

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

June 25, 2025

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

RE: PROVIDENCE PLACE OF HAZLETON
149 SOUTH HUNTER HIGHWAY
DRUMS, PA, 18222
LICENSE/COC#: 22760

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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 HAZLETON* License #: *22760* License Expiration: *04/01/2026*
 Address: *149 SOUTH HUNTER HIGHWAY, DRUMS, PA 18222*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *08/16/2010* Issued By: *Butler Township*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *148* Waking Staff: *111*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/13/2025*

Inspection Dates and Department Representative

05/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *155* Residents Served: *96*

Special Care Unit
 In Home: *Yes* Area: *Connections* Capacity: *42* Residents Served: *28*

Hospice
 Current Residents: *12*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *96*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *51* Have Physical Disability: *0*

Inspections / Reviews

05/13/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2025*

06/13/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2025*

Inspections / Reviews *(continued)*

06/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/22/2025

06/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

Chapter 2800 Regulation was not posted in a public and conscious area in the residence

Plan of Correction

Accept () - 06/17/2025

On 5/13/2025 Chapter 2800 Regulation Booklet was placed in resident mailroom which all residents, visitors and staff have access to. Executive Director will perform audits to ensure booklet is in mailroom beginning 6/16/2025. Audits to be performed as follows. 3 times a week x 2 weeks then 2 times a week x 1 week then once weekly x 1 week ending by July 11th. Executive Director will then monitor as needed.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 06/25/2025

123b Emerg. procedures posted

2. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

The emergency preparedness plan was not posted in a public and conscious area in the residence.

Plan of Correction

Accept () - 06/17/2025

On 5/13/2025 Emergency Preparedness Binder was placed in resident mailroom which all residents, visitors and staff have access to. Executive Director will perform audits to ensure booklet is in mailroom beginning 6/16/2025. Audits to be performed as follows. 3 times a week x 2 weeks then 2 times a week x 1 week then once weekly x 1 week ending by July 11th. Executive Director will then monitor as needed.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 06/25/2025

125a Combustible storage

3. Requirements

2800.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:40 a.m., 2 washcloths were observed on top of the vent behind the electric clothes dryer located on the second floor.

Plan of Correction

Accept () - 06/13/2025

On 5/13/2025 washcloths were immediately removed from the dryer vent. Connections Director or DON to perform audit to check dryer vents in Connections Unit to ensure flammable materials are not located near heat source beginning 5/14/2025 3x week x 2 weeks then 2x week x 1 week then once weekly x 1 week ending 6/13/2025. Connections Director will continue to monitor as needed

125a Combustible storage (continued)

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented () - 06/25/2025

141a Medical evaluation

4. Requirements

2800.

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. The evaluation must include the following:

- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.

Description of Violation

Resident#1's evaluation document dated [redacted] states the resident's TB test was dated [redacted] The next TB test the resident received was on [redacted]

Plan of Correction

Accept () - 06/13/2025

Resident was added to TB Tracker in computer which CN Director, DON and nursing all have access too.

Connections Director or DON to complete chart audits on three CN residents 3 x weekly x 1 week then 2 x weekly x 1 week then once weekly x 2 weeks ending 6/13/2025. CN Director will then continue to monitor as needed.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented () - 06/25/2025