

Department of Human Services
Bureau of Human Service Licensing

July 11, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2022, 06/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach

[REDACTED]

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-HERSHEY, LLC License #: 33024 License Expiration: 05/02/2023
Address: 103 N. LARKSPUR DRIVE, PALMYRA, PA 17078
County: LEBANON Region: CENTRAL

Administrator

Name: [REDACTED] Phone: 7178322900 Email: [REDACTED]

Legal Entity

Name: COLUMBIA COTTAGE-HERSHEY LLC
Address: 103 N. LARKSPUR DRIVE, PALMYRA, PA, 17078
Phone: 7178322900 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/11/2000 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/23/2022

Inspection Dates and Department Representative

06/22/2022 - On-Site: [REDACTED]
06/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 39

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

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: 25 Have Physical Disability: 1

Inspections / Reviews

06/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/09/2022

Inspections / Reviews (*continued*)

07/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2022*

07/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b Resident equip – good repair

1. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident # 1 has an enabler bar attached to the left side of the bed. Upon inspection of the enabler bar on 6/23/2022 at approximately 10:15 AM, the enabler bar, as placed under the mattress, was loosely fastened to the bed by a black strap which was not securing it tightly to the bed. This enabler bar, which measured 12 inches across, was not securely attached to the bed, posing a possible limb or head entrapment.

Plan of Correction

Accept

On 06/23/2022 resident #1's enabler bar was re-secured/tightened by the maintenance director. All other enabler bars were also inspected and noted to be properly secured in place.

All staff will be re-educated on enabler bars needing to be tightly secured at all times (see attachment). Every shift staff are to monitor placement and covers on all enabler bars and document in Point Of Care.

Maintenance director or designee to perform weekly audits on all enabler bars to ensure they are secured and properly covered. (See attachment).

Completion Date: 07/31/2022

Document Submission

Implemented

On 06/23/2022 resident #1's enabler bar was re-secured/tightened by the maintenance director. All other enabler bars were also inspected and noted to be properly secured in place. This step has been implemented 06/23/2022.

All staff will be re-educated on enabler bars needing to be tightly secured at all times (see attachment). This step has been implemented 06/24/2022.

Every shift staff are to monitor placement and covers on all enabler bars and document in Point Of Care. This step has been implemented 06/24/2022.

Maintenance director or designee to perform weekly audits on all enabler bars to ensure they are secured and properly covered. (See attachment). This step has been implemented 07/05/2022

82a Poisons original containers

1. Requirements

2800.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 6/23/22 at approximately 11:15 AM, a generic, unlabeled, 2-gallon plastic pump sprayer was located in the low hall janitor's closet. The Director of Maintenance stated that this was a pre-treatment carpet cleaner of unknown brand. This plastic pump sprayer contained a carpet cleaner which was not in the original, labeled container.

Plan of Correction

Accept

On 06/23/2022 a temporary label was placed onto the spray bottle. An internal audit was conducted by ALA on 06/23/2022 to ensure all poisonous materials were stored in their original labeled containers. No additional unlabeled poisonous materials noted. On 06/24/2022 the housekeeper was re-educated regarding the unlabeled container in the closet containing carpet pre-spray which was not properly labeled. Housekeeper verbalized understanding of appropriate labels on all poisonous materials. Housekeeper performed second audit on all

82a Poisons original containers (continued)

poisonous materials in the Cottage for proper labeling and storage; confirmed no other poisonous materials were noted unlabeled.

Administrative Assistant contacted the manufacturer VIA email on 06/24/2022 to request appropriate labels for container. (see attachment) Manufacturer will send permanent labels VIA mail. Temporary label faxed from manufacturer on 06/24/2022 and placed on container at 11am by Administrative Assistant.

On 07/01/2022 permanent label received from manufacturer VIA mail (see attachment). ALA placed label on carpet pre-spray bottle.

Audits will be conducted weekly by housekeeper or maintenance director to ensure all poisonous materials are properly labeled and stored. If any poisonous material is noted to not be properly labeled during weekly audit; ALA to be made aware immediately and correction made at that time for appropriate label. Audits will be reviewed monthly by ALA or designee. (see attachment).

All staff will be re-educated on regulation 2800.82.a and the importance of proper storage and labeling of all poisonous materials in the Cottage during shift meetings. (see attachment)

Completion Date: 07/31/2022

Document Submission**Implemented**

A temporary label was placed onto the spray bottle 06/23/2022. This step has been implemented 06/23/2022.

