



Mailing Date: January 6, 2020

Ms. Deena Brant
Managing Director
Columbia Cottage Hanover, LLC
2288 Grandview Road
Hanover, Pennsylvania 17331

RE: Columbia Cottage Hanover, LLC
Certificate # 330220

Dear Ms. Brant:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 2019 of the above facility, we have determined that your submitted plan of correction is implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name : COLUMBIA COTTAGE HANOVER, LLC

License Number : 33022

Address : 2288 GRANDVIEW ROAD, HANOVER, PA 17331

County: YORK

Region: CENTRAL

Administrator

Name : Deena Brandt

Phone : 7176309178

Email :

Legal Entity

Name : COLUMBIA COTTAGE HANOVER LLC

Address: 2288 GRANDVIEW ROAD, HANOVER, PA, 17331

Certificate(s) of Occupancy

Type : I-1

Date :

Issued By :

Staffing Hours

Resident Support Staff : 0

Total Daily Staff : 54

Waking Staff : 41

Inspection

Type : Partial

BHA Docket # :

Notice : Unannounced

Reason: Incident

Inspection Dates and Department Representative

11/26/2019 - On-Site: Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served : 38

Special Care Unit

In Home : No

Area:

Capacity:

Residents Served:

Hospice

Current Residents : 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older : 37

Diagnosed with Mental Illness : 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need : 16

Have Physical Disability : 7

15a Resident abuse report

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 11/2/19, Staff Member B observed an instance of suspected abuse. However, this allegation of suspected abuse was not reported to the local Area Agency on Aging until 11/7/19.

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.)

Columbia Cottage understands the benefit of this regulation is to ensure abuse or suspected abuse is appropriately report and investigated. Given such understanding, upon receiving knowledge of this incident, the Managing Director immediately did an internal investigation gathering statements from the witnesses involved. The Cottage notified the resident's POA, the Office of Aging, Protective Services, and DHS. The Cottage submitted all required paperwork to the offices mentioned. The Managing Director immediately suspended the staff involved, until the investigation was completed.

Columbia Cottage has a zero-tolerance policy for any type of employee misconduct. The Managing Director and/or Resident Services Director will ensure that all staff continue to be trained upon hire on what activities constitute resident abuse, and the procedure to report incidents of alleged abuse. The training will emphasize the need to immediately report incidents of alleged abuse.

The incident at the Cottage was attributable to the actions of two individuals. There are not facts that remotely suggest that the cottage by its practices, policies or procedures enabled the incident to occur, or that the cottage could have taken any action to prevent it. The individuals involved were terminated upon completion of the investigation.

Subsequent to this incident, the Cottage conducted supplemental training for all staff on abuse/reporting abuse and resident rights (see attachment-staff sign in sheet) Trainings for staff were completed by 11/13/19. BAS 12/9/19

In an effort to prevent further incidents of this nature, all staff will continue to be trained upon hire on Abuse, reporting abuse and resident rights. The Resident Services Director/Managing Director will review all orientation training to ensure this training requirement has been met. These topics will also be reviewed yearly with staff in live training and/or web based training at the Cottage, and documented accordingly.

Legal Entity Representative

Deena Brant
Signature

Deena Brant managing Director 12/6/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/9/2019 Plan of correction implementation status as of 1/6/2019
(Date) (Date)

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

On 11/2/19, Staff Member B observed an instance of suspected abuse. However, this allegation of suspected abuse was not reported to the Department until 11/7/19.

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.)

Columbia Cottage understands the benefit of this regulation is to ensure or suspected abuse is appropriately reported and investigated. Given such understanding upon receiving knowledge of this incident, the Managing Director immediately did an internal investigation gathering statements from the witnesses involved. The Cottage notified the resident's POA, the Office of Aging, Protective Services and DHS. The Cottage submitted all required paperwork to the offices mentioned. The Managing Director immediately suspended the staff involved, until the investigation was completed. Columbia Cottage has a zero-tolerance policy for any type of employee misconduct. The Managing Director and/or Resident Services Director will ensure that all staff continue to be trained upon hire on what activities constitute resident abuse, and the procedure to report incidents of alleged abuse. The training will emphasize the need to immediately report incidents of alleged abuse. The incident at the Cottage was attributable to the actions of two individuals. There are no facts that remotely suggest that the cottage by its practices, policies, or procedures enabled the incident to occur, or that the cottage could have taken any action to prevent it. The individuals involved were terminated upon completion of the investigation. Subsequent to this incident, the Cottage conducted supplemental training for all staff on abuse/reporting abuse and resident rights (see attachment- staff sign in sheet) Trainings for staff were completed by 11/13/19. BAS 12/9/19 In an effort to prevent further incidents of this nature, all staff will continue to be trained upon hire on Abuse, reporting abuse and resident rights. The Resident Services Director/Managing Director will review all orientation training to ensure this training requirement has been met. These topics will also be reviewed yearly with staff in live training and/or web-based training at the Cottage and documented accordingly. Additionally, Resident Services Director and/or Managing Director will conduct quarterly audits of the reportable incidents to ensure all incidents were reported in a timely fashion and are in compliance with regulation.

Legal Entity Representative

Deena Brant
Signature

Deena Brant, Managing Director 12/6/19
Printed Name and Title Date

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The above plan of correction is approved as of 12/9/2019 (Date) Plan of correction implementation status as of 1/6/2019 (Date)

Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented

42c Dignity/Respect

Requirements

2800.

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

Description of Violation

On 11/2/19, Staff Member A was witnessed by Staff Member B using profanity while providing care to Resident #2. The profanity was used in the presence of Resident #2 and Resident #1.

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.)

Columbia Cottage understands the importance of this regulation is to ensure residents are treated in a respectful and dignified manner. Columbia Cottage has a zero-tolerance policy for any type of employee misconduct. The Managing Director and/or Resident Services Director will ensure that all staff continue to be trained upon hire with regard to the Resident Rights.

The incident at the Cottage was attributable to the actions of two individuals. There are no facts that remotely suggest that the Cottage by its practices, policies or procedures enabled the incident to occur, or that the Cottage could have taken any action to prevent it. The individuals were terminated upon completion of the investigation.

Subsequent to the incident, the Cottage conducted supplemental training for all staff on abuse/reporting abuse and Resident Rights (see attachment- Staff sign in sheet) Trainings for staff were completed by 11/13/19. BAS 12/9/19

Prevention of future incidents will include, all staff continuing to be trained upon hire on Abuse, reporting abuse and resident rights. The Resident Services Director and/or Managing Director will review orientation training to ensure this training requirement has been met. These topics will also be reviewed yearly with staff in live and/or web-based training at the Cottage and documented accordingly.

Amended on 12/9/19- Immediately, the Managing Director and/or Resident Services Director will interview a sample of at 4 residents(at least one on each hallway) and 4 staff (at least one on each shift) per week for 4 weeks, to discuss the care and treatment of the residents. The interviews will be conducted privately one person at a time for four weeks ending on Jan 6,2020. Documentation of the interviews will be provided to the Department and include the name of the resident/staff interviewed, the date, the name of the interviewer, any concerns revealed, and the actions taken as a result. The documentation will be reviewed by the VP of Operations. DB/12-9-19

Legal Entity Representative

Deena Brant
Signature

Deena Brant 12-9-19
Printed Name and Title Date

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The above plan of correction is approved as of 12/9/2019 (Date) Plan of correction implementation status as of 1/6/2019 (Date)

Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented