

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

December 4, 2024

[REDACTED]  
PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2024 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:** 09/12/2025

**Address:** 4000 RIDGE PIKE, COLLEGEVILLE, PA 19426

**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES

**Address:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 06/13/2024      **Issued By:** Lower Providence Twp

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 146      **Waking Staff:** 110

**Inspection Information**

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

**Reason:** Complaint      **Exit Conference Date:** 09/13/2024

**Inspection Dates and Department Representative**

09/10/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150      **Residents Served:** 112

**Special Care Unit**

**In Home:** Yes      **Area:** Connections      **Capacity:** 47      **Residents Served:** 34

**Hospice**

**Current Residents:** 10

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 112

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

**Have Mobility Need:** 34      **Have Physical Disability:** 0

**Inspections / Reviews**

**09/10/2024 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/23/2024

**10/01/2024 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 11/08/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/04/2024

Inspections / Reviews (*continued*)

## 10/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/01/2024

## 12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 7:30am resident [redacted] fell out of their wheelchair when caregiver A lost control causing abrasions to the resident face and right knee. This incident was reported to staff person B on [redacted] However, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at 8:30pm.

Plan of Correction

Accept [redacted] - 10/01/2024)

Once the Executive Director was made aware of a possible unreported fall with injury an investigation was immediately started. Once the unreported fall with injury was confirmed the Executive Director submitted the reportable to DHS. All current full-time and part-time caregivers were educated following the incident on fall policy and procedures for reporting by the Executive Director by 9/6/24. Staff person B was given 3 additional mentor days with another caregiver. Staff person B was re-educated on entirety of RLA training packet by DON. Staff person B received a written coaching. The executive director will audit 24 hour report 3x per week x4 weeks for reportable incidents and will report any incidents found within 24 hours to DHS. This audit will begin on 9/23/24 and will be complete on 10/21/24.

Proposed Overall Completion Date: 10/21/2024

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented [redacted] - 12/04/2024)

16c Incident reporting

2. 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 [redacted] fell out of their wheelchair and sustained abrasions to the face and right knee. The residence did not report this incident to the Department until [redacted].

Plan of Correction

Accept [redacted] - 10/01/2024)

Once the Executive Director was made aware of a possible unreported fall with injury an investigation was immediately started. Once the unreported fall with injury was confirmed the Executive Director submitted the reportable to DHS. All current full-time and part-time caregivers were educated following the incident on fall policy and procedures for reporting by the Executive Director by 9/6/24. Staff person B was given 3 additional mentor days with another caregiver. Staff person B was re-educated on entirety of RLA training packet by DON. Staff person B received a written coaching. The executive director or DON will audit 24 hour report 3x per week x4 weeks for reportable incidents and will report any incidents found within 24 hours to DHS. This audit will begin on 9/23/24 and will be complete on 10/21/24.

Proposed Overall Completion Date: 10/21/2024

16c Incident reporting (continued)

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented [REDACTED] 12/04/2024)

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.

Description of Violation

On [REDACTED], as resident [REDACTED] was being transported to the dining room, caregiver A lost control of the resident's wheelchair. The resident fell forward causing multiple abrasions to the resident's face and an abrasion to the right knee.

Resident [REDACTED] was admitted to the hospital for weakness on [REDACTED]. The resident was not administered their prescribed order of [REDACTED] at bedtime from [REDACTED] through [REDACTED]. The physician's orders documented to restart the medication on 4/24, 4/30 and 5/2/24.

Plan of Correction

Accept [REDACTED] 10/03/2024)

Resident [REDACTED] ASP updated with fall interventions. Resident is receiving PT/OT and it is now care planned to have foot rests on his wheelchair.

An audit of 5 charts per week x4 weeks will be completed to ensure any filed orders in a resident chart are being administered as prescribed according to the MAR. This audit will begin on 9/23/23 and will be completed 10/21/24. This audit will be completed by the Executive Director or DON. Resident [REDACTED] ASP updated for foot rests to be put on for every wheelchair transport 8/28/24. PT started on 8/26/24 and OT started on 8/29/24. Resident will be on services another 4 weeks then will be reassessed per therapy dept. on 10/1/24. The executive director and director of nursing will educate all full time and part time caregivers on how to put on and take off foot rests on a wheelchair. This education will begin 10/2/24 and be complete by 10/31/24.

Proposed Overall Completion Date: 10/31/2024

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)

63d CPR - F/A Provided

4. Requirements

2800.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On [REDACTED], resident [REDACTED] fell out of their wheelchair sustaining rug burns to their face and right knee. Staff A did not administer first aid in accordance with [REDACTED] training on 8/25/24.

Plan of Correction

Directed [REDACTED] - 10/03/2024)

Staff person A and the Director of Nursing will be educated on this regulation by the Executive Director and will receive this education by 10/21/24. An education will be given to Full time and Part time RLAs on this regulation

63d CPR - F/A Provided (continued)

by the DON or ED and will be completed by 10/31/24. This education for the team will begin on 10/2/24.

Proposed Overall Completion Date: 10/31/2024

Directed Plan of Correction:

Within 15 days of the receipt of the acceptable plan of correction, in addition to the above plan, the administrator shall review reportable incidents, progress notes, and conduct relevant resident interviews weekly for 4 weeks to ensure that first aid was provided where necessary.

Directed Completion Date: 10/31/2024

Implemented [redacted] - 12/04/2024)

187d Follow prescriber's orders

5. Requirements

2800.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] at bedtime, daily. However, the resident was not administered the medication from [redacted] through [redacted]. The physicians order documents to restart the medication after a hold on [redacted] and on [redacted].

Plan of Correction

Accept [redacted] - 10/01/2024)

An education on this regulation will be given to all full-time Med Techs and nurses by 10/21/24 and will be given by the Executive Director. An audit of 5 charts per week x4 weeks will be completed to ensure any filed orders in a resident chart are being administered as prescribed according to the MAR. This audit will begin on 9/23/23 and will be completed 10/21/24. This audit will be completed by the Executive Director or DON.

Proposed Overall Completion Date: 10/31/2024

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 12/04/2024)

252 Records – content

6. Requirements

2800.  
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident [redacted] record does not include identifying marks.

Plan of Correction

Directed ([redacted] - 10/03/2024)

An audit of all current resident's face sheets will be completed by the Executive Director and DON. This audit will begin on 9/23/24 and will be complete by 10/31/24. The DON will receive an education from the Executive Director on this regulation by 10/21/24. For the next 90 days beginning on 10/1/24 the ED will audit all new move in's face sheets to ensure required information is in and that DON (completes the face sheets) is understanding of regulation.

252 Records – content (continued)

*Proposed Overall Completion Date: 12/02/2024*

*Directed Plan of Correction: Only the overall completion date is directed to 10/31/24.*

**Directed Completion Date: 10/31/2024**

*Implemented ( [REDACTED] - 12/04/2024)*