

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

December 23, 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 11/20/2025 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: 12/05/2026
 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: 234 Waking Staff: 176

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/20/2025

Inspection Dates and Department Representative

11/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 192 Residents Served: 162
 Secured Dementia Care Unit
 In Home: Yes Area: secured Capacity: 54 Residents Served: 43
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 162
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 72 Have Physical Disability: 0

Inspections / Reviews

11/20/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/14/2025

12/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/17/2025

Inspections / Reviews *(continued)*

12/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] Staff A admitted to telling resident [redacted] that they were [redacted] them off and was heard, through the resident's camera audio, cursing at the resident.

Plan of Correction

Accepted [redacted] - 12/10/2025)

Both staff were immediately removed from schedule pending investigation. Staff 1 admitted to inappropriate language used and staff 2 admitted to hearing it, not stopping it or reporting it. Both staff members were terminated from employment on 11/17/2025. Connections Director and Director of Nursing held training with nursing staff and reviewed residents rights and abuse.

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [redacted] 12/23/2025)

231b - Medical Evaluation

2. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident # [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] however, the resident's medical evaluation that was completed on [redacted] did not indicate if the home could safely meet the resident's needs.

Repeat Violation: [redacted]

Plan of Correction

Accepted [redacted] 12/10/2025)

DME was immediately given to Doctor to who completed form to check box on last page. Executive Director to audit charts as follows: 2 resident charts 3 x a week x 1 week then 2 x week x 2 week, then 1 x week x 1 week. Beginning 11/24/2025 ending 12/15/2025. Executive Director to perform random audits for compliance.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] 12/23/2025)

234b - Support Plan Needs Elements

3. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Secured Dementia Care Resident [redacted] Assessment and Support Plan dated [redacted], indicates that the resident has no long-term memory impairment and uses the name of another resident in this section.

Plan of Correction

Accepted [redacted] - 12/10/2025)

The support plan was immediately fixed by Connections Director. Executive Director to audit charts as follows: 2

234b Support Plan Needs Elements (continued)

resident charts 3 x a week x 1 week then 2 x week x 2 week, then 1 x week x 1 week. Beginning 11/24/2025 ending 12/15/2025. Executive Director to perform random audits for compliance.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] - 12/23/2025)