





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

August 3, 2021

[REDACTED]  
President and CEO  
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 [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase in the SDCU capacity from 36 to 54. The total capacity of the Personal Care Home remains the same at 192. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *PROVIDENCE PLACE OF POTTSVILLE* License #: *20397* License Expiration Date: *12/05/2021*  
Address: *2200 FIRST AVENUE, POTTSVILLE, PA 17901*  
County: *SCHUYLKILL* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *717520-0330* Email: [REDACTED]

**Legal Entity**

Name: *PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES*  
Address: *1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/19/1996* Issued By: *PAL*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *181* Waking Staff: *136*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Increase in SDCU* Exit Conference Date: *03/24/2021*

**Inspection Dates and Department Representative**

*03/24/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *192* Residents Served: *126*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Connections* Capacity: *36* Residents Served: *25*

**Hospice**

Current Residents: *12*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *126*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *55* Have Physical Disability: *2*

## Inspections / Reviews

03/24/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/24/2021*

6/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/01/2021*

7/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident 1 died at [REDACTED] [REDACTED] No incident report was provided to BHSL within 24 hours as required for unexpected deaths.

Plan of Correction

Accept

The home submitted the final report of resident's death to the department on 6/24/21.

The home provided in-servicing to identified reporters, Executive Director and Director of Wellness regarding regulation 2600.15, Reportable Incidents and Conditions.

The home's ED and DOW will remain available daily to submit reportable incidents to the department within 24 hours of the incident.

An audit of reportable incidents will be started 6/24/21 and be completed monthly until audits are in 100% compliance for 3 full, consecutive months.

Completion Date: 06/24/2021

Update - 06/28/2021

Please send/Attach proof of staff training. 6-28-21 MM

Document Submission

Implemented

In-service for Executive Director and Director of Wellness, referenced in the Plan of Correction is attached.