



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES
LEGAL ENTITY

To operate PROVIDENCE PLACE AT THE COLLEGEVILLE INN
NAME OF FACILITY OR AGENCY

Located at 4000 RIDGE PIKE, COLLEGEVILLE, PA 19426
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 47

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 28, 2023 until September 12, 2023,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144770**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: JULY 28, 2023

[REDACTED]
Providence Place of Collegeville Associates

[REDACTED]
[REDACTED]

RE: Providence Place at the Collegeville Inn
4000 Ridge Pike
Collegeville, Pennsylvania 19426
License #: 144770

Dear [REDACTED]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase in the SDCU from 41 to 47 with the overall capacity remaining at 150. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

July 25, 2023

[REDACTED]
PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE AT THE
COLLEGEVILLE INN
4000 RIDGE PIKE
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 14477

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2023 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:** 09/12/2023

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: 1 2 **Date:** 01/02/2020 **Issued By:** Lower Providence Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 125 **Waking Staff:** 94

Inspection Information

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

Reason: New **Exit Conference Date:** 06/23/2023

Inspection Dates and Department Representative

06/23/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 86

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 41 **Residents Served:** 26

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 86

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

Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

06/23/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/07/2023

06/28/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/21/2023

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/12/2023

Inspections / Reviews *(continued)*

07/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2023

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

In room [REDACTED] there were 2 bottles of Dial soap and a bottle of Air Wick air freshener, all with manufacturers' labels indicating "if swallowed contact Poison Control Center", unlocked, unattended, and accessible to residents. There was also a plug in Air Wick air freshener without a manufacturer's label in the room.

In room [REDACTED], there was air freshener, scented gel beads, and a bottle of Dial soap at the bathroom sink, all with manufacturers' labels indicating "if swallowed contact Poison Control Center", unlocked, unattended, and accessible to residents.

In the storage room located near the activities area in Connections, there were 3 bottles of hand sanitizer, all with manufacturers' labels indicating "if swallowed contact Poison Control Center", unlocked, unattended, and accessible to residents.

In the hall bathroom at the front of Connections, there was a bottle of hand sanitizer, with a manufacturer's label indicating "if swallowed contact Poison Control Center", unlocked, unattended, and accessible to residents.

Not all the residents of the residence have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accepted [REDACTED] - 06/28/2023

• This is an unoccupied apartment that the resident has not moved into until we received the approval from the department (family and resident moving some items into that room)

o These products were immediately removed at the time of inspection on 6/26/23

• In this apartment the [REDACTED] is AL and can safely use these products. The [REDACTED] has dementia and cannot safely use these products without assistance from staff.

Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation and storing all poisonous material in a locked cabinet not accessible to residents who cannot safely use these products.

• The [REDACTED] will be educated by the Director of Wellness on 6/28/2023 on safety and storage of these products.

• Connections Director and or Designees will audit apartments using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented [REDACTED] - 07/21/2023

See attached.

85a Sanitary conditions

2. Requirements

2800.

85a Sanitary conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

A discarded Starbucks cup (containing curdled milk with coffee) was found in the exit area of stairwell G.

Plan of Correction

Accept [redacted] - 06/28/2023)

- Cup was removed and discarded at the time of inspection 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit apartments using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented [redacted] - 07/21/2023)

See attached.

101j5 Bedside table/shelf

3. Requirements

- 2800.
- 101.j. Each resident shall have the following in the living unit:
- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident # 1's bed in living unit 126.

Plan of Correction

Accept [redacted] - 06/28/2023)

- The bedside table was on the other side of the room- and was immediately moved to the side of bed at the time of the inspection on 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit apartments using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented [redacted] - 07/21/2023)

See attached.

103c Food protected

4. Requirements

- 2800.
- 103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

103c Food protected (continued)

Description of Violation

On 6/23/23, there was a box of pancake mix and a bag of flour, both opened and unsealed, stored in the lower cabinet near the sink in the Connections activity kitchenette.

Plan of Correction

Accept [REDACTED] - 06/28/2023)

- The bag of pancake mix flour and flour was in a locked cabinet and removed immediately and discarded at the time of inspection on 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit all food cabinets using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented [REDACTED] 07/21/2023)

See attached.

103g Storing food

5. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an box of pancake mix and a bag of flour, both opened and unsealed, stored in the lower cabinet near the sink in the Connections activity kitchenette.

Plan of Correction

Accept [REDACTED] 06/28/2023)

- The bag of pancake mix and bag of flour was in a locked cabinet and removed immediately and discarded at the time of inspection on 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation .
- Connections Director and or Designees will audit all food cabinets using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

vidence of Completion

Implemented [REDACTED] 07/21/2023)

See attached.

103i Outdated food

6. Requirements

103i Outdated food (continued)

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the kitchenette near the activities area, one bag of confectioner's sugar and one bag of flour were found opened and undated.

Plan of Correction

Accept (████) - 06/28/2023

- The bag of powdered sugar was in a locked cabinet and removed immediately and discarded at the time of inspection 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit food storage cabinets using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented (████) - 07/21/2023

See attached.

