



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 23, 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 inspection on April 9, 2019 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 violations cited on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: COLUMBIA COTTAGE HERSHEY LLC
Address: 103 N LARKSPUR DRIVE, PALMYRA, PA 17078
County: LEBANON Region: CENTRAL

License Number: 330240

Administrator

Name: Ladonna Burns Phone: 7178322900 Email: LDBURNS@HORSTGROUP.COM

Legal Entity

Name: COLUMBIA COTTAGE HERSHEY LLC
Address: 103 N. LARKSPUR DRIVE, PA, 17078

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection

Type: Partial Reason: Incident BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

04/09/2019 - On-Site: Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 45

Secured Dementia Care Unit

In Home: Area: Capacity: Residents Served:

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 24 Have Physical Disability: 0

15b Resident abuse-superv plan

Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An allegation of abuse was made on 2/17/19 at 8:30 pm concerning Staff Member A. The facility did not implement a plan of supervision or suspend the staff person until 2/19/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff were immediately reminded of the Immediate/within 24-Hours requirement of reporting abuse by posted memo. We are including an in-person training that is to be conducted via all-staff meeting on 4/24/19 as a final step in ensuring team members are aware of the requirement to notify the Director immediately if abuse/crime/violation of resident rights is suspected so that a report can be made to the state within 24-hours. The Director will immediately remove any perpetrator from resident care immediately if a report is received, and until such investigation can be conducted thoroughly. There is a director available 24 hours/day (6 total Directors) on staff.

Legal Entity Representative

La Donna N. Burns
Signature

La Donna N. Burns Managing Director
Printed Name and Title Date 4/22/19

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The above plan of correction is approved as of 4/23/19 (Date)

Plan of correction implementation status as of 4/23/19 (Date)

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

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

16c Incident reporting

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

An allegation of abuse was made on 2/17/19 at 8:30 pm concerning Staff Member A and Resident #1. The facility did not notify the Department until 2/19/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff were immediately reminded of the requirement to report suspicion of abuse/crime/violation of resident rights immediately to a Director, so that a report could be filed by the deadline of 24 hours with the state and to ensure residents immediate safety. The individuals who initially received the report have been educated in verbal warnings and we are further including a discussion with the entire team at our next staff meeting on 4/24/19. The initial report was not made to a supervisor or director (it was received by a supervisor who immediately notified the director on 2/19/19), so we feel an all-staff conversation is best to ensure reporting is adequate going forward.

Legal Entity Representative

[Handwritten Signature]

Signature

Ladonna N. Burns, Mg Director

Printed Name and Title

4/23/19

Date

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The above plan of correction is approved as of 4/23/19
(Date)

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

Plan of correction implementation status as of 4/23/19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

42c Dignity/Respect

Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/17/19 at 8:30 pm, Staff Member A spoke to Resident #1 in an inappropriate and disrespectful manner while providing care to the resident.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

After a thorough and lengthy investigation, we decided the individual alleged to have spoken disrespectfully would not be returning to work in our building. We then immediately scheduled and conducted a 2-Hour In-Service for How to Care for persons with dementia using a Positive Approach. This also included self-care and stress management components. We continue to screen employees including verifications of employment as well as requiring more than continuous training and development opportunities to team members in relative and meaningful ways.

Legal Entity Representative

AMBurns
Signature

Ludomant Burns, Mq Director 4/22/19
Printed Name and Title Date

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