

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

September 10, 2024

[REDACTED], ADMINISTRATOR
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 07/23/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLUMBIA COTTAGE WYOMISSING, LLC **License #:** 22464 **License Expiration:** 05/15/2025
Address: 3121 STATE HILL ROAD, WYOMISSING, PA 19610
County: BERKS **Region:** NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 61 **Waking Staff:** 46

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/23/2024

Inspection Dates and Department Representative

07/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 37

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:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 24 **Have Physical Disability:** 1

Inspections / Reviews

07/23/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/23/2024

09/03/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/10/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/06/2024

Inspections / Reviews *(continued)*

09/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a Resident abuse report

1. Requirements

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15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] Resident # 1 accused Staff A and Staff B of rape. Staff A disclosed the accusation to the Administrator on [redacted]. The Administrator reported the accusation to the local Area Agency on Aging on [redacted]

Plan of Correction

Accept ([redacted] - 09/03/2024)

Immediate Reporting Protocol Reinforcement:

Action: Conduct a mandatory training session for all staff, including administrators, on the requirements of the Older Adult Protective Services Act and 6 Pa. Code § 15.21—15.27. This training will emphasize the importance of immediate reporting of any suspected abuse.

Completion Date: 09/04/2024

Responsible Party: Training Coordinator/Administrator.

Revision of Reporting Procedures:

Action: Confirm that the residence's internal policies to include a clear, step-by-step procedure for reporting suspected abuse. This will include specific timelines (e.g., within 24 hours) for notifying the appropriate authorities and a checklist for staff to ensure compliance.

Completion Date: 08/28/2024

Responsible Party: Policy Review Committee/Administrator.

Implementation of a Monitoring System:

Action: Implement ongoing quarterly refresher courses on abuse reporting for all staff. Include case studies and scenarios to reinforce the importance of immediate reporting and the potential consequences of delayed action.

Completion Date: First session to be held by 9/04/2024 and quarterly thereafter.

Responsible Party: Training Coordinator/Administrator

Action: Perform quarterly audits of all abuse reports to ensure compliance with the immediate reporting requirements. Any identified delays will be addressed promptly, and corrective actions will be taken.

Completion Date: First audit to be conducted by 09/04/2024

Responsible Party: Compliance Officer.

Monitoring and Evaluation: The Administrator and Compliance Officer will oversee the implementation of this Plan of Correction, to ensure continued compliance and to make any necessary adjustments to the plan.

Completion and Follow-up: The residence commits to full compliance with all reporting regulations and will complete the corrective actions outlined above by 09/04/2024 Follow-up evaluations will be conducted quarterly to ensure that these corrective actions are sustained over time.

15a Resident abuse report (continued)

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 09/10/2024)

15b Resident abuse-superv plan

2. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Staff A was accused of raping Resident #1 on [redacted]. The Administrator was made aware of the accusation on [redacted]. Staff A continued to work on [redacted]. Staff A was scheduled off [redacted] the Staff A was placed on administrative leave. On [redacted] there was no plan of supervision in place for Staff A while on shift at the home.

Plan of Correction

Accept () - 09/03/2024)

Immediate Suspension or Supervision Protocol:

Action: Confirm that the residence's policy requires the immediate suspension or implementation of a close supervision plan for any staff member accused of abuse, pending investigation. This policy will apply immediately upon the receipt of any allegation, regardless of the staff member's schedule.

Completion Date: 08/28/2024

Responsible Party: Policy Review Committee/Administrator.

Staff Training on Abuse Allegation Response:

Action: Conduct mandatory training sessions for all staff, including administrators, on the proper procedures to follow when an allegation of abuse is made. This training will emphasize the importance of immediate suspension or supervision of the accused staff member.

Completion Date: 09/04/2024

Responsible Party: Training Coordinator/Administrator.

Quarterly Audits:

Action: Conduct quarterly audits to review all instances of abuse allegations to ensure that proper procedures were followed, including immediate suspension or supervision of the accused staff member.

Completion Date: First audit to be conducted by 09/04/2024 and quarterly thereafter.

Responsible Party: Compliance Officer.

Regular Communication with Authorities:

Action: Establish regular communication protocols with the local Area Agency on Aging and other relevant authorities to ensure that all allegations of abuse are reported promptly and that appropriate actions are taken in line with legal requirements.

Completion Date: 08/28/2024

15b Resident abuse superv plan (continued)

Responsible Party: Administrator/Compliance Officer.

Monitoring and Evaluation: The Administrator and Compliance Officer will oversee the implementation of this Plan of Correction. Progress will be reviewed monthly, and any deviations from the plan will be addressed immediately.

