

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

June 6, 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 04/17/2025 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**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 153 Waking Staff: 115

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 04/17/2025

**Inspection Dates and Department Representative**

04/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 150 Residents Served: 106

Special Care Unit  
 In Home: Yes Area: Connections Capacity: 47 Residents Served: 32

Hospice  
 Current Residents: 14

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 106  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 47 Have Physical Disability: 0

**Inspections / Reviews**

04/17/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2025

05/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/20/2025

Inspections / Reviews (*continued*)

## 05/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2025

## 06/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15c Supervision plan submission

1. Requirements

2800.

15.c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] at dinner time, resident [redacted] called staff A " a [redacted] [redacted] at which staff A retorted "You're a [redacted] ". The residence placed staff A on administrative leave immediately pending investigation. On [redacted], the residence submitted a plan of supervision to the department and brought staff A back to work without the department's approval.

Plan of Correction

Accept [redacted] - 05/27/2025)

- On 4/7/25 staff A removed [redacted] from the dining room, self-reported to [redacted] supervisor and took a break. Staff Member A was immediately put on administrative leave pending investigation.
- From 4/9/25-4/14/15 Staff Member A was placed on a leave of absence as the investigation was pending. On 4/14/25 Staff Member A returned from [redacted] leave of absence with education regarding the standards and regulation regarding treating residents with dignity and respect and stress tolerance. Executive Director offered mandatory employee assistance programs to address [redacted] stress tolerance and awareness.
- Executive Director received training from licensing inspectors on 4/17/25 regarding the regulation of 15c and submitting a plan of correction. Licensing inspector [redacted] did confirm that [redacted] was able to return since there was no citation of abuse/neglect. On 5/19/25 Business Office Manager/HR Representative in the community also received this training from the Executive Director and in review of the RCG.
- Starting 5/2025 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [redacted] - 06/06/2025)

42c Dignity/Respect

2. Requirements

2800.

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

Description of Violation

On [redacted] at dinner time, resident [redacted] called staff A a stupid fucking bitch, at which staff A retorted "You're a [redacted] [redacted]

Plan of Correction

Accept [redacted] - 05/27/2025)

- On 4/7/25 staff A removed [redacted] from the dining room, self-reported to [redacted] supervisor and took a break. Staff Member A was immediately put on administrative leave pending investigation.
- On 4/8/25 Executive Director spoke with Staff Member A regarding the standards and regulation regarding treating residents with dignity and respect and stress tolerance. Executive Director offered mandatory employee assistance programs to address [redacted] stress tolerance and awareness.
- From 5/7/25-5/31/25 all staff received training on dignity and respect from the Executive Director.
- On 5/9/25 all staff received training on stress tolerance and EAP offerings
- Starting 5/2025 or once plan of correction is accepted, this will be reviewed monthly for a total of three months by

**42c Dignity/Respect (continued)**

our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings and the next meeting is on 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [REDACTED] - 06/06/2025)

**65i Training topics****3. Requirements**

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

**Description of Violation**

Direct care staff person B did not receive training in (7) Care for residents with mental illness or an intellectual disability during the training year 2024. The home currently serves two residents with intellectual disability.

**Plan of Correction**

Accepted [REDACTED] - 05/27/2025)

-On 4/17/25 Executive Director verified mental health/intellectual disabilities was missing on the 2024 and 2025 training plan and coordinated with the home office on implementation of training with our ADP learning plans and updated the 2025 annual training plan

-On 4/25/25 Business Office Manager assigned training on mental health and intellectual disabilities to all co workers to be completed by 5/31/25 and spot checking throughout the month the progression of completion.

-On 4/25/25 Business Office Manager or designee will monthly review annual training for direct care staff to ensure we are in compliance with all training topics.

-Starting 5/15/25 or once a plan of correction is accepted, 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 and the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [REDACTED] - 06/06/2025)

**85a Sanitary conditions****4. Requirements**

2800.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED] at 12:40 PM, there was no means of hand drying in one of the common bathrooms in the residence's special care unit.

**Plan of Correction**

Accepted [REDACTED] - 05/27/2025)

-On 4/17/25, the Housekeeping Manager installed a new roll of paper towels in the Connections common area bathroom. [REDACTED] also checked all of the other common area bathrooms in Connections and they all had paper towels. Daily, housekeeping is required to clean and inspect the common area bathrooms in Connections.

-Starting on 5/7/25 and for the next month, there will be a signature sheet to sign off on the cleanliness and sanitary conditions of the common area bathrooms in connections for housekeeping and other designees. The Housekeeping Manager and or designee will be spot checking this sign off sheet for continued compliance. The Housekeeping

85a Sanitary conditions (continued)

Manager or designee will spot check this starting on 5/7/25, daily for one month.

On 5/7/25 5/31/25 housekeeping, resident life associates and med techs will be trained on the importance of maintaining sanitary conditions in the common area bathrooms, which will be lead by our Housekeeping Manager. Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [redacted] - 06/06/2025)

141b1 Annual medical evaluation

5. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident [redacted]'s most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 05/27/2025)

Resident [redacted] had passed away on [redacted] and an ADME could not be completed.

On 5/5/25 an audit was completed of all the charts in Memory Care/Connections and found that no ADME's were missing.

On 5/1/25 the Executive Director provided education to the management team regarding medical evaluation requirements.

Starting 5/5/25 and for the next month, when a move in occurs in Connections/Memory Care the move in checklist will be completed and signed off by the Executive Director or designee to ensure the medical evaluations are completed and in place.

