

Department of Human Services
Bureau of Human Service Licensing

June 27, 2022

[REDACTED]
COLUMBIA COTTAGE HANOVER LLC
2288 GRANDVIEW ROAD
HANOVER, PA, 17331

RE: COLUMBIA COTTAGE HANOVER,
LLC
2288 GRANDVIEW ROAD
HANOVER, PA, 17331
LICENSE/COC#: 33022

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach
ashambach@pa.gov

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *COLUMBIA COTTAGE HANOVER, LLC* License #: *33022* License Expiration: *05/08/2023*
Address: *2288 GRANDVIEW ROAD, HANOVER, PA 17331*
County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7176309178* Email: [REDACTED]

Legal Entity

Name: *COLUMBIA COTTAGE HANOVER LLC*
Address: *2288 GRANDVIEW ROAD, HANOVER, PA, 17331*
Phone: *7176309178* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/03/2003* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *05/24/2022*

Inspection Dates and Department Representative

05/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *36*

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: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

05/24/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2022*

06/13/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/20/2022*

06/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

125a Combustible storage

1. Requirements

2800.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The mechanical room located in Hallway C contained a variety of combustible materials being stored on shelving units which were either touching or in close proximity to the furnace. Some of these materials included rolls of toilet paper, paper towels, boxes of light bulbs, gloves, drop clothes, and paper folders. In addition, there was a long cardboard box of fluorescent light bulbs leaning against the hot water heater.

Plan of Correction

Accept

- *Combustible materials should not be stored in the furnace area. On 5/28 and 5/29 those items were removed.*
- *Going forward combustible materials will be stored on new shelving in the storage closet. Please see attached pictures.*
- *The monthly maintenance checklist has been updated to include the checking of the furnace area for combustible materials. Audits will be reviewed monthly at the QI safety meetings.*

Completion Date: 06/07/2022

Document Submission

Implemented

- *Combustible materials should not be stored in the furnace area. On 5/28 and 5/29 those items were removed.*
- *Going forward combustible materials will be stored on new shelving in the storage closet. Please see attached pictures.*
- *The monthly maintenance checklist has been updated to include the checking of the furnace area for combustible materials. Audits will be reviewed monthly at the QI safety meetings.*

183b Medications and syringes locked

1. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 5/24/2022, at approximately 2:00 pm, a 4 oz tube of Medline Remedy Phytoplex cream prescribed to Resident #1 was found unlocked and accessible in the open area of the medicine cabinet in the bathroom of Resident #1. Resident #1 is not assessed to self-administer medications.

Plan of Correction

Accept

- *Prescribed OTC medications for residents who are not assessed to be self-medicating should be locked in the med cart. The tube of Medline Remedy Phytoplex was removed from the Resident #1 medicine cabinet and locked in the med cart on the day of inspection.*
- *For four weeks beginning June 13 until July 4, the Resident Wellness Director or designee will conduct a weekly random audit of 25% of residents' rooms to ensure no prescribed meds are stored in the resident's room. See attached audit implemented in Point click care*

183b Medications and syringes locked (continued)

- Beginning July 11 for four weeks ending the week of August 1, the Resident Wellness Director or designee will conduct weekly audits of 10% of residents' rooms to ensure there are no prescribed meds stored in the resident's room.
- Columbia Cottages' "medication audit" form was updated to state: "Check the room for any medications/creams that should not be in the room." These medication audit forms are done monthly for every resident. See attached audit form.
- All Medications techs will be reeducated on storing medications, and the remaining staff will educate on what to do if they see a prescribed medication in a resident room. The education will be completed by June 30

Completion Date: 06/07/2022

Document Submission**Implemented**

- Prescribed OTC medications for residents who are not assessed to be self-medicating should be locked in the med cart. The tube of Medline Remedy Phytoplex was removed from the Resident #1 medicine cabinet and locked in the med cart on the day of inspection.
- For four weeks beginning June 13 until July 4, the Resident Wellness Director or designee will conduct a weekly random audit of 25% of residents' rooms to ensure no prescribed meds are stored in the resident's room. See attached audit implemented in Point click care
- Beginning July 11 for four weeks ending the week of August 1, the Resident Wellness Director or designee will conduct weekly audits of 10% of residents' rooms to ensure there are no prescribed meds stored in the resident's room.
- Columbia Cottages' "medication audit" form was updated to state: "Check the room for any medications/creams that should not be in the room." These medication audit forms are done monthly for every resident. See attached audit form.
- All Medications techs will be reeducated on storing medications, and the remaining staff will educate on what to do if they see a prescribed medication in a resident room. The education will be completed by June 30

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

During an audit of the Contour Glucometer for Resident #2, two errors were found whereas the readings on the glucometer did not match the readings reported on the Medication Administration Record (MAR).

