

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

November 13, 2025

[REDACTED]
PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF PINE
GROVE
24 HIKES HOLLOW ROAD
PINE GROVE, PA, 17963
LICENSE/COC#: 22550

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2025, 09/11/2025, 09/12/2025 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 PINE GROVE License #: 22550 License Expiration: 11/03/2025
 Address: 24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963
 County: SCHUYLKILL Region: NORTHEAST

Administrator

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

Legal Entity

Name: PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2001 Issued By: PA L&I
 Type: C-2 LP Date: 10/28/1994 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 127 Total Daily Staff: 254 Waking Staff: 191

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 09/12/2025

Inspection Dates and Department Representative

09/10/2025 - On-Site: [REDACTED]
 09/11/2025 - Off-Site: [REDACTED]
 09/12/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 93 Residents Served: 74

Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 93 Residents Served: 74

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 53 Have Physical Disability: 1

Inspections / Reviews

09/10/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2025

Inspections / Reviews *(continued)*

10/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2025

11/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

An allegation of abuse was made on [REDACTED] regarding Staff person A and Resident [REDACTED]. Staff person A continued to work on [REDACTED] without being suspended or a plan of supervision being put in place that was approved by the Department.

Plan of Correction

Accept [REDACTED] - 10/21/2025)

On 8/18/2025 Staff member A was immediately suspended upon investigation of an incident. 8/18/2025 Verbal training of resident rights over the phone were completed by Director of Nursing and Executive Director of this team member A and entire care team, training documents and signature of training along with copy of resident right training was sent with a DHS reportable post incident.

Staff member A was suspended, written documentation of actions taken maintained in the staffs file, training in resident rights, electronic training in resident abuse and neglect, and returned to work after completed investigation.

Staff A works under the supervision of a Shift Leader each shift and has never worked without supervision.

Executive Director will conduct ongoing walk through of community and coworker meetings to be sure all staff is treating residents with dignity and respect and there are no signs of abuse and neglect.

Executive Director will ensure full understanding of the requirements to immediately suspend or implement a Department Approved Supervision plan when an abuse allegation is received.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] - 11/13/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 11:15 a.m. Resident [REDACTED] pulled the chair from underneath resident [REDACTED] causing the resident to fall off the chair and onto the floor. Resident [REDACTED] raised the chair up and attempted to hit Resident [REDACTED] over the head. Resident [REDACTED] put their hands up to block the chair from hitting the residents head. Resident [REDACTED] was sent to the emergency department for lacerations noted on the residents right hand. Resident [REDACTED] required 17 stitches on the 3rd finger and 3 stitches on the fourth finger because of Resident [REDACTED] actions.

42b Abuse (continued)

Plan of Correction

Accept [REDACTED] - 10/21/2025)

The Executive Director and Director of Nursing reviewed the cited regulation and all related policies with the department Managers on 9/13/2025. Resident [REDACTED] was living with dementia with no physical mobilities and unaware of [REDACTED] actions. Providence Place called 911 and Protective Services Immediately to assess Resident [REDACTED] injuries and send both residents to ER for evaluations and treatments. Resident [REDACTED] returned from ER with private one on one caregiver until [REDACTED] move out.

Executive Director will conduct a community walk through frequently to verify our residents living with Dementia are safe from others and staff is supervising them.

Director of Nursing will continue to assess any residents who are being abusive to be sure all residents are safe and the abusive residents are being managed, if unable to manage their care a support plan meeting will be held with families to review interventions or alternative placement if unsafe or unable to meet their needs. Director of Nursing will continue to document resident behaviors in their support plan and plan to meet their needs so that the staff could be aware how to care for the needs of those residents without behaviors.

Staff training on regulatory compliance expectations and will be reinforced annually during mandatory training.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] - 11/13/2025)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED] at approximately 6:18 a.m., the home became aware resident [REDACTED] previously installed video chat device had the capability to record audio and video. Resident [REDACTED] roommate did not give consent for the use of this device in their shared bedroom.

Plan of Correction

Accept [REDACTED] - 10/21/2025)

When the Executive Director became aware of the camera with video chat on 8/15/25, [REDACTED] contacted resident [REDACTED] POA who installed a hidden nanny camera that was only facing resident [REDACTED] bed and Roommate space was not in the camera view.

Resident [REDACTED] has moved out of community and there is currently no camera in that apartment.

On 9/13/2025 Staff was re educated on the rights of privacy of self possessions and required to report any devices with recording capabilities.

Providence Place will continue to remind our residents and families of our privacy and technology expectations during admissions and annual support plan meetings as necessary.

It is Providence Place policy that all shared apartments will have consents from both roommates for video recording cameras and audio recordings are not allowed. If a resident violates this policy, they will be issued a 30 day discharge for non compliance to this policy.

Executive Director will conduct random room checks during walking rounds to verify compliance of this policy and regulation.

Licensee's Proposed Overall Completion Date: 10/09/2025

Implemented [REDACTED] - 11/13/2025)

42s - Privacy (*continued*)