the fire-safe area the Manager on Duty will report to that resident's apartment and instruct them to evacuate. In the event of a repeated offender the residence may issue a discharge notice per the rules outlined in Resident Agreement.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented [redacted] - 05/06/2024)

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] at approximately [redacted], the medication cart beside the laundry room on the third floor was unlocked, unattended, and accessible.

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

Verbal education was provided to the Med Tech responsible for the unlocked medication cart at [redacted] by the Executive Director.

Re-education on keeping medication carts locked is being completed with med techs and LPNs by the Executive Director on various shifts and times between 4/9-4/14, 2024.

Audits to ensure med carts are locked will be completed at least 5 days per week by the Executive Director, Director of Nursing or Connections Director. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented (KB - 05/17/2024)

183d Current medications

5. 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

On 3/28/24, [redacted]), prescribed on [redacted] for ten days for Residents #1, #2 and #3, was in the residence's first floor medication cart; however, these medication was discontinued on [redacted].

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

No harm was experienced by Residents #1, #2 or #3 for this violation. The prescribed medications were removed

183d Current medications (continued)

from the medication cart on [redacted] by the Director of Nursing.

Re-education was provided to the medication techs and LPNs between on various shifts and times between 4/9 and 4/14 by the Executive Director to remove discontinued medications from the medication carts timely.

Audits of medication carts will be completed by the Director of Nursing and/or Executive Director weekly for 4 weeks. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee. Monthly cart audits will resume and follow the schedule of pharmacy's cycle fill.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented ([redacted] - 05/17/2024)

183e Storing Medications

6. 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], an [redacted] with a stamp of [redacted] was observed to be loose in the first-floor medication cart.

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

The pill described above is known as [redacted] and is commonly used for a cough. The loose pill was removed from the first-floor medication cart and destroyed by the Med Tech on [redacted].

Re-education is being provided to the medication techs and LPNs at various times and shifts between 4/9 and 4/14 by the Executive Director to observe medication carts for proper conditions and storge.

Audits of medication carts will be completed by the Director of Nursing and/or Executive Director weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented ([redacted] - 05/13/2024)

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

Resident #4 is prescribed blood sugar checks 3 times daily. The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows:

- *Glucometer reading on [redacted] -The number documented on the Medication Administration Record (MAR) was [redacted].*

185a Storage procedures (continued)

Repeat Violation 11/1/2022, et al

Plan of Correction ***Accept (- 04/26/2024)***

Resident #4 did not experience any negative outcome from this documentation error.

Re education was provided to the medication techs and LPNs on various shifts and times between [redacted] by the Executive Director to review that glucometer readings are recorded accurately on the Medication Administration Record (MAR).

Audits of glucometers and MARs will be completed on at least 3 diabetic residents weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audits will be completed by the Director of Nursing. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented - 05/17/2024)

187a Medication record

8. 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.

Description of Violation

Resident #4 is prescribed [redacted] with each meal on a sliding scale basis. However, Resident's #4's March 2024 medication administration record (MAR) does not indicate the amount of [redacted] administered on [redacted]

Plan of Correction ***Accept (- 04/26/2024)***

Resident #4 did not experience any adverse effects from this documentation error. The insulin dosing was documented in error where the blood sugar reading should have been administered and vice versa.

Re education has been provided to the medication techs and LPNs on various shifts and times between 4/9 through 4/14 by the Executive Director for accurate medication records.

Audits of MARs and glucometers for at least 3 diabetic residents will be conducted by the Director of Nursing weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented - 05/13/2024)

187d Follow prescriber's orders

9. Requirements

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

Description of Violation

Resident # 4 is prescribed [redacted] injection with meals as per a sliding scale. The scale indicated to administer 1 unit of insulin if the blood sugar is between [redacted]. On [redacted], Resident's blood sugar was [redacted] however [redacted] units were administered.

Residents #3 and #6 were prescribed [redacted]) on [redacted] with instructions to take one capsule daily for ten days (total of ten doses). However, Resident #3 was only administered eight doses and resident #6 was only administered [redacted] doses.

Resident #5 is prescribed [redacted] log injection with supper with special instructions to hold if blood sugar is less than [redacted]. On [redacted], the resident's blood sugar was [redacted]; however, the [redacted] was not given and a note indicates that it was "held per parameters".

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

Residents #3, #4 , #5, and #6 did not experience any adverse effects from the errors.

Re-education has been provided to the medication techs and LPNs on various shifts and times between 4/9 through 4/14 by the Executive Director and Director of Nursing for following the prescriber's orders.

Audits of MARs for 10 residents will be conducted by the Director of Nursing weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented [redacted] - 05/17/2024)

10. Requirements

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

Description of Violation

Resident #7 was prescribed 12 units of [redacted] times daily with meals. However, this medication was not administered to Resident #7 on [redacted], as well as [redacted] PM because the medication was not available in the residence.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Resident #7 did not experience any adverse effects from the omission of medication prescribed. Upon further investigation, there was a delay in delivery from the VA that was outside of the residence's control.

Education was provided on various shifts and times between 4/9 through 4/14 to Med techs that in the event they are unable to follow the direction of the prescriber, they need to notify the prescriber to determine if alternate directions are indicated.

The Director of Nursing and/or Executive Director will audit Medication Administration Records (MARs) for 10 residents to observe for any omissions weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

187d Follow prescriber's orders *(continued)*

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented ([redacted]/17/2024)

224a2 30 days prior to admission

11. Requirements

2800.
224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #4 was admitted on [redacted]. The resident's initial assessment was not completed until [redacted].

Repeat Violation - 11/1/22, et al

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

There was no negative outcome to Resident #4 for the tardy initial assessment.
A review of new move-ins/admissions in the past 30 days was completed by the Executive Director and no other issues were identified for untimely assessments.

The Executive Director provided education on 4/15 to those who assist in completing assessments re: individuals having a written initial assessment documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) applies.

The Director of Nursing and/or Executive Director will audit the initial assessment dates for new move ins for the next four weeks to ensure compliance. Audits began on 4/15. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented [redacted] - 05/17/2024)

227d Support plan – med/dental

12. 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

On [redacted], Resident #4's medical evaluation determined that the resident needs care for [redacted], including but not limited to multiple daily blood sugar checks and insulin injections. The resident's assessment and support plan, dated [redacted], does not indicate this need nor how this need will be met.

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

There was no negative outcome to Resident #4 for the omission of [redacted] care on the support plan. The Director of Nursing updated the ASP for Resident #4 on [redacted]

227d Support plan – med/dental (continued)

The Director of Nursing will audit the support plans as scheduled for review weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Proposed Overall Completion Date: 05/20/2024

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented (- 05/13/2024)

233c Key-locking devices

13. 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.

Description of Violation

There are two vinyl gates attached to the exterior Secure Care Unit (SCU) courtyard which are locked by a combination keypad magnetic locking system. On , one of the gates did not have directions for operation conspicuously posted near the device.

Plan of Correction ***Accept (- 04/26/2024)***

The code for the combination keypad magnetic locking system for the vinyl gate was added on 3/27/2024 by the Maintenance Director. A photo was shown to the inspector on 3/27/2024.

The Executive Director provided education to the Maintenance Director and Connections Director (manager of SCU) regarding the requirements of 233.c. on 4/15/2024.

Audits will be conducted by the Connections Director to ensure codes are present weekly. Audits will be completed for 4 weeks with week one beginning on 4/22. Audit findings will be submitted to the quality assurance committee.

Licensee's Proposed Overall Completion Date: *05/20/2024*

Implemented (- 05/13/2024)