



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
August 8, 2022

[REDACTED]
[REDACTED]
Providence Place of Collegeville Associates
[REDACTED]
[REDACTED]

RE: Providence Place at the Collegeville Inn
4000 Ridge Pike
Collegeville, Pennsylvania 19426
License #: 14477

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 12 and 13, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *PROVIDENCE PLACE AT THE COLLEGEVILLE INN* License #: *14477* License Expiration Date: *09/12/2021*
Address: *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: [REDACTED]
Phone: *6102225007* 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: *71* Waking Staff: *53*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/13/2021*

Inspection Dates and Department Representative

04/12/2021 - On-Site: [REDACTED]
04/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *47*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *41* Residents Served: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

04/12/2021 - Full

Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>05/03/2021</i>
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5/5/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>05/07/2021</i>
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5/11/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>06/30/2021</i>
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44g Telephone numbers

1. Requirements

2800.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline were not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept

A posting with all of the required information was placed on the resident bulletin board at the time of the inspection and provided to the inspector.

The Executive Director will check to ensure the posting is still present on the resident bulletin board each week when completing building walk through.

Completion Date: 05/07/2021 Licensee’s Proposed Date of POC Implementation

Implemented 8/8/22

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

Colgate toothpaste, with a manufacture’s label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible in resident rooms [redacted] and [redacted]. Not all the residents of the residence have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

All toothpaste was removed from the resident accessible area within our memory care neighborhood and used only under staff supervision until non toxic toothpaste could be purchased. Non toxic toothpaste was purchased for each memory care resident and put into use.

The Memory Care Director or designee will complete a daily walk through of the Connections neighborhood to ensure all toxic materials are locked.

Completion Date: 05/07/2021 Licensee’s Proposed Date of POC Implementation

Implemented 8/8/22

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

85a Sanitary conditions (continued)

Description of Violation

On 04/13/2021 at 10:00 AM, there was a plastic cup holding 3 Colgate toothpastes, 2 tooth-brushes, and a hair brush in the bathroom of resident room [redacted] which is shared by 2 residents. The toilet bowl was splashed with feces, which would not go away despite having been flushed twice.

Plan of Correction

Accept

The comingled items were removed and replaced in separate areas for each resident. The bathroom in question was cleaned right away. At the staff meeting all caregivers and nurses were re-trained on the importance of assisting memory care residents to keep items separate and on the need to report immediately any housekeeping or maintenance needs.

Completion Date: 04/28/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [redacted]

91 Telephone Numbers

1. Requirements

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 room [redacted] and [redacted]

Plan of Correction

Accept

The Maintenance Director did a 100% audit of all resident rooms and placed an emergency number sticker on any phone that did not already have this in place. Quarterly worksheet has been developed to check for phones in resident rooms and for sticker placement. The worksheet also includes check for new move-ins.

The Maintenance Director will complete on a quarterly basis.

Completion Date: 04/23/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [redacted]

103c Food protected

1. Requirements

2800.

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

Description of Violation

On 04/13/2021 at 09:30 AM, there was a tray of bread pudding, left over from the previous night, in the refrigerator of the main kitchen. The tray was not covered.

Plan of Correction

Accept

The Director of Dining services immediately removed the food items in question and went through all refrigerators, freezers and dry storage areas to audit for proper storage and removal of any expired items. A daily check sheet has been created and implemented to ensure all items are properly stored and labeled.

The Dinner Cook will complete the daily check sheet each day at the end of the shift.

Completion Date: 04/26/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [redacted]

103g Storing food

1. Requirements

103g Storing food (continued)

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

Description of Violation

There were two bags of granola opened and unsealed on one of the dry-storage shelves in the kitchen.

Plan of Correction

Accept

The Director of Dining services immediately removed the food items in question and went through all refrigerators, freezers and dry storage areas to audit for proper storage and removal of any expired items. A daily check sheet has been created and implemented to ensure all items are properly stored and labeled.
The Dinner Cook will complete the daily check sheet each day at the end of the shift.

Completion Date: 04/26/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

103i Outdated food

1. Requirements

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

Description of Violation

There were two open bags of granola unlabeled, undated on one of the dry-storage shelves in the kitchen. There was a half-full bag of potato medley and a bag of breaded cod without a label in the walk-in freezer.

Plan of Correction

Accept

The Director of Dining services immediately removed the food items in question and went through all refrigerators, freezers and dry storage areas to audit for proper storage and removal of any expired items. A daily check sheet has been created and implemented to ensure all items are properly stored and labeled.
The Dinner Cook will complete the daily check sheet each day at the end of the shift.

Completion Date: 04/26/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

107d Procedure EMA submission

1. Requirements

2800.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been reviewed, updated, or submitted since September 2019.

Plan of Correction

Accept

The Executive Director reviewed and updated the annual emergency management plan and submitted to the Fire Marshall via email. This will be completed on an annual basis. We are waiting for the signature page to be returned.
The Executive Director will complete this task each year in April. A calendar reminder has been set.

Completion Date: 05/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

141a Medical evaluation

1. Requirements

2800.

141a Medical evaluation (continued)

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:

- 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.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED] 2019, does not include #11. This area of the form is blank.

Repeated Violation: 7/22/2020

Plan of Correction

Accept

The Executive Director will review ADMEs for all current residents to ensure they are 100% complete. For all new admissions documentation will be given to the ED for review.

Resident #1 had a new ADME on [REDACTED]-20.

The DOW will conduct a quarterly chart audit to ensure the regulation continues to be met.

Completion Date: 06/30/2021 Licensee’s Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

171b5 Transportation-first aid kit

1. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the bus used to transport residents does not include a breathing shield.

