

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

October 29, 2025

[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 08/28/2025 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:** 169      **Waking Staff:** 127

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 08/28/2025

**Inspection Dates and Department Representative**

08/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150      **Residents Served:** 116

**Special Care Unit**

**In Home:** Yes      **Area:** Connections      **Capacity:** 47      **Residents Served:** 31

**Hospice**

**Current Residents:** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 116

**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 53      **Have Physical Disability:** 0

**Inspections / Reviews**

**08/28/2025 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/27/2025

**09/29/2025 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 10/23/2025

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/04/2025

Inspections / Reviews (*continued*)

## 09/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2025

## 10/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

On [redacted] at 8:15 pm, Staff Person A was turning around the corner and saw Resident [redacted] pinned up against the wall by Resident [redacted]. Resident [redacted] had been yelling and was being held down by Resident [redacted]. Resident [redacted] had their forearm against Resident [redacted] head and with their other hand a closed fist. Staff Person A began to run down the hallway to stop the incident but then witnessed Resident [redacted] swing and strike Resident [redacted] in their face down towards their lip and chin areas. The residents were assessed for injuries. Resident [redacted] had a red mark on their ear and a red mark near their lip and chin area. Resident [redacted] was also very upset that they were punched. Resident [redacted] stated that Resident [redacted] had been on their case all day and that they couldn't stand for it anymore". There were no other incidents during the day that would have led to this behavior by Resident [redacted]

Plan of Correction

Accept ([redacted] - 09/29/2025)

- On 8/17/25 Staff Person A reported the incident between Resident [redacted] and Resident [redacted]. Staff Person followed the appropriate incident reporting procedures as required and provided one on one support for Resident 1 until bed time with no additional concerns reported.
- On 8/18/25 the Executive Director and Connections Director reported the incident to DHS and Area Agency on Aging and opened an investigation. The Executive Director and Connections Director also reviewed Resident [redacted] medical file and shift reporting and found no history of this behavior prior. On 8/19/25 the PCP for Resident [redacted] and [redacted] completed an assessment and determined that no changes were needed at this time. Subsequently, this resulted in an inspector from the Department of Aging to come to the community to investigate the report and had no findings or follow up with the community.
- On \_\_\_\_\_, Resident [redacted] moved out of the community and to another state at the request of [redacted] responsible party.
- From 8/17/25 to filing of this report, there have not been any additional behavioral concerns with Resident [redacted]. Starting on 9/25/25, the Connections Director or designee will review daily shift reports for four weeks to ensure no additional concerns have occurred.
- Starting the first week of October, 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: 10/01/2025

Implemented [redacted] - 10/29/2025)

42s Privacy - self/possessions

2. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Resident [redacted] [redacted] has a camera in their room. The camera is recording video along with audio. On [redacted] and [redacted], the resident's [redacted] was communicating thru the camera to staff regarding medication that was not given.

42s Privacy self/possessions (continued)

Plan of Correction

Accept (█ - 09/30/2025)

- On 8/5/25 it was reported that Resident █ was talking to the team through the camera. The Executive Director on 8/7/25 reached out educating the █ on the camera guidelines. This education was provided additional times on by Connections Director in person verbally and initially at move in through the resident contract.
- On 9/25/25 Staff were educated to not engage in communication with anyone through the camera and to report if this continues.
- On 9/26/25 the Connections Director spoke with Resident █ and asked █ to remove the camera because there is not a way to turn off the voice recording on this camera. Family has been educated that cameras are allowed as long as fall within these regulations. Refusal could result in a 30 day notice.
- On 9/25/25 The Connections Director and or designee will audit all cameras within the Connections neighborhood to ensure cameras are following the guidelines. This will be completed weekly for four weeks.
- Starting the first week of October, 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: 10/01/2025

Implemented █ - 10/29/2025)

123c Evacuation diagrams

3. Requirements

2800.

123.c. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The residence currently serves █ residents. However, there are no emergency evacuation diagram posted on each floor showing line of travel to exit doors.

Plan of Correction

Accept (█ - 09/29/2025)

- On 8/28/25 when the Licensing Inspector reported the violation to the Executive Director, the Maintenance Coordinator fixed all the current evacuation diagrams to ensure that the line of travel was included in the diagram. This was completed on site the day of and reviewed with the licensing inspector before █ left.
- Starting on 8/28/25 the Maintenance Coordinator or designee will audit the Evacuation Diagram one time a week for four weeks for compliance.
- Starting the first week of October, 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: 10/01/2025

Implemented █ 10/29/2025)