

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

October 21, 2024

[REDACTED], VICE PRESIDENT
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 08/28/2024, 09/03/2024, 09/04/2024 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-HERSHEY, LLC **License #:** 33024 **License Expiration:** 05/02/2025
Address: 103 N. LARKSPUR DRIVE, PALMYRA, PA 17078
County: LEBANON **Region:** CENTRAL

Administrator

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

Legal Entity

Name: COLUMBIA COTTAGE-HERSHEY LLC
Address: 103 N. LARKSPUR DRIVE, PALMYRA, PA, 17078
Phone: [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:** 73 **Waking Staff:** 55

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 09/04/2024

Inspection Dates and Department Representative

08/28/2024 - On-Site: [REDACTED]
09/03/2024 - On-Site: [REDACTED]
09/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 60 **Residents Served:** 40

Special Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice
Current Residents: 3

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 40
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 33 **Have Physical Disability:** 15

Inspections / Reviews

08/28/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/05/2024

Inspections / Reviews (*continued*)

10/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/11/2024

10/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/04/2024

10/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16d Final Incident report

1. Requirements

2800.

16.d. The residence shall submit a final report, on a form prescribed by the Department, to the Department's assisted living residence office immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED], the residence submitted an incident of alleged abuse between Resident #1 and their spouse occurring in the resident's room on [REDACTED]. Via the incident report, the residence reports they are completing an investigation into the incident. At the time of the [REDACTED] inspection, the residence did not submit a final report to the Department but reports the investigation has been completed.

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/30/2024 by the Managing Director to finalize and submit the findings of the investigation to the department.

To enhance the currently compliant operations, on 09/30/2024 the Managing Director will educate all team members responsible for submitting reportable incidents to the department on the timeline expectations, with a completion date of 10/18/2024.

Effective 09/30/2024 the Resident Services Director will perform weekly Audits through 12/31/2024 to maintain ongoing compliance with completion and timeliness of reporting. Any deficiencies will be corrected immediately, and findings will be documented for review and continuous improvement. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented [REDACTED] - 10/21/2024)

23a ADL assistance

2. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident #2, indicates the resident requires weighted cups, large-handled utensils, small juice glasses for all liquids to maintain independence, and a scoop plate for meals. At approximately [REDACTED], Resident #2 was eating lunch and was not provided weighted cups, large-handled utensils, small juice glasses, a scoop plate, and was not feeding themselves.

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

23a ADL assistance (continued)

1. on 10/18/2024 by the Managing Director to Immediate Action was taken to purchase appropriate items for the resident.
2. beginning 10/7/2024 with expected completion by 10/18/2024 the Resident Services Director and Managing Director will audit all ASPs to ensure everyone has items needed for their specified diets to provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

To enhance the currently compliant operations:

1. on 10/03/2024 the Managing Director will educate direct care staff on the importance of reporting resident changes in preference and abilities, with a completion date of 10/18/2024.
2. on 10/03/2024 the Managing Director will educate Resident Services Director on the importance of reflecting changes on support plan to ensure continuity of care, with a completion date of 10/04/2024.

Implementation of preventive actions will be overseen by the Managing Director, with an overall completion date of 10/18/2024.

Effective 10/03/2024 the Resident Services Director will perform Quarterly Audit through 12/31/2025 to maintain ongoing compliance Resident Services Director will audit all ASPs to ensure everyone has items needed for their specified diets to provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented [REDACTED] - 10/21/2024)

25b Contract signatures and renewal

3. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #3 did not sign his/her resident-residence contract, dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. the Managing Director's immediate action is to complete an audit of all agreements for signatures completion by 10/18/2024
2. 10/7/2024 the Managing Director will educate the Admissions Liaison and Resident Services Director on the importance of obtaining signatures or marks from all parties involved.

25b Contract signatures and renewal (continued)

To enhance the currently compliant operations, between 10/07/2024- 10/18/2024 the Managing Director will audit all admission paperwork after new admissions to ensure all parties have provided signatures.

