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

August 14, 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 05/21/2026, 06/15/2026 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: *0* **Total Daily Staff**: *114* **Waking Staff**: *86*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *06/15/2026*

Inspection Dates and Department Representative

05/21/2026 - On-Site: [redacted]

06/15/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *68*

Special Care Unit

In Residence: *Yes* **Area**: *Connections* **Capacity**: *47* **Residents Served**: *32*

Hospice

Current Residents: *11*

Number of Residents Who:

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

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

Have Mobility Need: *46* **Have Physical Disability**: *0*

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/22/2026*

Inspections / Reviews *(continued)*

07/21/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/03/2026*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at 11:30 am, an unknown substance caused the entire dining room floor in the secure dementia care unit to be sticky.

Repeat violation: [redacted] et al

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

The Housekeeping Manager has been working on the Connections floor and has had created multiple interventions prior to the 6/15/26 site visit which includes:

1. *Reviewed appropriate chemical usage*
2. *Education and chemical review to housekeeping team*
3. *Repeated deep cleanings*
4. *Implemented Hot water only attempts with no chemicals*
5. *Alternative cleaning methods (home remedies) were tested*
6. *Targeted spot cleaning*
7. *Vendor consultation from Americhem came out on 5/23 and had no additional suggestions apart from replacement.*
8. *Education to the overnight resident life associates who are responsible to clean the Connections Dining Room floor overnight.*

On 6/30/26 our Chief Operating Officer did a site visit and walked the Connections Dining Room floor and on 7/1/26 the Regional Maintenance Director came to the community to review the interventions and discuss the problems and possibility of replacement.

On 7/20/26 and moving forward for two months, our Connections Resident Life team will be daily completing an overnight checklist, which includes cleaning the Connections Dining Room Floor.

Starting on 6/15/26 and moving forward the Connections Director and/or designee will daily spot check the sanitation of the floor.

On 7/10/26 Home Office approved new flooring and as of 7/16/26 is being scheduled with our corporate flooring company.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)

91 Telephone Numbers

2. Requirements

91 Telephone Numbers *(continued)*

2800.
91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in Resident [redacted] room [redacted].

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in Resident [redacted]'s room [redacted]

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 6/16/26 the Maintenance Director and Housekeeping Manager put the required phone numbers were posted in room [redacted] and [redacted]

On 6/22/26 the Maintenance Director and Housekeeping manager audited all rooms to ensure compliance community-wide.

On 7/8/26 the Housekeeping Manager provided an education to all Housekeepers on regulation 91as they are responsible for spot checking this process.

On 7/8/26 the Housekeeping Manager included the emergency contact information to the room readiness checklist to ensure consistent compliance

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Proposed Overall Completion Date: 08/15/2026

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)

95 Furniture & Equipment

3. Requirements

2800.
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at 9:52 am, the latch for the bathroom door in room [redacted] was in disrepair. There was duct tape in place to prevent the door from latching closed.

95 Furniture & Equipment *(continued)*

Plan of Correction ***Accept [redacted] 07/21/2026)***

On 7/15/26 the Maintenance Director spoke to the resident in [redacted] regarding [redacted] bathroom door handle. The resident requested that the lock pin be removed as [redacted] was nervous to be locked in the bathroom. Maintenance Director complied with this request and removed the duct tape from the door that the resident had placed.

From7/12/26 to 8/1/26, the maintenance director and/or designee educated housekeepers and resident life associates on the work order process and ensuring regulation 95

Starting the week of 7/12/26, three times a week for three weeks the maintenance director and/or designee has spot checked resident rooms to inspect for regulation 95.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our management team for ongoing compliance and discussed during quarterly quality assurance meetings.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] 08/14/2026)

121a Unobstructed egress

4. Requirements

2800.
121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:50 am, both exit doors to the memory care unit patio area had signs posted that read "this is not an exit". These doors are considered exits as they lead to the patio area which has a gate that opens to the outside.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 6/16/26 the Maintenance Director removed the signage from the memory care unit patio area. One door had this sign the other door did not.

On 7/5/26 the Maintenance Director reached out to the Fire Safety Inspector to get clarification as to why the "this is not an exit sign" was deemed appropriate from [redacted] perspective and to date we are waiting for a response from the Fire Safety Expert.

