

Department of Human Services
Bureau of Human Service Licensing

July 26, 2022

[REDACTED]
COLUMBIA COTTAGE WYOMISSING LLC
3121 STATE HILL ROAD
WYOMISSING,, PA, 19610

RE: COLUMBIA COTTAGE WYOMISSING,
LLC
3121 STATE HILL ROAD
WYOMISSING, PA, 19610
LICENSE/COC#: 22464

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2022, 04/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: COLUMBIA COTTAGE WYOMISSING, LLC License #: 22464 License Expiration: 05/15/2023
Address: 3121 STATE HILL ROAD, WYOMISSING, PA 19610
County: BERKS Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6109270310 Email: [REDACTED]

Legal Entity

Name: COLUMBIA COTTAGE WYOMISSING LLC
Address: 3121 STATE HILL ROAD, WYOMISSING,, PA, 19610
Phone: 6109270310 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/29/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/13/2022

Inspection Dates and Department Representative

04/12/2022 - On-Site: [REDACTED]
04/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 39

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 1

Inspections / Reviews

04/12/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/06/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/08/2022*

06/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2022*

07/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The privacy coding sheet with resident names on it was attached and posted along with the license inspection summaries dated 11/04/2021, 04/07/2021, and 01/20/21.

Plan of Correction

Accept

- Resident Confidentiality is held to the highest standard at Columbia Cottage
- On 4/12/2022 when it was identified that the privacy coding sheet was posted with LIS of the 11/4/21, 4/7/21, and the 01/20/21, the Administrator immediately removed them.
- Going forward the Administrator will review the LIS/POC upon approval and remove the privacy coding sheet prior to posting.

Completion Date: 04/12/2022

Update: 06/03/2022

Document Submission

Implemented

- Resident Confidentiality is held to the highest standard at Columbia Cottage
- On 4/12/2022 when it was identified that the privacy coding sheet was posted with LIS of the 11/4/21, 4/7/21, and the 01/20/21, the Administrator immediately removed them.
- Going forward the Administrator will review the LIS/POC upon approval and remove the privacy coding sheet prior to posting.

103i Outdated food

1. Requirements

2800.

- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A dented can of cream of mushroom soup was found in the pantry stored along with other canned foods.

Plan of Correction

Do Not Accept

- On 4/13/2022 upon completion of the kitchen inspection, the dented can of cream of mushroom soup was immediately removed and placed in an identified dented can area (photo attached)
- Ongoing, all food deliveries will be inspected for dented cans and placed in the appropriate area and returned to the vendor at the next food delivery

Completion Date: 04/13/2022

Update: 06/03/2022

Who will monitor and ensure ongoing compliance? 6-3-2022 MM

103i Outdated food (continued)

Plan of Correction

Accept

- On 4/13/2022 upon completion of the kitchen inspection, the dented can of cream of mushroom soup was immediately removed and placed in an identified dented can area (photo attached)
- Ongoing, all food deliveries will be inspected by Food Service Director for dented cans and placed in the appropriate area and returned to the vendor at the next food delivery

Completion Date: 04/13/2022

Document Submission

Implemented

- On 4/13/2022 upon completion of the kitchen inspection, the dented can of cream of mushroom soup was immediately removed and placed in an identified dented can area (photo attached)
- Ongoing, all food deliveries will be inspected by Food Service Director for dented cans and placed in the appropriate area and returned to the vendor at the next food delivery

123c Evacuation diagrams

1. Requirements

2800.

123.c. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home's emergency evacuation diagrams posted in the hallways did not include the lines of travel to exit doors, location of the fire extinguishers, or the pull signals.

Plan of Correction

Do Not Accept

- On 04/12/2022 when the inspector noted the evacuation map did not contain the lines of travel to the doors, location of fire extinguishers, or pull stations the maps were immediately removed, corrected, and approved by our licensed fire expert. (See attached)
- Going forward the fire safety expert will review and approve all maps during his annual inspection

Completion Date: 04/12/2022

Update: 06/03/2022

Who will monitor and ensure ongoing compliance? 6-3-2022 MM

Plan of Correction

Accept

- On 04/12/2022 when the inspector noted the evacuation maps did not contain the lines of travel to the doors, location of fire extinguishers, or pull stations the maps were immediately removed, corrected, and approved by our licensed fire expert. (See attached)
- Going forward the fire safety expert will review and approve all maps during his annual inspection Administrator will monitor for changes directed by fire inspector and adjust maps as needed.