An internal audit was conducted by ALA on 06/23/2022 to ensure all poisonous materials were stored in their original labeled containers. No additional unlabeled poisonous materials noted. This step has been implemented 06/23/2022

On 06/24/2022 the housekeeper was re-educated regarding the unlabeled container in the closet containing carpet pre-spray which was not properly labeled. Housekeeper verbalized understanding of appropriate labels on all poisonous materials. Housekeeper preformed second audit on all poisonous materials in the Cottage for proper labeling and storage; confirmed no other poisonous materials were noted unlabeled. This step has been implemented 06/24/2022

Administrative Assistant contacted the manufacturer VIA email on 06/24/2022 to request appropriate labels for container. (see attachment) Manufacturer will send permanent labels VIA mail. Temporary label faxed from manufacturer on 06/24/2022 and placed on container at 11am by Administrative Assistant. This step has been implemented 06/24/2022

On 07/01/2022 permanent label received from manufacturer VIA mail (see attachment). ALA placed label on carpet pre-spray bottle. This step was implemented 07/01/2022

Audits will be conducted weekly by housekeeper or maintenance director to ensure all poisonous materials are properly labeled and stored. If any poisonous material is noted to not be properly labeled during weekly audit; ALA to be made aware immediately and correction made at that time for appropriate label. This step has been implemented 07/05/2022.

Audits will be reviewed monthly by ALA or designee. (see attachment). This step has been implemented 07/05/2022.

All staff will be re-educated on regulation 2800.82.a and the importance of proper storage and labeling of all poisonous materials in the Cottage during shift meetings. (see attachment) This step has been implemented 07/05/2022.

Completion Date: 07/31/2022

183d Current medications**1. Requirements**

2800.

183d Current medications (continued)

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 6/23/2022 at approximately 11:30 AM, a 3 ounce bottle of Miconazole Nitrate 2% powder prescribed for Resident # 2, was in a locked container in the resident's room; however, the medication had an expiration date of 03/2021.

Plan of Correction**Accept**

On 06/23/2022 resident #2's expired powder was immediately removed and properly disposed. Medication audits will be performed on treatment boxes in resident's rooms. (see attachment). Audits will be conducted weekly x 4 weeks, then monthly audits ongoing thereafter. Nightshift supervisor or designee will be responsible for conducting audits.

All staff will be re-educated on regulation 2800.183.d. (see attachment).

Completion Date: 07/31/2022

Document Submission**Implemented**

On 06/23/2022 resident #2's expired powder was immediately removed and properly disposed. This step has been implemented 06/23/2022

Medication audits will be performed on treatment boxes in resident's rooms. (see attachment). Audits will be conducted weekly x 4 weeks, then monthly audits ongoing thereafter. Nightshift supervisor or designee will be responsible for conducting audits. This step has been implemented 07/05/2022

All staff will be re-educated on regulation 2800.183.d. (see attachment). This step has been implemented 07/05/2022

254a Records – discharge/active**1. Requirements**

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 06/22/2022 at approximately 9:30 AM, the Narcotic book containing records for various residents was found unlocked, unattended, and accessible sitting on top of the medication cart outside of rooms 29 and 31.

Plan of Correction**Accept**

On 06/23/2022 narcotic book was immediately placed inside of med cart and locked. All staff responsible for medication administration were re-educated on all resident records being locked inside of med carts when not in use. All additional med carts were audited by RSD for compliance and regulation at that time- all other carts in compliance.

Daily audits will be conducted x 30 days by RSD or RWD. After 30 days audits will change to weekly x 3 months then monthly x 3 months. (see attached).

All staff will be re-educated on the importance of securing resident records. (see attachment).

Completion Date: 07/31/2022

Document Submission**Implemented**

On 06/23/2022 narcotic book was immediately placed inside of med cart and locked. All staff responsible for medication administration were re-educated on all resident records being locked inside of med carts when not in use. All additional med carts were audited by RSD for compliance and regulation at that time- all other carts in compliance. This step has been implemented 06/23/2022.

254a Records – discharge/active (continued)

Daily audits will be conducted x 30 days by RSD or RWD. After 30 days audits will change to weekly x 3 months then monthly x 3 months. (see attached). This step has been implemented 06/24/2022.

All staff will be re-educated on the importance of securing resident records. (see attachment). This step has been implemented 07/05/2022.