Starting 5/14/25 and moving forward weekly for the next month, the Executive Director or designee will meet with the Director of Nursing/Connections Director or designee to review any new Medical Evaluation due/required.

Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [redacted] - 06/06/2025)

162c Menus - posted

6. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c Menus posted (continued)

Description of Violation

The residence's menu posted in the main dining room on the 1st floor was for the weeks of [redacted] and [redacted] not for current or a week in advance.

Plan of Correction

Accept [redacted] - 05/27/2025)

On 4/18/25 when the Dining Director was notified, [redacted] printed and posted an updated weekly menu. Dining Director or designee is responsible for keeping menus updated and posted. As of 5/6/25 Dining Director has provided training for [redacted] Sous chef and other designee on how to access and ensure the weekly menu is posted. On 5/6/25 and moving forward, this is incorporated into the Dining Room Coordinator checklist to ensure that the appropriate menu is posted. Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ([redacted] 06/06/2025)

184b - Labeling OTC/CAM

7. Requirements

2800. 184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] at 04:00 PM, a package of [redacted] belonging to resident [redacted] was in the special care unit medication cart and was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 05/27/2025)

On 4/17/25 licensing representative brought it to the attention of staff member B that resident [redacted] name was not on a package of [redacted]. Staff member B immediately placed [redacted] name on the OTC medication. Staff member B stated that the OTC medication came from the family and was placed in the cart without placing the residents name. On 5/7/25 5/31/25 education was provided by the Executive Director and Director of Operations to med techs/nurses regarding labelling OTC/CAM medications with residents names on them. Starting 5/4/25, weekly and moving forward indefinitely, med cart audits will be completed by the med tech or nurses and reviewed weekly by the DON or designee starting 5/4/25. Starting in May and moving to a monthly or as needed rotation, the DON or designee will spot check carts for accuracy. Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ([redacted] - 06/06/2025)

187d Follow prescriber's orders

8. Requirements

2800.

187d Follow prescriber's orders (continued)

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

Description of Violation

Resident [redacted] is prescribed [redacted]. The order dated [redacted] read 'give [redacted] for 7 days and start [redacted] after [redacted] order'. The [redacted] tab was administered for 6 days on [redacted] and there was one pill left in the bottle. The home started [redacted] before the resident finished [redacted] order.

Resident [redacted] is prescribed [redacted], and [redacted] daily at 07:00 AM. However, staff B was observed administering these medications at 09:53 AM on [redacted].

Repeat Violation: [redacted] et al., [redacted]

Plan of Correction

Accept [redacted] - 05/27/2025)

- On 4/17/25, Director of Nursing re-educate nurse and Med Tech on the 5 rights of medication administration.
- On 4/17/25, Executive Director counseled Med Tech verbally on the importance of administering medications timely and again on 5/12/25 in writing.
- Director of Nursing or designee will monitor one med tech's single med pass weekly for four weeks starting the week of 5/12/25 for compliance of following prescriber orders.
- Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

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

Implemented [redacted] - 06/06/2025)

227g Support plan - signatures

9. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident [redacted] dated [redacted] and the one for resident [redacted] dated [redacted] were not signed by the assessor.

Plan of Correction

Accept [redacted] 05/27/2025)

- On 4/17/25, the Connections Director reviewed and signed the support plan as the assessor.
- On 5/5/25 an audit of all care plans signatures were completed by the Connections Director and designee.
- Starting 5/14/25, weekly, for one month, the Executive Director or designee will review all care plans before they are put into the chart and sign off for compliance.
- Starting 5/2025 or once the plan of correction is accepted, 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 the next meeting is 6/4/25. .

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

Implemented [redacted] - 06/06/2025)

231b Medical evaluation

10. Requirements

2800.

231.b.1. Documentation for a special care unit for residents with Alzheimer’s disease or dementia must include the resident’s diagnosis of Alzheimer’s disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]; however, the resident’s medical evaluation dated [redacted] does not include the resident’s diagnosis of [redacted] or [redacted] and the need for the resident to be served in a special care unit. The resident did not have a subsequent medical evaluation describing a diagnosis of [redacted] until [redacted].

Plan of Correction

Accept [redacted] - 05/27/2025)

- On 5/5/25 an audit was completed of all the charts in Memory Care/Connections and found that no other current ADME's were late.
- On 5/1/25 the Executive Director provided education to the management team regarding preadmission screening requirements.
- Starting 5/14/25 and moving forward weekly for the next month, the Executive Director or designee will meet with the Director of Nursing/Connections Director or designee to review any new Medical Evaluation due/required.
- Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25. .

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [redacted] - 06/06/2025)

231c1 Preadmit screening

11. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept [redacted] - 05/27/2025)

- Resident [redacted] had passed away on [redacted] and a prescreen could not be completed.
- On 5/5/25 an audit was completed of all the charts in Memory Care/Connections and found that no prescreens were missing.
- On 5/1/25 the Executive Director provided education to the management team regarding preadmission screening requirements.
- Starting 5/5/25 and for the next month, when a move in occurs in Connections/Memory Care the move in checklist will be completed and signed off by the Executive Director or designee to ensure preadmission screening tools are completed and in place.
- Starting 5/15/25 or once plan of correction is accepted, 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 the next meeting is 6/4/25.

231c1 Preadmit screening (*continued*)

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

Implemented ( [REDACTED] - 06/06/2025)