Completion Date: 04/12/2022

Document Submission

Implemented

- On 04/12/2022 when the inspector noted the evacuation maps did not contain the lines of travel to the doors, location of fire extinguishers, or pull stations the maps were immediately removed, corrected, and approved by our

123c Evacuation diagrams (continued)

licensed fire expert. (See attached)

- Going forward the fire safety expert will review and approve all maps during [REDACTED] annual inspection
- Administrator will monitor for changes directed by fire inspector and adjust maps as needed.

171b5 Transportation-first aid kit**1. Requirements**

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The home's van used to transport residents to and from medical appointments did not have a first aid kit in it.

Plan of Correction**Accept**

- On 4/13/22 the inspector noted that the first aid kit was missing from the vehicle.
- Immediately following completion of the inspection, a new first aid kit was installed in the van (See attached photo)
- Additionally, on 4/20/2022 our van mileage form (800.80, attached) was modified to include a first aid kit check, to be utilized by any employee transporting residents.
- Administrator will review monthly

Completion Date: 04/13/2022

Document Submission**Implemented**

- On 4/13/22 the inspector noted that the first aid kit was missing from the vehicle.
- Immediately following completion of the inspection, a new first aid kit was installed in the van (See attached photo)
- Additionally, on 4/20/2022 our van mileage form (800.80, attached) was modified to include a first aid kit check, to be utilized by any employee transporting residents.
- Administrator will review monthly

185a Storage procedures**1. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 requires blood glucose monitoring 3 times daily. On 4/9/2022 the documented reading for 4:00pm was 232, however this reading was not found in the resident's glucometer.

Plan of Correction**Accept**

- On 4/13/2022 it was noted that resident #1 was missing one glucometer reading for the date of 4/9/22.
- On 4/15/2022, all medication technicians were re-educated on inputting accurate numbers into the electronic medical record
- The Resident Wellness Directors (Nurses) will conduct weekly medication cart and MAR audits to verify accuracy, including glucometer readings. (Audit form attached)

185a Storage procedures (continued)**Completion Date:** 04/15/2022**Update:** 06/03/2022*Please send proof of staff training. 6-3-2022 MM***Document Submission****Implemented**

- On 4/13/2022 it was noted that resident #1 was missing one glucometer reading for the date of 4/9/22.
- On 4/15/2022, all medication technicians were re-educated on inputting accurate numbers into the electronic medical record
- The Resident Wellness Directors (Nurses) will conduct weekly medication cart and MAR audits to verify accuracy, including glucometer readings. (Audit form attached)

187a Medication record**1. Requirements**

2800.

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

8. Frequency of administration.

Description of Violation

Resident #2 has an order for Warfarin to be taken once daily. The pharmacy label on the Warfarin medication indicates the medication is to be taken once daily for 7 days. The pharmacy label did not match the current order listed on the resident's medication administration record.

Plan of Correction**Accept**

- On 4/13/2022 the electronic medical record (MAR) for resident #2 did not reflect the pharmacy label. It should be noted that we follow Physician orders not Pharmacy labels.
- When a Pharmacy label does not match a Physician's order, a label will be placed on the medication packet noting the Physician's order.
- Resident Wellness Director (Nurses) will audit medication cart and MAR weekly to verify accuracy (form attached)

Completion Date: 04/13/2022**Document Submission****Implemented**

- On 4/13/2022 the electronic medical record (MAR) for resident #2 did not reflect the pharmacy label. It should be noted that we follow Physician orders not Pharmacy labels.
- When a Pharmacy label does not match a Physician's order, a label will be placed on the medication packet noting the Physician's order.
- Resident Wellness Director (Nurses) will audit medication cart and MAR weekly to verify accuracy (form attached)