On 5/16/2022 at 7:12 am, the glucometer showed a reading of 207. The MAR indicates a reading of 191.

On 5/20/2022 at 11:45 am, the glucometer showed a reading of 317. The MAR indicates a reading of 371.

Plan of Correction**Accept**

- On 5/24/2022 it was noted that two glucometer readings for resident #2 did not match the MAR. On 5/25/2022 the med-tech that recorded the glucometer readings incorrectly was re-educated on making sure

185a Storage procedures (continued)

that when documenting the readings they are recorded correctly in the MAR.

- The Resident Wellness Director /designee will conduct audits on the night shift to verify the glucometer readings were correctly documented. The audit checks were placed in Point Click Care (see attached example)
- All Med Techs will be re-educated on making sure that their documentation of glucometer readings is correct by June 30th. The audit results will be discussed at monthly QI meetings.

Completion Date: 06/07/2022

Document Submission

Implemented

- On 5/24/2022 it was noted that two glucometer readings for resident #2 did not match the MAR. On 5/25/2022 the med-tech that recorded the glucometer readings incorrectly was re-educated on making sure that when documenting the readings they are recorded correctly in the MAR.
- The Resident Wellness Director /designee will conduct audits on the night shift to verify the glucometer readings were correctly documented. The audit checks were placed in Point Click Care (see attached example)
- All Med Techs will be re-educated on making sure that their documentation of glucometer readings is correct by June 30th. The audit results will be discussed at monthly QI meetings.

187d Follow prescriber’s orders

1. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 5/16/2022 at 7:12 am, the glucometer for Resident #2 showed a reading of 207. The Medication Administration Record (MAR) indicates a reading of 191 for the testing conducted at 8:00 am. Per the sliding scale instructions stated on the MAR, when a blood sugar reading is between 200-250, two units of insulin should be given, Resident #2 was not given any insulin at 8:00 am on 5/16/22.

On 5/20/2022 at 11:45 am, the glucometer for Resident #2 showed a reading of 317. The MAR indicates a reading of 371 at 12:00 pm. Per the sliding scale instructions stated on the MAR, when a blood sugar reading is between 301-350, six units of insulin should be given, Resident #2 received eight units of insulin at 12:00 pm on 5/16/22.

Plan of Correction

Accept

- Physician orders shall be followed to ensure residents' safety and wellbeing
- All med techs are current on diabetic certification training through UPMC. All med techs will be reeducated

187d Follow prescriber's orders (continued)

by June 30 on sliding scale insulin administration.

- *This violation goes hand in hand with inaccurate transcription glucometer reading*
- *starting June 13 for four weeks for Columbia Cottage's two sliding scale residents that the Resident Wellness Director/designee must double-check the glucometer and the sliding scale units are accurate before administering the insulin.*
- *the audit is implemented in point click care see attached sample*
- *moving forward as stated in checking for glucometer accuracy violation, nightly audits will be conducted to on all glucometers for accuracy.*
- *the audits will be discussed at monthly QI meetings*

Completion Date: 06/07/2022

Document Submission**Implemented**

- *Physician orders shall be followed to ensure residents' safety and wellbeing*
- *All med techs are current on diabetic certification training through UPMC. All med techs will be reeducated by June 30 on sliding scale insulin administration.*
- *This violation goes hand in hand with inaccurate transcription glucometer reading*
- *starting June 13 for four weeks for Columbia Cottage's two sliding scale residents that the Resident Wellness Director/designee must double-check the glucometer and the sliding scale units are accurate before administering the insulin.*
- *the audit is implemented in point click care see attached sample*
- *moving forward as stated in checking for glucometer accuracy violation, nightly audits will be conducted to on all glucometers for accuracy.*
- *the audits will be discussed at monthly QI meetings*