

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

November 16, 2023

[REDACTED], ADMINISTRATOR  
PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES  
[REDACTED]

RE: PROVIDENCE PLACE OF POTTSVILLE  
2200 FIRST AVENUE  
POTTSVILLE, PA, 17901  
LICENSE/COC#: 20397

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023, 09/25/2023, 09/29/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** PROVIDENCE PLACE OF POTTSVILLE **License #:** 20397 **License Expiration:** 12/05/2023  
**Address:** 2200 FIRST AVENUE, POTTSVILLE, PA 17901  
**County:** SCHUYLKILL **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 185 **Waking Staff:** 139

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 09/29/2023

**Inspection Dates and Department Representative**

09/21/2023 - On-Site: [REDACTED]  
09/25/2023 - Off-Site: [REDACTED]  
09/29/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 192 **Residents Served:** 118  
**Secured Dementia Care Unit**  
**In Home:** Yes **Area:** Terrace, Connections **Capacity:** 54 **Residents Served:** 46  
**Hospice**  
**Current Residents:** 5  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 111  
**Diagnosed with Mental Illness:** 1 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 67 **Have Physical Disability:** 0

**Inspections / Reviews**

09/26/2023 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/02/2023

11/08/2023 - POC Submission  
**Submitted By:** [REDACTED] **Date Submitted:** 11/10/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/13/2023

Inspections / Reviews *(continued)*

11/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 reported approximately one week ago the resident had to wait 30-45 minutes for someone to help the resident get dressed.

Resident #2 reported approximately 1-2 weeks ago the resident used the call bell for a shower, and no one ever responded.

The home did not provide assistance to the residents with their ADL's as indicated in their Resident Assessment and Support plans.

Plan of Correction

Accept (█ - 11/08/2023)

Memory Care Director and Director of Nursing held staff meetings 9/26/23, 9/27/23 and 9/28/23 to address the above regulation. All staff were given a copy of the regulation and explained the expectation of following care plan for residents needs and answering call bells in timely manner. Both Memory Care Director and Director of Nursing will monitor monthly for compliance.

Staff education sheets attached.

Licensee's Proposed Overall Completion Date: 10/26/2023

Implemented (█ - 11/16/2023)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely has 8 staff members from 11p-6a. On █ the home had 5 staff members working from 12p-6a. The home currently serves 67 residents that require assistance to evacuate in the event of an emergency. 29 of those residents require a one person assist, 4 residents require a 1-2 person assist, 6 require a 2 person assist using a Hoyer lift, 4 require a 2 person assist to stand, 1 person requires a 2 person assist and 23 residents require constant cuing. 5 staff members is not enough staff to meet the residents needs according to their Resident Assessment Support Plans in the event of an emergency.

Plan of Correction

Accept (█ - 11/08/2023)

Executive Director, Memory Care Director, Director of Nursing and Employment Specialist meet daily to go over staffing. Executive Director monitors schedule everyday to make sure the proper number of staff are scheduled to work to meet the residents needs according to their RASP. Executive Director will monitor schedule daily.

Licensee's Proposed Overall Completion Date: 10/26/2023

Implemented (█ - 11/16/2023)

182c - Medication Administration

**3. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

**Description of Violation**

*Resident #1 reported that the home will leave the residents supplements in the resident's room after lunch for the resident to take. The staff members are not following the steps of medication administration by placing the medication in the residents hand, mouth or other route ordered and watching the resident take the medication.*

**Plan of Correction**

**Accept (█ - 11/08/2023)**

*Director of Nursing had staff meetings with LPNs and Med Techs 9/26,9/27, 9/28/23 reviewing the above regulation. Each LPN and Med Tech were again re-educated on the five rights of passing medications. The Director of Nursing will continue to monitor with monthly audits for compliance. Staff education sheets attached.*

**Licensee's Proposed Overall Completion Date: 10/26/2023**

**Implemented (█ - 11/16/2023)**

**227d - Support Plan Medical/Dental**

**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the 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 home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident #3's Resident Assessment and Support Plan (RASP) dated 7/19/23 notes the resident is independently mobile. The resident utilizes a wheelchair to ambulate, the residents RASP has not been updated regarding the resident's current mobility needs.*

*Resident #4 has a private duty aid that assists the resident with ADLs and IADLs. This is not included in Resident #4's RASP dated 2/7/23, as well as what ADLs/IADLs the aid assists the resident with. Resident #4's RASP also does not include that the resident at times displays poor judgment around decision-making related to healthcare and mobility.*

**Plan of Correction**

**Accept (█ - 11/08/2023)**

*Director of Nursing and Memory Care Director held staff meetings 9/26, 9/27 and 9/28 to re-educate staff regarding the above regulation. All staff received copy of regulation. Director of Nursing and Memory Care Director will monitor LPN's to make sure care plans are updated to give a clear snapshot of residents needs as they change. Staff education sheets attached. Revised resident RASPs attached. Attached are the updated care plans for the residents listed.*

**Licensee's Proposed Overall Completion Date: 10/26/2023**

**Implemented (█ - 11/16/2023)**