



Sent via e-mail to: thoy@prov-place.com
MAILING DATE: February 20, 2020

Ms. Tanya Hoy
Executive Director
Providence Place of Pottsville Associates
1528 Sand Hill Road
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pottsville
2200 First Avenue
Pottsville, Pennsylvania 17901
License #: 203970

Dear Ms. Hoy:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 10, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: PROVIDENCE PLACE OF POTTSVILLE
Address: 2200 FIRST AVENUE,, POTTSVILLE, PA 17901
County: SCHUYLKILL Region: NORTHEAST

License Number: 20397

Administrator

Name: Tanya Hoy Phone: 5706286950 Email: thoy@prov-place.com

Legal Entity

Name: PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES
Address: 1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036

Certificate(s) of Occupancy

Type: I-2 Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 156 Waking Staff: 117

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint, Incident

Inspection Dates and Department Representative

12/10/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 192 Residents Served: 101

Secured Dementia Care Unit

In Home: Yes Area: na Capacity: 36 Residents Served: 31

Hospice

Current Residents: 13

Number of Residents Who

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 55 Have Physical Disability: 0

20b4 - Use of Funds

Regulations

2600.

20.b.4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On 11/20/2019 a family member of resident #1 discovered that staff person A had stolen money from resident #1's purse while the resident was using the bathroom. A camera installed in the resident's bedroom by the family member recorded staff person A removing money from resident #1's wallet and placing it in her pocket.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- ① Executive Director re-trained staff on financial abuse 12-10-19 + 12-11-19 (See attached)
- ② Reviewed with Residents at Preside chat 1-8-20 - Financial abuse with ED
- ③ Continue Yearly inservice with Ombudsman coworkers + Residents (See Attached Resident Rights)

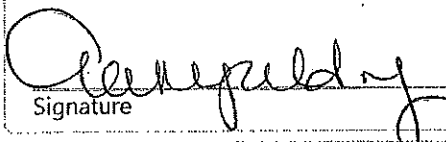
Immediately and Ongoing:

Resident funds and property will only be used for the resident's benefit.

2-7-2020 - MM

Thank you
Tanya

Legal Entity Representative


Signature

TANYA Hoy Executive Director 1/20/20
Printed Name and title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 2-7-2020
(Date)

Plan of correction implementation status as of 2-7-2020
(Date)

The above plan of correction was approved by MM
(Initials)

Implemented
 Not Implemented

14.1a - Medical Evaluation

Regulations

2600.

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.

Description of Violation

Resident #1 was admitted to the home on 8/16/2019. The resident's Documentation of Medical Evaluation (DME) form indicates the resident was evaluated on 6/5/2019, more than 60 days prior to admission.

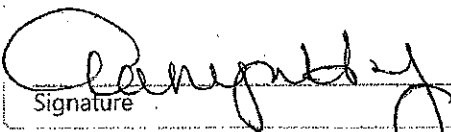
Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- ① Executive Director will review any initial, Annual or change in status DME prior to filing in chart.
- ② Director of Resident Services will audit 10 charts monthly for compliance.

Thank you
Tanya

Legal Entity Representative


Signature

TANYA HAY - Executive Director
Printed Name and Title

1/20/20
Date

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The above plan of correction is approved as of 2-7-2020 (Date)

Plan of correction implementation status as of 2-7-2020 (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by MM (Initials)

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on 8/16/19. The initial assessment of the resident was not completed until 9/6/2019, more than 15 days after admission.

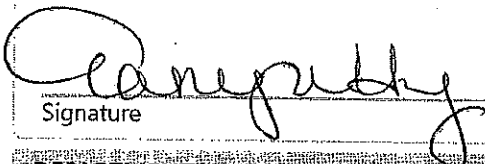
Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- ① Executive Director will review all annual initial + change in status Proasps prior to filing in chart.
- ② Director of Resident Services will audit 10 monthly for compliance

thank you
Tanya

Legal Entity Representative



1/20/20

Tanya Hay Executive Director

Signature

Printed Name and Title

Date

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2-7-2020
(Date)

Plan of correction implementation status as of

2-7-2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

MM
(Initials)