

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

September 29, 2025

[REDACTED]
PROVIDENCE PLACE OF LANCASTER ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF LANCASTER
1380 ELM AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 33725

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2025 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 LANCASTER License #: 33725 License Expiration: 01/14/2026
 Address: 1380 ELM AVENUE, LANCASTER, PA 17603
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: PROVIDENCE PLACE OF LANCASTER ASSOCIATES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 09/08/2010 Issued By: Associated Building Inspections

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 146 Waking Staff: 110

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Incident Exit Conference Date: 08/04/2025

Inspection Dates and Department Representative

07/31/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 125 Residents Served: 99

Special Care Unit
 In Home: Yes Area: Connections Capacity: 44 Residents Served: 39

Hospice
 Current Residents: 10

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 99
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 47 Have Physical Disability: 0

Inspections / Reviews

07/31/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/28/2025

09/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/19/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/19/2025

Inspections / Reviews *(continued)*

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] was not administered [redacted] 4:00pm medications. The residence did not report this incident to the Department until [redacted]

Plan of Correction

Accept [redacted] - 09/03/2025)

R1 still resides at Providence Place. There was no negative outcome related to this medication error. Education was provided by the Executive Director to the Licensed Practical Nurses and Medication Techs on August 28th and 29th 2025 re: reportable incidents and conditions. The Director of Nursing, Executive Director and Connections Director are the positions responsible for the timely reporting of incidents to the Department. Education was provided to them by the Executive Director. Incident reports filed to the Department may be made in "initial" form within 24 hours until further investigation can be completed. The "final" report can be sent at a later time. The Director of Nursing and Connections Directors will monitor reports and MARs for compliance of following the prescriber's orders.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [redacted] - 09/29/2025)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 1:32pm resident [redacted] room smelled of urine and of an unknown odor. In addition, there was a urine bottle observed partially filled with urine, hanging on the resident's walker.

Plan of Correction

Accept [redacted] - 09/03/2025)

On 7/31/25 DHS licensing representative went into resident [redacted] room and stated that urinal had urine in it and that room smelled of urine. [redacted] stated that [redacted] questioned resident, and [redacted] stated that [redacted] rings [redacted] bell to have urinal emptied but [redacted] didn't ring [redacted] bell within the time [redacted] was talking with [redacted] and urinal was not emptied in the time [redacted] was [redacted] Upon exiting, [redacted] informed me, and I emptied urinal.

On August 28th & 29th staff received training on sanitary conditions (regulation 85a) from the Executive Director and/or designee.

Residents who use urinal have written reminder in room to remind residents to ring immediately to be emptied. Executive Director will do random room checks over the next three weeks to ensure rooms proper sanitary compliance.

Licensee's Proposed Overall Completion Date: 09/19/2025

85a Sanitary conditions (continued)

Implemented [redacted] - 09/29/2025)

183b Medications and syringes locked

3. 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 1:25pm, Thera honey advanced wound care gel was observed unlocked, unattended, and accessible in Resident [redacted] medicine cabinet. Resident [redacted] has not been assessed to self-administer medications.

Plan of Correction

Accept [redacted] - 09/03/2025)

On 7/31/25 Resident DHS representative for Thera honey wound gen in Resident [redacted] medicine cabinet.

Representative has called Executive Director inquiring about medication after exit and medicine cabinet was check and gel was removed.

Medication was sent to us via Medline from Hospice. Nurse staff will review orders sent to ensure meds are appropriately placed in medication storage.

On 8/28th & 29th/2025 Executive Director and designee educated staff on Medication storage (183b). Executive Director will do random room checks for the next 3 weeks.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 09/29/2025)

187d Follow prescriber's orders

4. Requirements

2800.

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

Description of Violation

Resident # [redacted] is prescribed the following medications; however, resident [redacted] was not administered these medications on [redacted], at 4:00pm:

- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed the following medications; however, resident [redacted] was not administered these medications on [redacted] at 5:00am or 7:00am:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

187d Follow prescriber's orders (continued)**Plan of Correction****Accept** [REDACTED] - 09/03/2025)

LPN/Shift Lead MT on the five rights of med administration. ED counseled MT on the importance of following systematic pattern of medication administration while decreasing distractions. Practicum Observer observed MT do med pass and will continue to monitor MT ongoing for compliance.

6/26/25 LPN did reeducation with MT. Practicum observer monitored med passes 6/30/25

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/29/2025)