



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 05 2019

Ms. LaDonna N. Burns  
Managing Director  
Columbia Cottage – Hershey, LLC  
103 North Larkspur Drive  
Palmyra, Pennsylvania 17078

RE: Columbia Cottage – Hershey, LLC  
Certificate #: 330240

Dear Ms. Burns:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 19, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

Name of Assisted Living Residence: Columbia Cottage - Hershey, LLC		License Number: 330240
Address: 103 North Larkspur Drive, Palmyra, Pennsylvania 17078		County: Dauphin
Administrator: LaDonna Burns		
Legal Entity Name: Columbia Cottage - Hershey, LLC		
Legal Entity Address: 103 North Larkspur Drive, Palmyra, Pennsylvania 17078		
Certificate(s) of Occupancy: C2-LP, 7/11/2000, Labor and Industry		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: 12/19/18: Kellie Cargile and Israel Springs		
Off-Site Inspection Dates and Inspectors, if Applicable: N/A		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60	Number of Residents who receive Supplemental Security Income: 0	
Number of Residents Served: 45	Are 60 Years of Age or Older: 45	
Secured Dementia Care Unit in Home: N/A	Have Mental Illness: 0	
Area: N/A	Have an Intellectual Disability: 0	
Secured Unit Capacity, if Applicable	Have a Mobility Need: 12	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Physical Disability: 0	
Number of Current Hospice Residents: 5		
Number of Hospice Residents in past year: 20		
		Rec'd 2/15/19 GE

## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**

2800.187(a)- A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**Violation**

The following medications did not include a diagnosis or purpose:

- Resident #1: Potassium Chloride ER20meq, Furosemide 40mg, Nystop 10000u  
 Resident #2: Gabapentin 300mg, Erythromycin .5%  
 Resident #3: Vitamin D3 5000 IU

**Plan of Correction**

The Medication Administration Records (MARs) for Residents 1, 2 and 3 were immediately corrected to include the diagnosis or purpose of the prescribed medications. All resident MARs were checked to ensure each prescribed medication included a diagnosis or purpose. The Resident Wellness Director (RWD) will verify that the monthly changeover of the MARs from the pharmacy includes a diagnosis or purpose for each prescribed medication. Any medication that is prescribed prior to the monthly changeover of the MARs, the RWD and/or the Resident Services Coordinator (RSC) will include a diagnosis or purpose for the medication when transcribing the medication onto the MAR. In an effort to prevent future incidents of this nature, the Medication Technicians, RSCs and RWDs have been educated regarding the importance of and the regulatory requirement to include a diagnosis or purpose for each prescribed medication on the MARs. On a monthly basis, the Resident Wellness Director performs checks on the locked medication boxes in each resident room. This check will include verifying that the MARs include a diagnosis or purpose for each prescribed medication. This check will be documented on an audit form and maintained in the Quality Assurance Binder.

Printed Name and Title of Legal Entity Representative (Required on all pages)

*Columbia Cottage - Hershey, LLC*

Signature of Legal Entity Representative (Required on all pages)

*LaDonna N. Burns*

Date *2/15/19*

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/27/19  
(Date)

Plan of correction implementation status as of 2/27/19  
(Date)

The above plan of correction was approved by GE  
(Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>Regulation</b> <b>2800.187(d)- The home shall follow the directions of the prescriber.</b>
<b>Violation</b> Resident #1 has a physician's order indicating that the prescribed Humalog 6 Units is to be held if their blood sugar is <110. On 12/5/18, at 5:21 pm, Resident # 1's blood sugar was 72. According to the Medication Administration Record, the 6 units of Humalog were administered.
<b>Plan of Correction</b>  The Medication Technician responsible for administering the insulin to the resident was verbally counseled to hold the resident's Humalog when the resident's blood sugar is below 110 and to follow the direction of the prescriber. Counseling took place on 2/13/19. -GE  In an effort to prevent future incidents of this nature, the Medication Technicians have been educated regarding the importance of following the directions of the prescriber for each medication order and if a medication is not administered, to place an "O" in the initials box and indicate on the reverse side of the Medication Administration Record the reason the medication is omitted, or not administered. Training of staff was completed by 2/18/19. -GE  On a monthly basis, the Resident Wellness Director performs checks on the locked medication boxes in each resident room. This check will include verifying on the MARs that directions of the prescriber are followed and the procedure for documenting medications that are omitted or not administered is being followed. This check will be documented on an audit form and maintained in the Quality Assurance Binder.

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>La Donna N. Burns</i>	<i>Columbia Cottage - Hershey, LLC</i>
Signature of Legal Entity Representative (Required on all pages) <i>La Donna N. Burns</i>	Date: <i>2/15/19</i>

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/27/19</u> (Date)	Plan of correction implementation status as of <u>2/27/19</u> : (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented – Adequate Progress <input type="radio"/> Partially Implemented – Inadequate Progress <input type="radio"/> Not Implemented