Completion and Follow up: The residence commits to full compliance with all regulatory requirements regarding the handling of abuse allegations. Follow up evaluations will be conducted quarterly to ensure the sustainability of these measures.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented [redacted] - 09/10/2024)

15c Supervision plan submission

3. Requirements

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15.c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

Staff A was accused of raping Resident #1 on [redacted]. The Administrator was made aware of the accusation on [redacted]. Staff A continued to work on [redacted]. There was no plan of supervision was submitted to the Department for Staff A to continue to work at the home, supervised. Staff A was placed on administrative leave on [redacted], pending the outcome of the investigation.

Plan of Correction

Accept [redacted] - 09/03/2024)

Staff A Suspension: As of [redacted], Staff A was placed on immediate administrative leave pending the outcome of the investigation. Staff A will not return to work until the investigation is fully resolved and a determination is made.

Notification to the Department: On July 18, 2024, a formal notice of suspension for Staff A was submitted to the Department, detailing the circumstances of the accusation and the actions taken.

Future Preventative Measures:

Policy Verification: The facility's policy regarding staff supervision in the event of an accusation of abuse or misconduct has been verified. This verification requires:

Immediate removal of any staff member accused of serious misconduct from direct resident care duties.

Submission of a supervision plan or notice of suspension to the Department within 24 hours of being informed of such an accusation.

Staff Training: All administrative and supervisory staff will undergo mandatory training on the revised policy, ensuring they understand the urgency and procedural steps required when handling accusations of abuse or misconduct. To be completed on 09/04/2024

Immediate Reporting Protocol: A protocol will be re enforced where any report of misconduct or abuse will trigger an automatic notification to the Administrator, who will then be required to submit a plan of supervision or notice of suspension within 24 hours.

Audits and Compliance Checks: The Administrator will conduct quarterly audits to ensure all staff are in compliance with the updated policy and that any accusations of misconduct are handled promptly and according to the established procedures.

15c Supervision plan submission (continued)*Monitoring and Evaluation:*

Ongoing Review: The Administrator will review all incidents involving staff accusations to ensure proper procedures are followed and that the Department is notified as required.

Follow-Up with the Department: The facility will maintain regular communication with the Department to provide updates on the investigation and ensure transparency throughout the process.

Documentation: All actions taken in response to the accusation will be thoroughly documented and made available to the Department for review.

Timeline for Implementation:

Immediate: Staff A was placed on administrative leave as of July [REDACTED]

Within 7 Days: Submission of the policy to the Department and training of administrative staff.

Within 30 Days: completion of staff training.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented ([REDACTED] - 09/10/2024)

16c Incident reporting**4. Requirements**

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16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] the Administrator was made aware Resident #1 accused Staff A and Staff B of rape. The Administrator reported this to the Department on [REDACTED], exceeding the reporting time requirement.

Plan of Correction

Accept ([REDACTED] - 09/03/2024)

Incident Reporting: The incident was reported to the Department on [REDACTED], along with a full account of the delay and the corrective actions being implemented.

Staff Suspension: Both Staff A and Staff B were placed on immediate administrative leave as of [REDACTED] pending the outcome of the investigation.

Corrective Measures:

Policy Reinforcement: The facility's incident reporting policy will be reinforced to all staff, emphasizing the importance of reporting any abuse or serious misconduct allegations within 24 hours as required by the Department and in accordance with § 2800.15. To be completed by 09/04/2024 by Administrator.

Administrator Training: The Administrator and all key management staff will undergo mandatory training on incident reporting protocols, including the legal and regulatory requirements for timely reporting of abuse allegations. To be completed by 09/04/2024

Immediate Reporting Protocol: Policy to be reviewed in depth by Administrators and Key Leadership Team during Quarterly meeting to be held 9/20/24, which includes:

Immediate notification to the Department within 24 hours of receiving any allegations of abuse or serious misconduct.

Documentation and follow-up to ensure that the report has been received by the Department.

16c Incident reporting (continued)

Incident Reporting Checklist: An incident reporting checklist will be developed to guide staff through the reporting process. This checklist will include step-by-step instructions to ensure compliance with the 24-hour reporting requirement.

Monitoring and Compliance:

Ongoing Audits: The facility will conduct monthly audits to ensure compliance with the incident reporting policy. These audits will review all reported incidents and verify that they were reported to the Department within the required timeframe.

Administrator Review: The Administrator will be required to review all incident reports before submission to ensure accuracy and timeliness.

Compliance Logs: A log will be maintained to track all incidents, the time they were reported to the Department, and any follow-up actions taken. This log will be reviewed quarterly by the facility's compliance officer.

Preventative Measures:

Staff Communication: Regular meetings will be held with staff to discuss the importance of timely incident reporting and to review any recent incidents and the facility's response.

Emergency Reporting Contact List: An updated contact list for the Department's assisted living residence office and the assisted living residence complaint hotline will be made available in all staff areas to facilitate immediate reporting.

Timeline for Implementation:

Within 24 Hours: Incident reporting was completed on July 18, 2024.

Within 7 Days: The updated incident reporting policy will be distributed to all staff, and training for the Administrator and key management will be scheduled.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [REDACTED] - 09/10/2024)