

Department of Human Services
Bureau of Human Service Licensing

August 10, 2020

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

RE: COLUMBIA COTTAGE-HERSHEY, LLC
103 N. LARKSPUR DRIVE
PALMYRA, PA, 17078
LICENSE/COC#: 33024

Dear Ms. Horn,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2020, 06/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *COLUMBIA COTTAGE-HERSHEY, LLC* License #: *33024* License Expiration Date: *05/02/2021*
 Address: *103 N. LARKSPUR DRIVE, PALMYRA, PA 17078*
 County: *LEBANON* Region: *CENTRAL*

Administrator

Name: *Andrea Henney* Phone: *7178322900* Email: *ahenney@horstgroup.com*

Legal Entity

Name: *COLUMBIA COTTAGE-HERSHEY LLC*
 Address: *103 N. LARKSPUR DRIVE, PALMYRA, PA, 17078*
 Phone: *717-629-5104* Email: *CHORN@HORSTGROUP.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/11/2000* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/23/2020*

Inspection Dates and Department Representative

06/22/2020 - Off-Site: Douglas Hoover
06/23/2020 - Off-Site: Douglas Hoover

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: *9*

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: *19* Have Physical Disability: *0*

Inspections / Reviews

06/22/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *07/11/2020*

7/29/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/11/2020*

8/10/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 6/19/2020, at approximately 1:45 pm, a physical therapist observed and documented bruising on Resident #1's wrists. When questioned, Resident #1 stated, "[a man] tried to throw me in the shower and when I screamed, another girl came to help me."

This was reported to Staff Member A who interviewed Resident #1 on 6/19/2020 and documented the following statements:

"Someone grabbed at me pretty hard, I'm not to talk about it."

"I won't be taken care of under these conditions, no way. This happened before, I'm not gonna let him tear me apart again."

"He pulled me but I said no."

"I'm not gonna get in trouble, am I?"

Resident #1 also stated that it happened "today" and provided a description of the male staff member identified by the facility as Direct Care Staff Member B. The incident occurred approximately between 6:00 am and 7:00 am on 6/19/2020 as Resident #1 was receiving assistance with showering. Despite Resident #1's request not to be showered by male direct care staff, Direct Care Staff Member B initiated contact by removing a towel from the resident's lap while was sitting in recliner. When the resident refused, female Direct Care Staff Member C intervened and provided assistance with the shower.

Resident #1 exhibited mental anguish over the incident on 6/19/2020 with the fear of "getting into trouble" and was intimidated by contact with Direct Care Staff Member B.

42b Abuse/Neglect (*continued*)**Plan of Correction - 07/29/2020****Accept***Plan of Correction*

Columbia Cottage understands the importance of this regulation is to ensure residents are treated with dignity and respect and not be subject to neglect, mistreatment or abuse. Columbia Cottage has a zero-tolerance policy for any type of employee misconduct related to resident rights. The Managing Director, and the Resident Services Director will continue to ensure that all staff continue to be trained upon hire with regard to Resident Rights. Upon Hire, the Resident Rights and Upholding Resident Rights (both attached) are reviewed, and new employees are required to sign off on their understanding.

The incident at the Cottage was attributable to the action of one individual. There are no facts that remotely suggest the Cottage by its practices, policies or procedures enabled the incident to occur, or that the Cottage could have taken action to prevent the behavior of this individual employee. Upon conclusion of the investigation, the employee was separated from employment with Columbia Cottage.

The intention of the Cottage is to continue to train all new employees upon hire regarding abuse, reporting abuse, and Resident Rights. The Resident Services Director and/or the Managing Director will review all orientation training to ensure the training requirement has been met. New employee orientation takes place twice monthly at Columbia Cottage Hershey, during the first and third Tuesday of each month. Additionally, these topics will also be reviewed annually as per regulation with the employees in live training or web-based training and documented accordingly.

Given the current state of affairs with COVID 19, we have been engaging in web-based training to limit the number of staff in a meeting at one time. All employees will complete the training from the RELIAS company on Recognizing, Reporting and Preventing Abuse by August 11, 2020. We will submit a report and/or copies of certificates of completion demonstrating all staff have complied with the corrective action.

Completion Date: 08/11/2020

Document Submission - 08/10/2020**Implemented**

See attached report of all staff completion On Recognizing, Reporting and Preventing Abuse.