



**Mailing Date: April 20, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 7, 2020 of the above facility, we have determined that your submitted plan of correction is accepted and fully 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-HERSHEY, LLC  
Address: 103 N. LARKSPUR DRIVE, PALMYRA, PA 17078  
County: LEBANON Region: CENTRAL

License Number: 33024

### Administrator

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

### Legal Entity

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

### Certificate(s) of Occupancy

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

### Inspection

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

### Inspection Dates and Department Representative

04/07/2020 - Off-Site: Israel Springs

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 60 Residents Served: 47

#### Special Care Unit

In Home: No Area: Capacity: Residents Served:

#### Hospice

Current Residents: 47

#### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 15 Have Physical Disability: 0

225a2 Assessment – significant change

Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 has been known by staff of the home to experience frequent hallucinations exhibit agitation and aggressive behaviors, such as episodes of yelling. Resident #1's current Assessment and Support Plan (ASP) was completed on 6/11/2019 and reviewed on 8/28/19, 11/25/19, and 2/19/20. However, the ASP assesses the resident as having no problems in the areas of hallucinations, agitation, and aggression. The ASP has not been updated to reflect the behaviors exhibited by the resident and implement services to address these issues.

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.)

- 1. Action: A Significant Change Assessment and Support Plan (ASP) has been completed for A. Tilberry to reflect recent behavioral disturbances; completed on April 16, 2020, by Andrea Henney, LPN, Resident Services Director
- 2. A review of ASPs for residents with behavioral risks have been completed as of April 16, 2020 by Andrea Henney, LPN, Resident Services Director.
- 3. To prevent recurrence, the RN Clinical Support Manager will review progress notes weekly and provide regular reminders to team members to review ASPs ensuring behaviors are included.
- 4. In addition, it will be routine for the RN Clinical Support Manager to ensure behaviors are documented on the ASP when performing quarterly reviews.

Legal Entity Representative



Signature

LaDonna N. Burns, Managing Director

Printed Name and Title

04/16/2020

Date

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The above plan of correction is approved as of 4/20/20  
(Date)

Plan of correction implementation status as of 4/20/2020  
(Date)

Implemented

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

Not Implemented