

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

June 3, 2025

[REDACTED]
PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2025 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 POTTSVILLE License #: 20397 License Expiration: 12/05/2025
 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

Type: I-2 Date: 12/14/2013 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 221 Waking Staff: 166

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 04/23/2025

Inspection Dates and Department Representative

04/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 192 Residents Served: 157
 Secured Dementia Care Unit
 In Home: Yes Area: unit Capacity: 54 Residents Served: 46
 Hospice
 Current Residents: 16
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 157
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 64 Have Physical Disability: 0

Inspections / Reviews

04/23/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2025

05/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/27/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/27/2025

Inspections / Reviews *(continued)*

06/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

A container with empty pill packets that included resident names and medications was found on top of Medication Cart 3.

Plan of Correction

Accept (█ - 05/20/2025)

4/23/25 DON immediately removed the packages. 4/23/25 DON met with team and re-educated them on the importance of keeping resident information private. DON is having meetings 5/20 and 5/22 and will again re-educate the importance of following through with this. DON will do random spot checks bi-weekly x 4 months to maintain compliance. see attached audit form and in-service sheets.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█ 05/28/2025)

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At approximately 11:00 a.m. there was a 50-pound bag of oats found stored directly on the floor of the pantry.

Plan of Correction

Accept (█ - 05/20/2025)

4/23/25 Dining Director removed oats from floor immediately and educated █ team . 5/19/25 Dining Director will educate █ staff regarding regulation 103.d, see attached in-service sheet and audit form. Dining Director will do weekly audit x 2 months to continue monitoring compliance.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█ - 05/28/2025)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:55 a.m., cereal that appeared to be Rice Krispies was found in the pantry area wrapped in plastic wrap and not labeled with the contents and date they were stored in the pantry.

repeat █

103e Left Overs (continued)

Plan of Correction

Accept (█ - 05/20/2025)

4/23/25 Dining Director immediately labeled food and educated staff. 5/19/25 Dining Director will educate █ staff regarding regulation 103.e, see attached in service sheet and audit form. Dining Director will do weekly audit x 2 months to continue monitoring compliance.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented █ - 05/28/2025)

103g - Storing Food

4. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 11:05 a.m. there was a 50 pound bag of oats and a 25 pound bag of panko breadcrumbs that were left open and not sealed properly.

Repeat Violation: █ et al.

Plan of Correction

Accept █ 05/20/2025)

4/23/25 Dining Director immediately sealed and dated the oats and bread crumbs educating █ staff. 5/19/25 Dining Director will educate █ staff regarding regulation 103.g, see attached in service sheet and audit form Dining Director will do weekly audit x 2 months to continue monitoring compliance.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented █ - 05/28/2025)

183e - Storing Medications

5. Requirements

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident █ has an order for █ that states drop must be discarded 6 weeks after open date. Open date was labeled as █, so medication would have to have been discarded █

Plan of Correction

Accept █ - 05/20/2025)

4/23/25 DON immediately removed eye drops from med cart and discarded. 4/23/25 DON met with team and re educated them regarding this regulation and is having meetings 5/20 & 5/22 and will again re educate the importance of following through with this. Weekly med cart audits have been added by pharmacy to monitor for compliance. See attached in service, and audits.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented █ - 05/28/2025)

234d - Support Plan Revision

6. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [REDACTED] was involved in an altercation with Resident [REDACTED] on [REDACTED] at approximately 8:15 p.m.. The initial support plan dated [REDACTED] for Resident [REDACTED] was not updated regarding the incident to address the resident's wandering behaviors and aggression towards Resident [REDACTED]

Plan of Correction*Directed [REDACTED] - 05/20/2025)*

4/7-9/25, DON had updated support plan with an attached RASP addendum with all the interventions. Addendum was attached to the RASP dated 5/19/24 in resident [REDACTED] chart. See attached document.

Proposed Overall Completion Date: 05/15/2025

(Directed)

In addition to the above plan of correction, the administrator or designee will audit all support plans for residents in the secured dementia care unit for accurate and current information. Completion of these audits will be documented with date, staff person that reviewed the support plan, resident support plan reviewed, and if any updates were made.

Directed Completion Date: 05/27/2025

Implemented ([REDACTED] - 05/28/2025)