

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

May 4, 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 03/19/2026 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: Total Daily Staff: 145 Waking Staff: 109

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/19/2026

Inspection Dates and Department Representative

03/19/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 150 Residents Served: 97

Special Care Unit
 In Residence: 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: 97
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 48 Have Physical Disability: 0

Inspections / Reviews

03/19/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2026

04/14/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/30/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/07/2026

Inspections / Reviews *(continued)*

05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

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

On [REDACTED] at 9:48 am, a bottle of hand sanitizer with a manufacture's label indicating "If swallowed, get medical help or call a Poison Control Center", and a jug of cleaning solution with a label warning "If in eyes [...] immediately call a poison center/doctor," were unlocked, unattended, and accessible to residents in the laundry room of Connections, the Secure Dementia Care Unit. Not all the residents of Connections, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

Previous violation: [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/14/2026)

-On 3/19/26 when the DHS licensing representative stated there were unsecured chemicals in the Laundry Room the Maintenance Director immediately locked up the chemicals.

-On 3/19/26 the Connections Director spoke to the coworkers in the Connections Neighborhood (secured dementia unit) to ensure that all chemicals within the neighborhood are concerned. The Connections Director completed a walkthrough of the community and found no other unsecured chemicals.

-From 3/19/26-3/31/26 all Connections staff received training on poisonous materials (regulation 82c) from the Connections Director and/or designee.

-On 3/20/26 the Maintenance Director changed the doorknob on the laundry room door to ensure that it automatically locks when closed. Lock was tested for three days by Maintenance and or designee with no additional concerns.

Starting 4/2025 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: 04/30/2026

Implemented ([REDACTED] - 05/04/2026)

141a Medical evaluation

2. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.

141a Medical evaluation (continued)

- 10. Mobility assessment, updated annually or at the Department’s request.
- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
- 12. Information about a resident’s day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident [REDACTED], dated [REDACTED] does not include the resident's cognitive functioning. This area of the form is blank.

Previous violation:

Plan of Correction

Accept [REDACTED] - 04/14/2026

On 3/24/26 the Executive Director gave the medical evaluation to the PCP. [REDACTED] reviewed the medication evaluation and updated the resident’s cognitive functioning to ensure it is correct.

From 3/19/26 3/31/26 the Director of Nursing and/or designee. completed an audit of all medical evaluations to ensure that no other evaluations had missing information. This audit showed no additional findings.

From 3/19/26 3/31/26 all Nurses received training on 141a from the Director of Nursing and or designee.

On 3/31/26 and moving forward, the Executive Director and/or designee will monthly audit all new medical evaluations to ensure they are completed correctly. If it is an internal move the medication evaluations will be reviewed within 72 hours by Executive Director and/or designee.

Starting 4/2025 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: 04/30/2026

Implemented [REDACTED] - 05/04/2026

182c Medication administration

3. Requirements

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.
- 2. If indicated by the prescriber’s orders, measure vital signs and administer medications accordingly.
- 3. Remove the medication from the original container.
- 4. Crush or split the medication as ordered by the prescriber.
- 5. Place the medication in a medication cup or other appropriate container, or in the resident’s hand.
- 6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2800.187 (relating to medication records).

Description of Violation

On [REDACTED], at 7:00am, staff person A administered [REDACTED] to resident [REDACTED] and failed to place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4), complete documentation in accordance with § 2800.187 (relating to medication records)

182c Medication administration (continued)

. Staff person A, placed the medications in a medicine cup, and left the medications on the counter in resident 3's room while the resident slept. Staff person A did not ensure that the resident ingested their medications prior to initialing the MAR as administered.

Plan of Correction

Accept [redacted] - 04/14/2026)

On 3/19/26 Resident [redacted] took [redacted] pills once it was brought to [redacted] attention that they were bedside. Resident was assessed by a nurse and had no ill effects due to later administration.

On 3/20/26 the Executive Director sent a copy of resident [redacted] medical evaluation to DHS representative, which indicated that [redacted] could administer some medications.

On 3/19/26 the Director of Nursing spoke with the Nurse on duty and provided education regarding 182c and spot checked additional residents med passes throughout the shift.

From 3/19/26 3/31/26 all Nurses and Med Techs received additional training regarding 182c from the Director of Nursing and/or designee.

Starting on 3/19/26 and moving forward for one month, the Director of Nursing and or designee will observe and spot check six medication passes a week to ensure continued compliance with this regulation.

Starting 4/2025 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: 04/30/2026

Implemented [redacted] - 05/04/2026)

187b Date/time of med admin

4. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] medication administration record indicates that staff person A administered the following medications to resident [redacted] at 7:00 am on [redacted] and [redacted]. However, at 12pm the resident had a medicine cup full of various pills sitting on an end table. When asked, the resident indicated that the staff will not wake the resident and will leave their morning medications in a cup on the counter in [redacted] apartment so that they can take them when they wake up. Staff are not watching the resident ingest the medications prior to initialing the MAR as administered. The resident and staff of the home indicated that this is a regular occurrence.

Plan of Correction

Accept [redacted] - 04/14/2026)

On 3/19/26 Resident [redacted] took [redacted] pills once it was brought to [redacted] attention that they were bedside. Resident was assessed by a nurse and had no ill effects to later administration.

On 3/20/26 the Executive Director sent a copy of resident [redacted] medical evaluation, to the DHS representative, which indicated that [redacted] could administer some medications.

187b Date/time of med admin (continued)

-On 3/19/26 the Director of Nursing spoke with the Nurse on duty and provided education regarding 187b and spot-checked additional residents med passes throughout the shift.

-From 3/19/26-3/31/26 all Nurses and Med Techs received additional training regarding 187d from the Director of Nursing and/or designee.

-Starting on 3/19/26 and moving forward for one month, the Director of Nursing and/or designee will observe and spot check six medication passes a week to ensure continued compliance with this regulation.

Starting 4/2025 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: 04/30/2026

Implemented [REDACTED] - 05/04/2026)