

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

July 14, 2025

[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 03/26/2025 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 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:** 01/02/2020      **Issued By:** Lower Providence Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 166      **Waking Staff:** 125

**Inspection Information**

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

**Reason:** Incident      **Exit Conference Date:** 03/26/2025

**Inspection Dates and Department Representative**

03/26/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150      **Residents Served:** 119

**Special Care Unit**

**In Home:** Yes      **Area:** Memory Care Unit      **Capacity:** 47      **Residents Served:** 32

**Hospice**

**Current Residents:** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 119

**Diagnosed with Mental Illness:** 8      **Diagnosed with Intellectual Disability:** 8

**Have Mobility Need:** 47      **Have Physical Disability:** 0

**Inspections / Reviews**

**03/26/2025 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/27/2025

**07/11/2025 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 04/28/2025

**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

07/14/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b Abuse/Neglect

## 1. 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] resident [REDACTED] who uses a wheelchair to ambulate was transported to an event at the local music school. After the event, staff A, the driver of the bus, and staff B, direct staff aid, helped to load resident [REDACTED] onto the bus. On the way home, the driver, staff A, completed a sharp left turn causing the wheelchair to overturn causing the resident to hit their head on the metal wall of the bus and fall to the ground. The resident screamed with neck pain with blood coming from a head wound. There was no first aid kit found on the bus, so an adult brief was used for compression of the head wound. According to staff B, the wheelchair was not securely locked or strapped to the bus, and the resident did not have a seat belt or shoulder strap which allowed the resident to fall out of the overturned wheelchair. The resident was transported to the local hospital by ambulance and diagnosed with a fall from wheelchair, scalp abrasion, right knee pain, lumbar compression fracture, and closed head injury.

## Plan of Correction

Accept ([REDACTED] - 05/09/2025)

- On 3/20/25 Staff A was put on a leave of absence pending investigation. On 3/21/25 was given verbal education on driving procedures. On 4/1/25 pending the outcome of the investigation Providence Place chose to no longer employ Staff A due to failure to follow code of conduct.
- On 3/20/25 the Maintenance Director evaluated the wheelchair straps of the bus and found no concerns. He scheduled a vehicle maintenance check with Mobility Works on 3/21/25 to assess the strap functionality and it was found to have no concerns. The bus was not used from 3/20/25 until 3/21/25 when Mobility Works had gave their recommendation.
- On 3/20/25 the Director of Nursing ensured that the first aid kit was replenished with supplies and there were no infection control concerns/cleaning necessary.
- From 3/21/25-3/24/25, our Maintenance Director provided in person and on the bus, training was provided to all community drivers on driving procedures and safety.
- From 3/25/25-4/11/25 all Co Workers received training on the Abuse and Neglect policy as well as education on Regulation 42b.
- Starting the first week of May 2025, this will be reviewed monthly for a total of three months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings.

42b Abuse/Neglect (continued)

Proposed Overall Completion Date: 06/01/2025

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented (████) 07/14/2025)

171b1 Safety restraints

2. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

1. The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

Description of Violation

On █████, at 1:22, staff person A transported residents to Music school show. During the trip, resident █████ wheelchair was not strap or locked while the vehicle was in motion resulting in the wheelchair overturning and injuries to the resident.

Plan of Correction

Accept (████) - 05/09/2025)

- On 3/20/25 Staff A was put on a leave of absence pending investigation. On 3/21/25 was given verbal education on driving procedures. On 4/1/25 pending the outcome of the investigation Providence Place chose to no longer employ Staff A due to failure to follow code of conduct.
- On 3/20/25 the Maintenance Director evaluated the wheelchair straps of the bus and found no concerns. He scheduled a vehicle maintenance check with Mobility Works on 3/21/25 to assess the strap functionality and it was found to have no concerns. The bus was not used from 3/20/25 until 3/21/25 when Mobility Works had gave their recommendation.
- From 3/21/25 3/24/25, our Maintenance Director provided in person and on the bus, training was provided to all community drivers on driving procedures and safety.
- From 3/24/25 until 4/30/25 the Maintenance Director, Executive Director or other designated person will perform random audits of the community drivers securing residents.
- Starting the first week of May 2025, this will be reviewed monthly for a total of three months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings.

Proposed Overall Completion Date: 06/01/2025

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented (████) - 07/14/2025)

171b5 Transportation-first aid kit

**3. Requirements**

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

**Description of Violation**

*The first aid kit in the homes van used to transport residents was not available to aid an injured resident on [REDACTED]*

**Plan of Correction**

**Accept [REDACTED] - 05/09/2025)**

*We would respectfully ask for revision and removal of this violation. In the initial and final report, we reported the Director of Nursing went out to the bus after they returned from the trip on 3/20/25 to check the first aid kit to see if it needed to be replenished and assess for any infection control concerns. Therefore, the first aid kit was on the bus. This violation also references the van and not the bus, which was the incorrect vehicle used in the incident.*

- *On 3/20/25 after the bus returned, the Director of Nursing went out onto the bus to see if the first aid kit needed to be replenished and assess for any infection control concerns. She was able to locate the kit on the bus.*
- *On 3/20/25 the Connections Director and Maintenance Director were on the bus assessing the incident upon the immediate return from the trip and both witnessed a first aid kit on the bus.*
- *Starting 5/1/25 and for a total of three months, the Director of Nursing or other designee will audit all first aid kit locations ensuring that they are on the bus.*
- *Starting the first week of May, 2025, this will be reviewed monthly for a total of three months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings.*

*Proposed Overall Completion Date: 06/01/2025*

**Licensee's Proposed Overall Completion Date: 06/01/2025**

**Implemented [REDACTED] - 07/14/2025)**

**233c Key locking devices**

**4. Requirements**

2800.

233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The directions for operating the residence's locking mechanism are not conspicuously posted near the rear back exit door in the special care unit.*

**Plan of Correction**

**Accept [REDACTED] - 05/09/2025)**

- *On 3/26/25 the Executive Director reposted a non-conspicuous code near the rear back exit door of the special care unit. The Executive Director provided a picture to the Licensing Representative to prove that it had been addressed and fixed immediately.*
- *Starting on 3/25/25 and weekly for a total of four weeks, the Executive Director audited each exterior door of the*

**233c Key-locking devices (continued)**

special care unit to ensure that all codes are posted in a non-conspicuous place. She found no concerns during these audits.

- Starting the first week of May, 2025, this will be reviewed monthly for a total of three months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings.

Proposed Overall Completion Date: 06/01/2025

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented [REDACTED] 07/14/2025)