

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

January 30, 2026

[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 12/02/2025 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:** 09/12/2026

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:** 147 **Waking Staff:** 110

Inspection Information

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

Reason: Monitoring **Exit Conference Date:** 12/02/2025

Inspection Dates and Department Representative

12/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 100

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 47 **Residents Served:** 31

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 100

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

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

Inspections / Reviews

12/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/28/2025

12/31/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/30/2026

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/31/2026

Inspections / Reviews *(continued)*

01/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

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

X-Effect Natural Cleaner Disinfectant with Fresh Lavender Fragrance, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including residents in memory care, have been assessed capable of recognizing and using poisons safely.

Total Solutions wet wipes, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including residents in memory care, have been assessed capable of recognizing and using poisons safely.

Clothesline Fresh Enzyme Spotter, with a manufacturer's label indicating "to see medical attention", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including residents in memory care, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED], [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 12/31/2025)

On 12/2/25 education was provided by licensing representative to the Housekeeping manager regarding the regulations of 82c.

From 12/2/25-12/12/25 Housekeeping Manager provided education to the Housekeeping team regarding the expectations of regulation 82c.

On 12/3/25 and moving forward for three weeks, three times a week the Housekeeping manager and/or designee began auditing the housekeeping closet. After one week the Housekeeping Manager and/or designee was finding inconsistencies and the closet was often unlocked. The Housekeeping Manager met with the Maintenance Director to discuss installation of a lock that automatically locks when the door is shut. On 12/12/25 the new lock was installed by the Maintenance Director.

From 12/13/25 and for four days, the Housekeeping Manager and/or designee tested the lock to ensure there was no additional concerns.

On 12/22/25 Housekeeping Manager audited all storage closets in Connections to verify they were locked and house no poisonous materials and created a list of these closets.

Starting 12/2025 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: 01/31/2026

Implemented [REDACTED] - 01/30/2026)

183e Storing Medications

2. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], [redacted], belonging to resident [redacted] was open with no open date on the label. According to the manufacturer's instructions this medication expires 28 days after opening.

On [redacted], at 12:15 pm, [redacted] kit for low blood sugar belonging to resident [redacted] had an expiration date of [redacted] and remained on the cart.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 12/31/2025)

On 12/2/25 education was provided by the licensing representatives to the Director of Nursing, Connections Director and Executive Director regarding the regulations of 183e. Resident 1 & 2's Lantus and Glucagon were removed from the cart.

From 12/5/25-12/31/25 education was provided to all Nurse and Med Tech's regarding the regulation of 183e.

From 12/7/25 and moving forward weekly, med cart audits were completed by Nurse/Med Tech. Director of Nursing and/or designee will review these audits and spot check twice a week for one month for compliance.

During the month of December and January the Director of Nursing and/or designee will complete the Providence Place Quality Assurance Clinical Audit to ensure this addressed and causes no future concerns.

Starting 12/2025 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: 01/31/2026

Implemented [redacted] - 01/30/2026)

184b Labeling OTC/CAM

3. 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], a package of [redacted] belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name. The label did not match the medication administration record.

Repeat violation: [redacted] et al

Plan of Correction

Accept [redacted] - 12/31/2025)

On 12/2/25 the Director of Nursing added a change in direction label and changed the medication from House

184b - Labeling OTC/CAM (continued)

Stock to the resident's name.

On 12/2/25 education was provided by the licensing representatives to the Director of Nursing, Connections Director and Executive Director regarding the regulations of 184b.

From 12/5/25-12/31/25 education was provided to all Nurse and Med Tech's regarding the regulation of 184b.

From 12/7/25 and moving forward weekly, med cart audits were completed by Nurse/Med Tech. Director of Nursing and/or designee will review these audits and spot check twice a week for one month for compliance.

During the month of December and January the Director of Nursing and/or designee will complete the Providence Place Quality Assurance Clinical Audit to ensure this addressed and causes no future concerns.

Starting 12/2025 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: 01/31/2026

Implemented [REDACTED] - 01/30/2026)

185a Storage procedures**4. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] at 11:25 am, resident [REDACTED]'s glucometer was not calibrated correctly. The time showed 12:35 pm.

On [REDACTED] resident [REDACTED]'s [REDACTED] had a reading of [REDACTED] but was documented on the medication administration record as [REDACTED]

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 12/31/2025)

On 12/2/25 resident [REDACTED] had [REDACTED] glucometer calibrated correctly to the right time.

On 12/2/25 education was provided by the licensing representatives to the Director of Nursing, Connections Director and Executive Director regarding the regulations of 185a.

From 12/5/25-12/15/25 education was provided to all Nurse and Med Tech's regarding the regulation of 185a and new procedures regarding Glucometers.

On 12/8/25 new Glucometer procedures were put into place, which is a glucometer tracking form that must have two staff sign off and ensure that the reading is correct, date/time correct and that it matches the MAR.

185a Storage procedures (continued)

From 12/5/25 and moving forward for four weeks at three times a week, the Director of Nursing and/or designee has audited the Glucometer tracking forms to ensure compliance with new procedures.

Starting 12/2025 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: 01/31/2026

Implemented ([redacted] - 01/30/2026)

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] Reading at 7:00 am. However, resident [redacted] was administered [redacted] on [redacted] at 10:46 am. The glucose reading was [redacted]

Resident [redacted] is prescribed [redacted] at 7:00 am. However, resident [redacted] was administered [redacted] on [redacted], at 10:40 am. The glucose reading was [redacted]

Repeat Violation: [redacted] et al

Plan of Correction

Accept [redacted] - 12/31/2025)

On 12/2/25 education was provided by the licensing representatives to the Director of Nursing, Connections Director and Executive Director regarding the regulations of 185a.

From 12/5/25 12/15/25 education was provided to all Nurse and Med Tech's regarding the regulation of 185a and new procedures regarding Glucometers.

On 12/5/25 new Glucometer procedures were put into place, which is a glucometer tracking form that must have two staff sign off and ensure that the reading is correct, date/time correct and that it matches the MAR.

From 12/5/25 and moving forward for three weeks at three times a week, the Director of Nursing and/or designee has audited the Glucometer tracking forms to ensure compliance with new procedures.

Starting 12/2025 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: 01/31/2026

Implemented [redacted] - 01/30/2026)