

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

October 8, 2024

[REDACTED], VP OF OPERATIONS  
COLUMBIA COTTAGE-COLLEGEVILLE LLC  
901 E. MAIN STREET  
COLLEGEVILLE, PA, 19426

RE: COLUMBIA COTTAGE-  
COLLEGEVILLE, LLC  
901 E. MAIN STREET  
COLLEGEVILLE, PA, 19426  
LICENSE/COC#: 13892

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** COLUMBIA COTTAGE-COLLEGEVILLE, LLC      **License #:** 13892      **License Expiration:** 05/02/2025  
**Address:** 901 E. MAIN STREET, COLLEGEVILLE, PA 19426  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** COLUMBIA COTTAGE COLLEGEVILLE LLC  
**Address:** 901 E. MAIN STREET, COLLEGEVILLE, PA, 19426  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C 2 LP      **Date:** 12/18/1997      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 36      **Total Daily Staff:** 87      **Waking Staff:** 65

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 07/18/2024

**Inspection Dates and Department Representative**

07/18/2024    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 50      **Residents Served:** 29  
**Special Care Unit**  
**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**  
**Hospice**  
**Current Residents:** 7  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 29  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 22      **Have Physical Disability:** 0

**Inspections / Reviews**

07/18/2024 - Full  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 08/21/2024

Inspections / Reviews *(continued)*

08/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/28/2024

09/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2024

10/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/04/2024

10/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 07/18/24, the residence's current license, dated from May 2, 2024, until May 2, 2025, was not posted in a conspicuous and public place in the residence. The residence had the May 2, 2023 to May 2, 2024 license posted.

Plan of Correction

Accept ( [redacted] - 09/10/2024)

Current license was posted during the inspection. Photo of current posting attached. Starting Tuesday 08/28/24, and continuing monthly the first Tuesday of every month, Administrator (or designee) will confirm the current license is posted by looking at the public board where the license is posted, and confirming the dates on the license posting are current. After confirming the license is current, Administrator (or designee) will sign their name on a checklist monthly. An end date was not specified because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented ( [redacted] - 10/02/2024)

18 Other laws, regs, ordins.

2. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The residence has a designated smoking area outside, by the employee entrance. On 07/18/24 at 9:00 AM, no signs regarding smoking were posted by the front entrance. Assisted living residences are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations. According to the act, assisted living residences must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. It is recommended that "Smoking Permitted" signs be posted at outdoor designated smoking areas. If the building is a multi-purpose building (such as a building that has independent living and/or skilled nursing as well as personal care services), signs shall be posted at every entrance to the Assisted Living Residence part of the building.

The residence uses a natural gas fueled water heater. The water heater is located in the "High Hallway" maintenance closet. The residence has a carbon monoxide detector by the front of the building, outside of the kitchen. This carbon monoxide detector is not within a close proximity to the water heater. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

Plan of Correction

Accept ( [redacted] 09/10/2024)

Smoking signage was posted on both building entrances on 7/19/24. An additional carbon monoxide detector was placed in the "high hallway" where the maintenance closet is located on 7/24/24. Photos of smoking signage and carbon monoxide detectors attached. Starting 08/28/24, and continuing monthly the first Tuesday of every month,

**18 Other laws, regs, ordins. (continued)**

Administrator (or designee) will confirm smoking signage is posted at both entrances. Administrator (or designee) will also confirm the carbon monoxide detector is in its designated location the first Tuesday of every month. Administrator (or designee) will sign their name on a checklist (on the same checklist we will use for the license posting checks) monthly. An end date was not specified because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented (████ - 10/02/2024)

**42b Abuse/Neglect****3. 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 █████, at approximately █████, Staff Member A heard Resident 1 yelling "help me" in their room. Staff Member A went into the room and observed Staff Member B attempting to provide care to Resident #1 in the bathroom. Staff Member A reports that Resident appeared to be visibly scared, was wheezing, and crying for help. Staff Member A reported that Staff Member B was attempting to have Resident 1 stand by grabbing the resident's right arm, which was previously injured, and to which staff were made aware that Resident 1 was not to be assisted by that arm. Resident 1 requested that Staff Member B not grab that arm multiple times because Staff Member B was hurting them by using that arm. Staff Members A and B then assisted Resident 1 to a standing position and over to their bed. Resident 1 was unbalanced on their feet while standing and would occasionally tilt or move backwards for balance and required assistance of staff to remain standing. Staff Member A reported he/she witnessed Staff Member B yelling at Resident #1 to stop "throwing themselves back" when they were trying to remain balanced and when Resident 1 finally sat down on the bed, Staff Member B then became visibly frustrated and yelled that it was not the right place for the resident to sit down. Staff Member A also witnessed Staff Member B aggressively pushing Resident #1's arm away more than three times when Resident #1 was attempting to grab his/her enabler bar to assist in moving themselves in the bathroom and in their bed. Resident 1 also grabbed Staff Member B's arm when they couldn't grab the enabler bar to which Staff Member B then forcefully grabbed Resident 1's wrist to pull the resident off and push the resident's hand away from them. Staff Member B also used their own leg by kneeling on the bed to block Resident 1 from grabbing their enabler bar.