124 Notice to fire department

7. Requirements

2800.
124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The residence does not have documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (████) - 06/28/2023

- o Letter was sent to Local fire department on 6/26/2023. Copy was saved to Providence Place DHS inspection binder and will be updated as needed.
 - o Executive Director and or designee will update any changes and send to Local Fire Department
- Please see attachment*

Licensee's Proposed Overall Completion Date: 06/27/2023

Evidence of Completion

Implemented (████) - 07/25/2023

See attached.

162c Menus - posted

8. 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 for 6/23/23 was posted in Connections. However, the 2-week menu was not posted.

Plan of Correction

Accept [REDACTED] - 06/28/2023)

- 2-week menu was posted during the time of inspection on 6/26/2023
- Dining staff will be educated by DOW and Dining Director on 6/28/2023 and 6/29/2023 of the importance of posting the weekly menu 1 week in advance.
- The Connections Director and or Designees will audit ongoing that the menu is posted and compliant with the regulation.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented [REDACTED] - 07/21/2023)

See attached.

181d Self-administer Storing medication

9. Requirements

2800.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

Description of Violation

The residence has not provided a lockable storage unit for resident # 2's medications.

Plan of Correction

Accept [REDACTED] - 06/28/2023)

- This is an unoccupied apartment that the resident has not moved into until we received the approval from the department (family and resident moving some items into that room)
- Insulin was immediately removed from the unlocked refrigerator at the time of inspection on 6/26/2023
- The insulin was that of an AL resident who can self-administer own medications and store them safely- [REDACTED] will be reminding [REDACTED] will need to keep medications locked to maintain the safety of [REDACTED].
- A small, locked refrigerator will be installed upon admission for the [REDACTED] to store [REDACTED] insulin.
- Staff will continue to be educated on the importance of locking medications in this apartment.
- Connections Director and or Designees will audit his room for two weeks and then ongoing to encourage compliance with the regulation and maintain residents' safety.
- This is an unoccupied apartment that the resident has not moved into until we received the approval from the department (family and resident moving some items into that room)
- The 3 tubes of fungal cream were immediately removed from the bedside at the time of inspection on 6/26/2023
- The cream was that of an AL resident who can self-administer own medications and store them safely- [REDACTED] will be reminding [REDACTED] will need to keep medications locked to maintain the safety of [REDACTED].
- A small, locked cabinet will be installed upon admission for the [REDACTED] to store his medications.
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation

181d Self-administer Storing medication (continued)

- Connections Director and or Designees will audit this apartment to be sure medications are locked using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented (redacted) - 07/21/2023)

See attached.

183b Medications and syringes locked

10. 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 6/23/23, three tubes of antifungal cream were unlocked, unattended, and accessible at bedside in room 128.

Plan of Correction

Accepted (redacted) - 06/28/2023)

- This is an unoccupied apartment that the resident has not moved into until we received the approval from the department (family and resident moving some items into that room)
- The 3 tubes of fungal cream were immediately removed from the bedside at the time of inspection on 6/26/2023
- The cream was that of an AL resident who can self-administer own medications and store them safely-
- A small, locked cabinet will be installed upon admission for the (redacted) to store his medications.
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit all residents who self administer medications using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented (redacted) - 07/21/2023)

See attached.

183c Refrigerated meds locked

11. Requirements

2800.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked unless the resident has the capacity to store the medications in the resident's own refrigerator in the resident's living unit.

183c Refrigerated meds locked (*continued*)**Description of Violation**

On 6/23/23, at 10:45 am, Lantus Solostar prescribed for resident # 2, was unlocked and accessible in the refrigerator room 128. This is a shared room.

Plan of Correction

Accept () - 06/28/2023)

- This is an unoccupied apartment that the resident has not moved into until we received the approval from the department (family and resident moving some items into that room)
- Insulin was immediately removed from the unlocked refrigerator at the time of inspection on 6/26/2023
- The insulin was that of an AL resident who can self-administer own medications and store them safely-
- A small, locked refrigerator will be installed upon admission for the () to store () insulin.
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit apartments of all residents with insulin using a checklist for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented () - 07/21/2023)

See attached.

233c Key-locking devices

12. 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

The directions for operating the residence's locking mechanism are not conspicuously posted near the stair F exit in the special care unit.

Plan of Correction

Accept () - 06/28/2023)

- 1 key pad code was partially torn off)
- Code on keypad was replaced on 6/26/2023
- Staff will be educated on 6/28/2023 and 6/29/2023 by designee regarding the importance of this regulation
- Connections Director and or Designees will audit key pads for two weeks daily beginning 6/28/2023 and indefinitely to encourage compliance with the regulation and maintain residents' safety.

Licensee's Proposed Overall Completion Date: 06/27/2023

Update: 06/28/2023

Please provide documentation of training, including, signature logs and training materials presented and completed audit documentation for verification.

Evidence of Completion

Implemented () - 07/21/2023)

See attached.