

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

April 2, 2026

[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 02/11/2026 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:** 12/05/2026  
**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:** 219 **Waking Staff:** 164

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 02/11/2026

**Inspection Dates and Department Representative**

02/11/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 192 **Residents Served:** 154

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** 54 **Capacity:** 54 **Residents Served:** 37

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 154  
**Diagnosed with Mental Illness:** 5 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 65 **Have Physical Disability:** 0

**Inspections / Reviews**

02/11/2026 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/19/2026

03/17/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/01/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/24/2026

Inspections / Reviews *(continued)*

03/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/01/2026

04/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at 2:43p.m., Staff person B became aware of an allegation of abuse of resident [redacted] by staff person A. The home did not immediately suspend or develop and implement a plan of supervision for staff person A.

Plan of Correction

Accept [redacted] - 03/25/2026)

Investigation was completed by Connections Director and Executive Director immediately upon being made aware of incident on 1/24/2026. Staff person A was not scheduled to work on 1/24/2026 or 1/25/2026 otherwise she would have been suspended immediately pending investigation. Upon completion of investigation employee was told she can return to work on her next scheduled shift of 1/26/2026 but she would no longer be working in Memory Care and was moved to assisted living upon return and working under supervision of LPN. Report completed with AAA and DHS on 1/24/2026. A plan of supervision form was developed and will be utilized for any allegation of abuse in the future and submitted to DHS for approval. Executive Director will ensure full understanding of the requirements to immediately suspend or implement a department approved supervision plan when an abuse allegation is made with all Directors on 3/25/2026 and 3/26/2026. Executive Director to monitor for compliance with every allegation of abuse report going forward.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/02/2026)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [redacted] during morning care, staff person A put resident [redacted] legs between their calves to immobilize the resident's ability to freely move their legs.

Plan of Correction

Accept [redacted] - 03/25/2026)

Connections Director and Executive Director were made aware of incident on 1/24/2026 and immediately began investigation. Staff person A was not scheduled to work at time incident was reported on 1/24/2026 or 1/25/2026 otherwise she would have been immediately suspended pending investigation. After investigation employee was told she can return to work on her next scheduled shift of 1/26/2026 and given verbal education on why her actions were wrong and investigation was completed and due to this she would no longer be working in Memory Care. De-escalation education and training completed with staff by Connections Director on 2/11/2026 and 2/12/2026. Staff A works under the supervision of a shift leader each shift. 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 or neglect. All co-worker staff meetings to be completed 3/31/2026 and 4/1/2026 to review residents rights, signs of abuse and steps of reporting abuse.

202 - Prohibitions (continued)

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [REDACTED] 04/02/2026)

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

The support plan, dated [REDACTED] for resident [REDACTED] was not updated to indicate that on [REDACTED] an order was received to upgrade the resident's diet from mechanical soft to a regular diet.

Plan of Correction

Accept [REDACTED] - 03/25/2026)

Diet was immediately corrected on support plan. Connections Director will hold training with Nurses and Med-techs on updating support plan along with face sheet with all change in diets on 3/24/2026 and 3/25/2026. Connections Director will do chart audits to monitor for compliance. Audits to be completed on 2 residents 3 x week x 1 week then 2 x week x 2 weeks then 1 x week x 1 week beginning 3/16/2026 and ending week of 4/5/2026

Licensee's Proposed Overall Completion Date: 04/11/2026

Implemented [REDACTED] 04/02/2026)