



**Sent via e-mail to: nkrymski@horstgroup.com
Mailing Date: April 21, 2020**

Ms. Noreen L. Krymski
Managing Director
Columbia Cottage Wyomissing, LLC
3121 State Hill Road
Wyomissing, Pennsylvania 19610

RE: Columbia Cottage Wyomissing, LLC
License #224640

Dear Ms. Krymski:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 10, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COLUMBIA COTTAGE WYOMISSING, LLC
Address: 3727 STATE HILL ROAD, WYOMISSING, PA 79670
County: BERKS Region: NORTHEAST

License Number: 22464

Administrator

Name: Noreen Krymski Phone: 6709270370 Email: nkrymski@horstgroup.com

Legal Entity

Name: COLUMBIA COTTAGE WYOMISSING LLC
Address: 3727 STATE HILL ROAD, WYOMISSING,, PA, 79670

Certificate(s) of Occupancy

Type: C-2 LP Date: ⁰⁷~~7~~0/24/7997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 72 Waking Staff: 54

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

¹⁰~~7~~0/03/2020 - On-Site: Amy Deluco, Corey Pico

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 44

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 0

65e Rights/Abuse 40 Hours

Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).
- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.
- 6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A who was hired on 7/3/2019 did not have training in safe management techniques as part of her orientation training.

Staff person A did have training in the remaining required topics, but the training was completed 8/9/19, more than 40 hours after the first workday.

Plan of Correction (POC)

Staff Person A completed all new employee paperwork on 07/03/19; however, given she had to give two week notice with her previous employer, Staff Person A did not actually begin her employment with Columbia Cottage until 07/22/19. Nonetheless, we recognize the training in safe management techniques did not occur within the required 40 hours of orientation. Staff Person A was trained on safe management techniques on 03/23/20 (please see attached training document). To prevent future scenarios of this nature, we (organizationally) are revising our onboarding training which will delineate ancillary from direct care staff. The new onboarding process was to be completed within the next three months. However given the current situation with COVID 19 the completion and implementation of this new process has been delayed. We are hopeful it will be ready by September, 2020. The new orientation process will be developed by our Regional Director of Training and Memory Care Services, also a newly created position. Once completed, we will have an orientation checklist which can and will be audited by the Managing Director, HR business Partner, Regional Director of Training and memory Care Services, and/or VP Operations within an employee's first two weeks of employment.

Legal Entity Representative

Noreen L. Kzymoski MSW, MHP, ALA
Signature

NOREEN L. KZYMSKI Managing Director 3/27/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 4-10-2020 Plan of correction implementation status as of 4-10-2020
(Date) (Date)

- Implemented
- Not Implemented

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

91 Telephone Numbers

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

The phone in resident room #20 did not have emergency numbers posted on or near the phone.

Plan of Correction (POC)

Managing Director added emergency phone number sticker to #20's phone, prior to inspector leaving the site. Managing Director has ordered 3x5 frames to be delivered between 4/1/2020-4/02/2020. Upon receipt of aforementioned frames, each resident will receive a frame with emergency numbers listed (see attached sheet). Each frame will be mounted directly above the light switch, inside the resident's apartment door. This action will be completed by 4/10/2020. The Maintenance Man will ensure the frames are mounted by checking each month during his inspections. This task will be added to the Maintenance Man checklist for the purposes of auditing on a monthly basis.

Legal Entity Representative

Maureen L. Kozymski MSW, MHP, ALA
Signature

Maureen L. Kozymski MSW, MHP, ALA 3/27/2020
Printed Name and Title Date

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The above plan of correction is approved as of 4-10-2020 (Date)

Plan of correction implementation status as of 4-10-2020 (Date)

- Implemented
- Not Implemented

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

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The Lantus and Humalog insulin pens for resident #1 were stored in the medication cart in a plastic bag with no pharmacy labels.

Plan of Correction (POC)

Upon finding the Lantus and Humalog insulin pens without a pharmacy label, the Resident Services Director contacted the pharmacy and requested individual appropriately bags be appropriately labeled. This was corrected the day of inspection, 03/10/20 (see attached photo). Going forward, the pharmacy will provide all appropriate labels for individual medications, including insulin. This will be monitored monthly during med exchange which is conducted by the pharmacy and Resident Wellness Director.

Legal Entity Representative

Noreen L. Krymki MSW, MHP, ACA
Signature

NOREEN L. KRYMKI, Managing Director 3/27/2020
Printed Name and Title Date

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The above plan of correction is approved as of 4-16-2020 (Date) Plan of correction implementation status as of 4-16-2020 (Date)

Implemented
 Not Implemented

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

187a Medication record

Requirements

2800.

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

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 has an order for Levothyroxine, one tablet daily. On 3/3/20 the medication was not initialed as administered.

Plan of Correction (POC)

Following the inspection on 03/11/20, the Managing Director and Resident Services Director provided re-education regarding the 5 R's of Medication Administration to all Medication Technicians.

Columbia Cottage has made a significant investment in an Electronic Health Record System with Point Click Care. Effective 03/25/20, we transitioned to an electronic Medication Administration Record. The eMAR program will prevent missed signatures, by alerting the Medication Technician that a signature has been missed and require the signature before the Medication Technician can proceed with any other Medication Administration. This program also allows for Columbia Cottage to run a report for each shift every day to insure all medications have been administered properly, including a signature.

Legal Entity Representative

Noreen L. Kaymski MGR, MHP, ALA
Signature

NOREEN L. Kaymski, Managing Director
Printed Name and Title
3/27/2020
Date

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