

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

August 8, 2024

[REDACTED], REGIONAL DIRECTOR
PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE AT THE
COLLEGEVILLE INN
4000 RIDGE PIKE
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 14477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2024, 04/29/2024 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 AT THE COLLEGEVILLE INN **License #:** 14477 **License Expiration:** 09/12/2024

Address: 4000 RIDGE PIKE, COLLEGEVILLE, PA 19426

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES

Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 01/02/2020 **Issued By:** Lower Providence Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 139 **Waking Staff:** 104

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 04/30/2024

Inspection Dates and Department Representative

04/29/2024 - On-Site: [REDACTED]

04/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 107

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 47 **Residents Served:** 32

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 107

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

04/29/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/02/2024

06/25/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/07/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/02/2024

Inspections / Reviews *(continued)*

08/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident 1 had a fall and suffered bruising and pain to their arm, hip and leg. The residence did not report this incident to the Department until [REDACTED] at the Department's request.

Plan of Correction

Accept [REDACTED] - 06/25/2024

An education on this regulation will be given to the Director of Nursing and Memory Care Director. This education will be given by the Executive Director on 5/29/24. The nurses and med techs working in the building will be notified on 6/2/24 that bruising and pain are reportable after a fall and instructed to notify the Executive Director of these incidents as they occur. A description of what incidents warrant a reportable to DHS will be posted in both wellness offices 5/29/24.

Proposed Overall Completion Date: 06/03/2024

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented [REDACTED] - 08/08/2024

23a ADL assistance

2. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 2, indicates the resident requires assistance with Bladder and Bowel Management. On [REDACTED], at [REDACTED], the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] - 06/25/2024

An education will be completed with the team leads of each team on resident 2 care plan. This education will be given by the Executive Director, will begin on 6/4/24 and completed by 6/16/24. This resident has care tasks in place for 2 hour incontinence checks that will continue to be signed off on by the caregivers daily.

Proposed Overall Completion Date: 06/16/2024

Licensee's Proposed Overall Completion Date: 06/16/2024

Implemented [REDACTED] - 08/08/2024

42b Abuse/Neglect

3. Requirements

2800.

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

42b Abuse/Neglect (continued)

Description of Violation

Per interview with Resident 1. Resident 1 described pressing his/her call pendant and waiting for staff to respond. Resident 1 while they waited for a response from staff ended up urinating on themselves and felt embarrassed. Resident 1 also explained another incident when they pressed their call pendant and waited excessive times and he/she explained he/she had a bowel movement on themselves while laying in bed waiting for staff to answer the call pendant.

On [REDACTED], at [REDACTED], Staff Person A heard shouting from Resident 3 and Resident 4's bedroom. Staff Person A went to get Staff Person B to tell them what they heard coming from the room. Staff Person C went to the room and witnessed Resident 4 smack Resident 3 across the face. Staff Person C went back to get Staff Person B. Upon entering the room to check on the two residents Both Staff Person B and Staff Person C witnessed Resident 4 kicking Resident 3 in the shin 3 times, grab their arm and twist it, and also shake their wheelchair shouting at them. Staff Person C took Resident 3 out of the room to separate them. Resident 4 became very upset at the separation and tried to follow the Staff Person and Resident. Resident 3 just wanted to reach out to their daughter at that time. Resident 3 was very nervous and upset about the situation.

Plan of Correction

Accept ([REDACTED] - 06/25/2024)

Resident 3 and 4 are now living in different apartments. Their previously conjoined apartments have been separated with a wall as of 5/29/24. Both of these residents receive assistance from an outside caregiver 3 hours per day so that they can spend time together with supervision. These residents are not permitted access to each other's apartments without supervision. These residents will remain in separate apartments unless deemed safe to live and spend time together without supervision. The Executive Director will monitor incident reports moving forward for any incidents where there is resident to resident contact. These incidents will be reported within 24 hours.

An education will be completed with the team leads of each team on resident 2 care plan. This education will be given by the Executive Director, will begin on 6/4/24 and completed by 6/16/24. This resident has care tasks in place for 2 hour incontinence checks that will continue to be signed off on by the caregivers daily.

Proposed Overall Completion Date: 06/16/2024

Licensee's Proposed Overall Completion Date: 06/16/2024

Implemented ([REDACTED]/08/2024)

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:

Description of Violation

The medical evaluation for Resident 4, dated [REDACTED], does not include Tuberculosis skin test information or the date of the in-person evaluation. This area of the form is blank.

The medical evaluation for Resident 5, dated [REDACTED], does not include Tuberculosis skin test information. This area

141a Medical evaluation (continued)

of the form is blank.

Plan of Correction

Accept (█) - 06/25/2024

An audit of 10 charts will be done 1x per week x4 weeks beginning on 6/4/24 and ending on 7/2/24 ensuring that all sections of the medical evaluation are filled out. This audit will be completed by the Executive Director. Medical evaluations will be monitored by the Executive Director through periodic chart audits. An education will be given by the Executive Director to the Memory Care Director and Director of nursing on 5/29/24.

Proposed Overall Completion Date: 07/02/2024

Licensee's Proposed Overall Completion Date: 07/02/2024

Implemented (█) - 08/08/2024

187d Follow prescriber's orders**5. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 5 is prescribed █. However, this medication was not administered to Resident 5 on █ because the medication was not available in the residence.

Plan of Correction

Accept (█) - 06/25/2024

An audit will be completed 1x per week of 10 resident's MAR x4 weeks to ensure there were no missed medications due to facility/clinician error. If an error occurs, the staff member involved will receive education on this regulation within 48 hours. This audit will begin on 6/4/24 and be complete on The Director of Nursing and Memory Care Director will an education on this regulation on 5/29/24. This education will be given by the Executive Director.

Proposed Overall Completion Date: 07/02/2024

Licensee's Proposed Overall Completion Date: 07/02/2024

Implemented (█) 08/08/2024