On 6/16/26 the Maintenance Director walked all exit doors in Memory Care to verify there was no other signage on exit doors that said it was not an exit.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] 08/14/2026)

141a Medical evaluation

5. 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.
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], was completed prior to 60 days of admission. Resident [redacted] has an admission date of [redacted]

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 7/1/26 Connections Director and/or designee completed an audit of [redacted] DMEs to determine no other DMEs were completed prior to 60 days of admission.

On 7/1/26 the Connections Director and Sales Director received education regarding the regulation and specific dates to go by from the Executive Director.

Starting in July Monthly chart audits are completed at the end of the month, by the Executive Director, Connections Director and Director of Nursing as per Providence's standards.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)

183b Medications and syringes locked

6. Requirements

2800.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On [redacted] [redacted] drops was unlocked, unattended, and accessible in Resident [redacted]s room [redacted]

183b Medications and syringes locked (continued)

On [redacted], [redacted] was unlocked, unattended, and accessible in Resident[redacted]s room [redacted].

Repeat violation: [redacted] et al

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 6/15/26 the Director of Nursing took the medications and immediately removed from the resident's [redacted] room and secured according to facility medication storage procedures. The Director of Nursing reviewed the resident's medication administration record (MAR) to ensure all medications were accounted and none left inside of resident room.

On 6/16/26 a new order was obtained to allow resident to keep cough drops at bedside and administer independently.

On 6/15/26 & 6/17/26 all medication administration staff to be re-educated by the Director of Nursing and/or designee on medication management policies, including the requirements of 183b.

On 6/22/26 and moving forward for one month, the Director of Nursing and/or designee will conduct weekly room audits to ensure medications are not left in resident rooms.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 08/14/2026)

183d Current medications

7. Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

Resident [redacted] was discontinued on [redacted] but was in the medication cart on [redacted]

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 6/15/26 the resident's [redacted] medication record was immediately reviewed by Director of Nursing. The prescribing practitioner was contacted to clarify the status of the medication. Medication was discontinued for non-use, removed from med cart, and destroyed per facility protocol.

On 6/17/26 a comprehensive audit of all PRN inactive medications was completed by the Director of Nursing and/or designee.

On 6/15/26 & 6/17/26 the nurses and medication technicians to be re-educated on medication reconciliation and order review procedures of regulation 183d.

183d Current medications (continued)

Starting on 7/5/26 med cart audits will be changed from weekly to three times a week for one month to ensure regulations and procedures are being followed accurately. These audits will be completed by the Nurse and/or Med Tech. The Director of Nursing and/or designee will spot check med carts and MAR weekly for 30 days.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)

187d Follow prescriber's orders

8. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] daily at 7:00 am. However, resident [redacted] was administered [redacted] on [redacted] at 8:40 am.

Resident [redacted] is prescribed [redacted] daily at 7:00 am. However, resident [redacted] was administered [redacted] on [redacted], at 8:10 am.

Repeat violation: [redacted] et al

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 6/15/26 staff involved received immediate education regarding proper medication administration procedures from the Director of Nursing.

On 6/15/26 & 6/17/26 all medication techs and nurses will receive refresher education on medication administration standards, documentation requirements and education on 187d.

On 6/15/26 the Director of Nursing and/or designee reviewed the medications and med pass times to ensure that a timely med pass can be completed for the residents and team.

Starting on 6/22/26 the Director of Nursing and/or designee will conduct weekly medication pass observations for one month and ensure that Medication administration observations are compliance with facility policy and the Five Rights of Medication Administration.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)

233c Key-locking devices

9. 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

On [redacted], the directions for operating the residence's locking mechanism were not conspicuously posted near the emergency exit gate in the special care unit outside patio area. The code that was posted did not operate the gate and allow it to open.

Plan of Correction ***Accept [redacted] 07/21/2026)***

On 6/15/26 Connections Director, who was on the walk through with the licensing inspector reported that the licensing inspector did not attempt to open the door at all. The code was posted on the key page and on the top hinge.

On 6/19/26 The door was assessed by the maintenance director and code determined to be in working order and in compliance. Considering no intervention was required maintenance director reposted the code.

Starting 6/16/26, for two weeks twice a week, the maintenance director and/or designee will test the door to ensure compliance.

Starting the first week of August 2026, this will be reviewed monthly for a total of two months by our Management Team for ongoing compliance and discussed during quarterly quality assurance meetings

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented [redacted] - 08/14/2026)