



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: thoy@prov-place.com
MAILING DATE: May 1, 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 March 18, 2020 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

License Number: 20397

Address: 2200 FIRST AVENUE, POTTSVILLE, PA 17901

County: SCHUYLKILL

Region: NORTHEAST

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: Other

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 210

Waking Staff: 158

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

03/18/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 192

Residents Served: 155

Secured Dementia Care Unit

In Home: Yes

Area: Connections

Capacity: 36

Residents Served: 31

Hospice

Current Residents: 17

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 155

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 55

Have Physical Disability: 7

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 exited the building on 02/19/20 at approximately 3:00 am and was discovered by staff knocking on the window to come back in. When the resident was retrieved, the resident was placed in the secure dementia unit. The resident was then admitted to the secure dementia unit on 3/2/2020. The home did not have documentation that the resident's family did not object to his placement in the secure dementia unit on 2/19/20 and when he was admitted to the unit on 3/2/20.

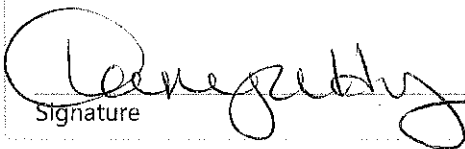
Plan of Correction (POC)

(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.)

Executive Director will have POA sign addendum for move prior to Resident moving to Secured Unit.
Facility will have staff do 1:1 until written approval is received from family Director of Resident Services or Executive will also note in Residents chart.

Thank you.
Tanya Hay

Legal Entity Representative


Signature

Tanya Hay Executive Director
Printed Name and Title
Date 4/17/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-23-20
(Date)

Plan of correction implementation status as of 4-23-20
(Date)

Implemented

Not Implemented

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

PRIVACY CODING DOCUMENT

Facility Information

Name: PROVIDENCE PLACE OF POTTSVILLE

License Number: 20397

Address: 2200 FIRST AVENUE, POTTSVILLE, PA 17901

Inspection

Date: 03/18/2020

Type: Partial

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Resident Privacy Coding

Designation

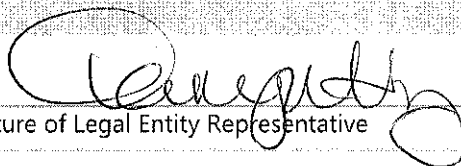
Resident's Name

Resident 1

Lee Lengel

Signatures

Tanya Hay Executive Director
Printed Name and Title of Legal Entity Representative



Signature of Legal Entity Representative

4/17/2020
Date