Department of Human Services
Bureau of Human Service Licensing

March 5, 2021

[redacted] EXECUTIVE DIRECTOR
PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES
1528 SAND HILL ROAD
HUMMELSTOWN, PA 17036

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 07/22/2020, 07/24/2020, 07/27/2020, 07/28/2020, 07/29/2020, 07/30/2020, 07/31/2020, 08/03/2020, 08/04/2020, 08/05/2020, 08/06/2020, 08/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *PROVIDENCE PLACE AT THE COLLEGEVILLE INN* **Licen e #**: *14477* **Licen e Expiration Date**: *09/12/2021*
Addre : *4000 RIDGE PIKE, COLLEGEVILLE, PA 19426*
County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *6102225007* **Email**: [redacted]

Legal Entity

Name: *PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES*
Address: *1528 SAND HILL ROAD, HUMMELSTOWN, PA, 17036*
Phone: *6102225007* **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *80* **Waking Staff**: *60*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *08/07/2020*

Inspection Dates and Department Representative

07/22/2020 - Off-Site: [redacted]
07/24/2020 - Off-Site: [redacted]
07/27/2020 Off Site [redacted]
07/28/2020 - Off-Site: [redacted]
07/29/2020 - Off-Site: [redacted]
07/30/2020 - Off-Site: [redacted]
07/31/2020 Off Site [redacted]
08/03/2020 - Off-Site: [redacted]
08/04/2020 - Off-Site: [redacted]
08/05/2020 - Off-Site: [redacted]
08/06/2020 Off Site [redacted]
08/07/2020 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *150* **Re ident Served**: *40*

Resident Demographic Data as of Inspection Dates *(continued)*

Special Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *48* **Residents Served**: *14*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40*
Have Physical Disability: *0*

Inspections / Reviews

07/22/2020 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow Up Date** *12/19/2020*

12/29/2020 - POC Submission

Lead Reviewer: [redacted] **Follow Up Type**: *Document Submission* **Follow-Up Date**: *01/15/2021*

3/5/2021 Document Submi ion

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

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/5/20, at 12:45A.M., Resident #1 and Resident # 2 were engaged in intercourse on a common area chair. This incident was observed by Staff Person A. This incident was reported to Staff Person B on 3/5/2020, at 12:55 A.M.. However, this allegation of abuse was not reported to the local Area Agency on Aging until 8/3/2020 at 2:14 P.M.

Plan of Correction **Directed**

All incidents of suspected abuse will be reported to local Area Agency on Aging within 24hours as demonstrated by report filed on 12-06-20.
All managers and LPN/Shift Leads were re-trained on Incident / Abuse reporting. See attached training sign in sheets.

DPOC 12/29/20 CM: Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations

Completion Date: *12/22/2020*

Document Submission **Implemented**

Review has been completed. Documentation has been attached.

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/5/2020, Resident # 1 and Resident # 2 were engaged in sexual intercourse on the common area chair. The residence did not report this incident to the Department until 8/3/2020.

On 6/5/2020, Resident # 2 did not receive Ativan 0.5 mg 7:30 P.M. dose. The residence did not report this incident to the Department until 6/8/2020.

On 3/9/2020, Resident # 3 was found on the side of Ridge Pike outside of the residence. Staff could not redirect Resident back into the residence. Resident was redirected into the residence by the police. The residence did not report this incident to the Department until 7/31/2020.

16c Incident reporting *(continued)*

Plan of Correction **Directed**

All reportable incidents have been reported by this administration once we were made aware of the incidents. The Executive Director and Director of Wellness are responsible to ensure all reportable incidents are reported in a timely manner.
All managers and LPN/Shift Leads were re-trained on Incident / Abuse reporting. See attached training sign in sheets. Training included timeliness requirements for incident reporting.

DPOC 12/29/2020 CM: Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Review has been completed. Documentation has been attached.

42b Abuse/Neglect

1. **Requirements**

2800.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident # 3 resides in the secured dementia care unit (SDCU). The unit is equipped with 4 doors that remain locked to secure the residents in this unit from exiting for their safety. The doors will alarm if they are opened without using the keypad to enter the correct exit/entrance code. The doors will also alarm if the correct code is entered and the door remains open for more than 30 seconds. The doors should not open or release unless the correct code is entered to override the lock or the fire alarm is activated.

