

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

August 8, 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 06/25/2025 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: **Total Daily Staff:** 159 **Waking Staff:** 119

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 06/25/2025

Inspection Dates and Department Representative

06/25/2025 - 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:** 34

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 106

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 53 **Have Physical Disability:** 0

Inspections / Reviews

06/25/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/20/2025

07/21/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/07/2025

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/23/2025

Inspections / Reviews *(continued)*

07/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/07/2025

08/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED], there were several items containing poisonous materials unlocked, unattended, and accessible to residents in the Secure Dementia Care Unit (SDCU). At 9:25 am, on the bathroom sink in room [REDACTED] was a bottle of Jasmine Dragon Fruit scented moisturizing body wash, with a manufacturer's label warning, "Use only as directed. Keep out of reach of children." There was a tube of Crest + Scope toothpaste and a tube of Crest Gum Detoxify toothpaste, both with manufacturer's labels warning, "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away." The residents of the SDCU, including resident [REDACTED] in room [REDACTED], have not been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 07/22/2025)

-On 6/25/25 when the DHS licensing representative stated there were unsecured chemicals in Resident [REDACTED]'s room then the team immediately locked up the chemicals.

-On 6/25/25 Executive Director spoke to the coworkers in the Connections Neighborhood (secured dementia unit) to ensure that all chemicals within the neighborhood are secured.

-From 6/30/25-7/19/25 all staff received training on poisonous materials (regulation 82c) from the Executive Director and/or designee.

-Starting the week of 7/7/25 for three weeks, all resident rooms are spot checked three times per week for completion by the Connections Director and/or designee.

Starting 8/2025 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.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [REDACTED] - 08/08/2025)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:30 am, the toilet seat in room [REDACTED], shared by residents [REDACTED] and [REDACTED], was smeared with [REDACTED]. The room also had a [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/22/2025)

On 6/25/25 DHS licensing representative went into resident [REDACTED] and resident [REDACTED] shared room and stated that the bathroom needed attention. When leaving the room, the housekeeper was coming into the room, for their regularly scheduled housekeeping day. Resident [REDACTED] does not use the bathroom due to [REDACTED] level of care and Resident [REDACTED] struggles with GI issues, that have [REDACTED] frequent the bathroom, as per [REDACTED] care plan. We would respectfully ask for

85a Sanitary conditions (continued)

reconsideration to this violation knowing these concerns.

On 6/25/25 the DHS licensing representative went into resident [REDACTED] and resident [REDACTED] shared room and stated that the bathroom needed attention. When leaving the room, the housekeeper was coming into the room, for their regularly scheduled housekeeping day.

From 6/30/25 7/19/25 all staff received training on sanitary conditions (regulation 85a) from the Executive Director and/or designee.

From 7/19/25 and moving forward, monthly room audits will be completed in all Connections rooms by the Resident Life Associate and/or designee.

Starting 8/2025 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.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented ([REDACTED] - 08/08/2025)

184a Resident meds labeled**3. Requirements**

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On [REDACTED], the label on resident [REDACTED] tablets read "Take 1 tablet three times a day." However, resident [REDACTED] current prescription, dated [REDACTED] is for one tablet twice a day.

Plan of Correction

Accept [REDACTED] 07/22/2025)

On 6/25/25, when our DHS licensing representative brought Resident [REDACTED]'s label on [REDACTED] tablets to our attention. The Director of Operations confirmed the order with the physician and provided a new label before the DHS licensing representative left the community that day.

From 6/30/25 7/19/25 all LPN/Med Techs received training on labeled medication (regulation 184a) from the Executive Director and/or designee.

Effective 7/14/25 and moving forward weekly, all LPN/Med Tech's will complete a cart audit to ensure that all medication is labelled.

Effective 7/19/25 and for the next month, spot checks of med carts will be completed by a Med Tech and/or designee.

184a Resident meds labeled (continued)

Starting 8/2025 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.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [REDACTED] - 08/08/2025)