**Plan of Correction**

Accept (████ - 09/10/2024)

Staff Person B (agency staff) was terminated on █████. Abuse/Neglect staff reeducation completed on 07/08/24 by way of one on one conversations with staff, and 07/10/24 by way of staff meeting. Starting 08/28/24, and continuing the second Wednesday of every month, Administrator or designee will audit staff trainings monthly to ensure compliance with annual trainings including Abuse/Neglect. Administrator or designee will randomly select 4 staff members (on varying resident assignments) per month to interview, and 6 residents (on varying hallways) per month to interview to prevent this violation from re-occurring. Staff and resident interviews will start on 08/28/24, and will continue on the first Thursday of every month. An end date was not specified, because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented (████ - 10/08/2024)

65a Fire Safety-1st day

4. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person B, whose first date of work is undocumented with the home, but has been working in the home since 2023, has not received trainings in:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services..

Plan of Correction

Accept ( [redacted] - 09/10/2024)

Staff Person B (agency staff) was terminated on [redacted] A general fire safety and emergency preparedness training was held for all staff persons on 08/14/24. Administrator or designee will prevent this violation from re-occurring by permitting all staff persons from starting work until they have received general fire safety and emergency preparedness training. Starting 08/28/24, and continuing the second Wednesday of every month, Administrator or designee will audit staff trainings monthly to ensure compliance with annual trainings. Administrator or designee will ensure compliance by obtaining signatures from each staff member due to receive general fire safety and emergency preparedness training on a designated training sign-in sheet once training is complete. An end date was not specified because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented [redacted] - 10/08/2024)

65e Rights/Abuse 40 Hours

5. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65e Rights/Abuse 40 Hours (continued)

- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.
- 6. Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

**Description of Violation**

Staff Person B, whose first date of work is undocumented with the home, but has been working in the home since 2023, and has worked at least 40 hours in 2023 and 2024, has not received trainings in:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.
- 6. Core competency training that includes the following:
  - i. Person centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

**Plan of Correction**

Accept ( [redacted] - 09/10/2024)

Staff Person B (agency staff) was terminated on [redacted]. Moving forward, all staff including substitute/agency staff and volunteers will receive trainings and orientation as required. Administrator will prevent this violation from re occurring by permitting all new staff persons from working 40 hours until they have received training in the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.
- 6. Core competency training that includes the following:
  - i. Person centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

Starting 08/28/24, and continuing the second Wednesday of every month, Administrator will audit current and new staff files monthly to ensure compliance with annual trainings. An end date was not specified because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented ( [redacted] - 10/08/2024)

65i Training topics

6. Requirements

65i Training topics (continued)

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

**Description of Violation**

*Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, assisted living service needs of the resident, during training year 2023.*

*Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, assisted living service needs of the resident, during training year 2023.*

**Plan of Correction**

**Accept ( [redacted] - 09/10/2024)**

*Direct care staff person C will receive medication self-administration training prior to 8/30/24. Starting 08/28/24, and continuing the second Wednesday of every month, Administrator will audit current and new staff files monthly to ensure compliance with medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and assisted living service needs of the resident. An end date was not specified because this plan will continue indefinitely.*

**Licensee's Proposed Overall Completion Date: 08/30/2024**

**Implemented ( [redacted] - 10/08/2024)**

65j Annual training content

**7. Requirements**

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff Member C and Staff Member D did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), during training year 2023.*

65j Annual training content (continued)

Staff Member E did not receive training in the Older Adult Protective Services Act or fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2023 training year.

Plan of Correction

Accept ( [redacted] - 09/10/2024)

Staff member E was fire safety trained on 8/14/24. Staff members C and D will receive Older Adult Protective Services training prior to 08/30/24. Starting 08/28/24, and continuing the second Wednesday of every month, Administrator or designee will audit staff trainings monthly to ensure compliance with fire safety and OAPS annual trainings. Administrator or designee will ensure compliance by obtaining signatures from each staff member due to receive general fire safety and OAPS training on a designated training sign-in sheet once training is complete. Administrator or designee will audit current and new staff files monthly to ensure compliance. This monthly audit will end on 05/14/2025, and will be audited every 6 months thereafter.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ( [redacted] - 10/08/2024)

225a2 Assessment – significant change

8. 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

On [redacted], resident #1 was involved in an incident resulting in an immediate change to requiring a two person assist. Resident # 1’s assessment, dated [redacted], does not include the need for a two person assist for any care need. An additional written assessment or an update to the current ASP was not completed as of [redacted]

Plan of Correction

Accept ( [redacted] - 09/10/2024)

Resident's ASP was updated on [redacted]. Updated page of ASP attached. Administrator or designee will audit current resident files quarterly starting [redacted] to ensure compliance. An end date was not specified, because this plan will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented ( [redacted] - 10/08/2024)