On 2/21/2020 and 3/9/2020, Resident # 3 exited the SDCU of the residence.
On 2/21/2020 Resident # 3 was easily redirected back into the home by Staff Person A. Resident # 3 was able to push through the locked doors on 2/21/2020 without the alarm sounding.

On 3/9/2020 at approximately 7:45 P.M., Resident # 3 exited the building through locked doors without the alarms sounding. Staff Members were not aware the resident had exited the home for approximately 30 minutes. At 8:15 P.M. Resident # 3 was found in the middle of Ridge Pike by staff. Staff was unable to coax the resident into building. The residence called the Police at 8:15 P.M. for assistance. The Police arrived at 8:25 P.M. and assisted Resident # 3 to the side of the road. The resident's family member arrived shortly thereafter and assisted in getting the resident back inside the residence.
Ridge Pike, a two lane road meets Germantown Pike, a two lane road at a stoplight in front of the residence. On Ridge Pike to the left of the home's entrance is a curve leading to a bridge. The speed limit on this road is 40 mph. There are no streetlights on Ridge Pike. Sunset on 3/9/20 was at 7:02pm.

On 6/20/2020, it was discovered that the locks in the SDCU were misaligned on 4 doors and subsequently repaired.

42b Abuse/Neglect *(continued)*

Plan of Correction **Accept**

Secure doors in Memory Care were inspected and necessary adjustments were made to ensure proper functioning. The maintenance Director / MOD conducts a daily walk through of the building which includes checking all memory care doors for security purposes.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Documentation attached for mag lock door repair. Documentation of daily checks also attached.

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person C, date of hire [redacted] received 0 hours of dementia-specific training within 30 days of hire.

Plan of Correction **Accept**

Staff person C is no longer employed with Providence Place.
All Staff complete 4 hours of Dementia training within first 30 days of hire. The Business Office Manager tracks all training to ensure requirements are met. Attached are the training records for our 3 most recent hires demonstrating the completion of the 4 hours of dementia training during initial 30 days.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Previously submitted

141a Medical evaluation

1. 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:

Description of Violation

The medical evaluation for Resident # 2, dated 1/3/2020, does not include the tuberculosis screening test. This area of the form is blank.

The medical evaluation for Resident # 3, dated 2/10/2020, includes the tuberculosis skin test. The test is dated 6/17/2020.

The medical evaluation for Resident # 4, dated 9/29/19, includes the tuberculosis skin test. The test is dated 6/17/2020.

141a Medical evaluation *(continued)*

Plan of Correction **Accept**

100% of resident ADMEs were reviewed and a plan was implemented to have all TB tests completed and documented. As of 12-10-20 they are 100% complete.
The Director of Wellness will review each ADME for residents upon admission to ensure compliance with this regulation on an ongoing basis.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Documentation attached.

227c Final support plan - revision

1. **Requirements**

2800.
227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident # 4's support plan has not been reviewed on a quarterly basis, the last reviews were completed on 3/20/20 and 6/19/2020.

Resident # 5's support plan has not been reviewed on a quarterly basis, the last reviews were completed on 2/20/20 and 5/17/2020.

Plan of Correction **Accept**

A new annual support plan was completed for resident #4 on 09-14-20 and has been reviewed quarterly. See attached.
Quarterly reviews of support plan for resident #5 have been completed. See attached.
The Director of Wellness is responsible to complete quarterly reviews for all care plans and sign off to ensure ongoing compliance with this regulation.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Documentation attached.

231j Residents who wander

1. **Requirements**

2800.
231.j. Residents who wander. The residence shall identify measures to address individuals with Alzheimer's disease or dementia or with INRBI who have tendencies to wander.

Description of Violation

Resident # 5 eloped from the residence on 10/26/19. The Assessment and Support Plan dated 4/18/2020 does not address how the residence will meet Resident # 5's wandering and need for safety.

231j Residents who wander *(continued)*

Plan of Correction **Accept**

Wander risk and appropriate interventions have been added to care plan for resident #5. In addition, the support plans for all memory care residents have been reviewed and wander risk has been added for those residents where there this risk exists. Interventions have been added to address the risk and provide for the safety of these residents.

Completion Date: *12/22/2020*

Document Submission **Implemented**

Documentation attached.