Plan of Correction

Accept

The breathing shield was placed in the first aid kit where missing. All other first aid kits were audited and all required items were present.

The Maintenance Director created and implemented a quarterly audit sheet to check location, availability and contents of each first aid kit throughout the building including vehicles.

Completion Date: 04/13/2021 Licensee’s Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

183a Original containers / no pre-pour / injections

1. Requirements

2800.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 04/12/2021 at 08:00 PM, a staff person signed out a Tramadol 50 mg tab for resident #2 but administered it at 01:34 AM on 04/13/2021, more than 5 hours later.

183a Original containers / no pre-pour / injections (continued)

Plan of Correction

Accept

All full-time, part-time and per diem nurses and med techs will be retrained by the Director of Wellness on regulations for medication administration.

The Director of Wellness will do random observation of med pass for each nurse/med tech for 3 consecutive months.

Completion Date: 08/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

183d Current medications

1. 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 Repeat Violation

On 04/13/2021, Ativan 0.5 mg, prescribed for resident #3, was in the residence's med cart; however, the medication was ordered for 14 days on 07/24/2020.

Repeated Violation: 4/6/2020

Plan of Correction

Accept

All full-time, part-time and per diem nurses and med techs will be retrained by the Director of Wellness on regulations for medication administration.

Account representative for Care Options pharmacy will conduct quarterly cart audits to ensure all discontinued medications have been removed and properly disposed of.

Completion Date: 05/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

185a Storage procedures

1. 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 04/13/2021, the glucometer for resident #4 was not calibrated to correct date and time.

Plan of Correction

Accept

All full-time, part-time and per diem nurses and med techs will be retrained by the Director of Wellness on regulations for medication administration.

The Director of Wellness will conduct random glucometer audit to ensure proper calibration for 3 consecutive months.

Completion Date: 08/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

185b Medication procedures

1. Requirements

2800.

185.b. At a minimum, the procedures must include:

185b Medication procedures (continued)

- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his living unit.

Description of Repeat Violation

Staff A administered 07:30 AM or 08:00 AM doses of controlled substances including Lorazepam and Tramadol to several residents during the morning medication pass time but [REDACTED] failed to follow the residence's procedures and did not complete the controlled substance log until the med audit at 10:20 AM.

Repeated Violation: 4/6/2020

Plan of Correction

Accept

All full-time, part-time and per diem nurses and med techs will be retrained by the Director of Wellness on regulations for medication administration.

The Director of Wellness will do random observation of med pass for each nurse/med tech for 3 consecutive months.

Completion Date: 08/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

187a Medication record

1. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 is prescribed ABHR Gel. However, the resident's April medication administration record (MAR) does not include the diagnosis for this medication.

Plan of Correction

Accept

All full-time, part-time and per diem nurses and med techs will be retrained by the Director of Wellness on regulations for medication administration.

Account representative for Care Options pharmacy will conduct quarterly cart audits to ensure all ordered medications have a diagnosis.

Completion Date: 05/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

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 Repeat Violation

Resident #6's assessment and support plan (ASP) dated [REDACTED]/2021 does not address [REDACTED] enabler. Resident #7's ASP dated [REDACTED] 2021 does not address [REDACTED] enabler.

Repeated Violation: 7/22/2020

227c Final support plan - revision (*continued*)**Plan of Correction****Accept**

The DOW revised the support plans for residents #6 and #7 to include the use of a bed enabler. The DOW also reviewed the care plan for all residents who currently utilize a bed enabler to ensure it was included in their care plan.

Executive Director will conduct random chart audits for individuals with bed enablers to ensure support plan is accurate. The ED will conduct these audits for 3 consecutive months.

Completion Date: 08/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #6, dated [REDACTED]/2020, was not signed by the assessor.

The support plan for resident #8, dated [REDACTED]/2021, was not signed by the assessor.

Plan of Correction**Accept**

The Assessor signed the support plans for residents #6 and #8. The Connections Director reviewed all resident care plans to ensure required signatures are present. The DOW when signing off on support plans will review to ensure all required signatures are present.

Completion Date: 04/13/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

Description of Violation

Resident #1 was admitted to the special care unit on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED] 2019.

Plan of Correction**Accept**

The Executive Director will review the ADME for each resident upon admission to ensure the document is complete and within the required timeframe.

This will be done for each new admission for the next 90 days using chart audit tool.

Completion Date: 08/06/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/8/22

231c1 Preadmit screening

1. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

231c1 Preadmit screening (continued)

Description of Violation

Resident #9 was admitted to the special care unit on [REDACTED]. However, resident #9's written cognitive preadmission screening completed on [REDACTED] 2020 does not indicate whether the residence can meet the needs of the resident.

Plan of Correction

Accept

The Executive Director will review the Pre-admission screener for each resident prior to admission into the secure dementia care unit to ensure the document is complete and within the required timeframe. This will be done for each new admission for the next 90 days using chart audit tool.

Completion Date: 08/06/2021

Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]

236a Staff training

1. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person B, date of hire [REDACTED], works in the special care unit, but only completed 3.5 hours of initial training related to dementia care within the first 30 days of the date of hire.

Plan of Correction

Accept

Our staff will receive the required 8 hours of dementia training through our Positive Approach to Care training that will be provided to all direct care staff by the end of the second quarter. We have already completed the train the trainer training.

As part of the quality management program the Business Office Manager will complete a training log audit on a quarterly basis.

Completion Date: 08/06/2021

Licensee's Proposed Date of POC Implementation

Implemented 8/8/22 [REDACTED]