Effective November, 1, 2024, the Managing Director will perform quarterly audits through 12/31/2025 to maintain ongoing compliance. The designated person will conduct quarterly audits of admission paperwork to ensure completion. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented () - 10/21/2024)

81b Resident equip – good repair

4. 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

On 9/3/24, Resident #3's enabler bar attached to their bed had an uncovered opening of approximately 10.5 inches by 7 inches, posing an entrapment risk for the resident.

Plan of Correction

Accept () - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/30/2024 by the Managing Director to Immediate action was to properly place the cover on the enabler bar.

To enhance the currently compliant operations:

1. beginning on 10/03/2024 the Managing Director will educate all team members on proper placement of enabler bars and covers, with a completion date of 10/18/2024.
2. on 09/30/2024 the Resident Services Director will have enabler bars checks listed as a task for direct care team members to complete every shift, with a completion date of 10/03/2024.

Implementation of preventive actions will be overseen by the Managing Director, with an overall completion date of 10/18/2024.

Effective 10/07/2024 the Managing Director will perform quarterly audit through 12/31/2025 to maintain ongoing compliance with the designated team member will audit task lists for completion. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented () - 10/21/2024)

91 Telephone Numbers

5. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in Resident #3's and Resident #6's rooms.

Plan of Correction

Accept () - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2024 by the Managing Director's to create emergency phone number magnets and place on the back of every resident's door.

To enhance the currently compliant operations, on 10/07/2024 the Managing Director will have daily checks placed as a task for homemakers to check in Point of Care to ensure compliance. (On going)

Effective 11/1/24 the Managing Director will perform a quarterly audit through 12/31/2025 to maintain ongoing compliance with designated staff member will conduct a quarterly audit of documentation to ensure completion and compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented () - 10/21/2024)

101j7 Lighting/operable lamp

6. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 9/3/24, the lamp on Resident #2's nightstand was not within their reach if they were in bed.

Plan of Correction

Accept () - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 09/17/2024 by the Managing Director to Immediate action was to purchase tap lights.*
2. *Between 10/04/2024 and 10/18/2024 the Managing Director will complete a walk through to see what other residents would benefit from tap lights.*

To enhance the currently compliant operations:

1. *Beginning 10/04/2024 the Managing Director will be placing a tap light within reach of the resident. Expected completion by 10/18/2024.*
2. *on 10/07/2024 the Managing Director will educate team members of the importance, purpose and*

101j7 Lighting/operable lamp (continued)

functionality of lamps, with a completion date of 10/18/2024.

- 3. on 10/07/2024 the Maintenance will begin conducting weekly checks to ensure operability and placement of tap lights (ongoing).

Implementation of preventive actions will be overseen by the Managing Director, with an overall completion date of 12/31/2024.

Effective 10/18/2024 the Managing Director will perform monthly audits of the maintenance checklists through 12/31/2025 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented (████) 10/21/2024)

107d Procedure EMA submission

7. Requirements

2800.

- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures were submitted to the local municipality on (████), and not again until (████)

Plan of Correction

Accept (████) - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the Managing Director to Immediate action was to send Emergency Procedures at time of survey.

To enhance the currently compliant operations, on 10/03/2024 the Managing Director will Reminder placed in Outlook Calendar to complete annually in August, with a completion date of 10/03/2024.

Effective 10/07/2024 the Managing Director will perform a monthly audit through 08/31/2025 to maintain ongoing compliance with ensuring written emergency procedures are reviewed, updated and submitted annually to the local emergency management agency. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented (████) - 10/21/2024)

141b1 Annual medical evaluation

8. Requirements

2800.

- 141.b. A resident shall have a medical evaluation:

141b1 Annual medical evaluation (continued)

1. At least annually.

Description of Violation

Resident #3's annual medical evaluation, completed on [REDACTED], does not include the results of their Tuberculin skin test or chest x-ray completed or administered on [REDACTED].

Resident #7's annual medical evaluation, completed on [REDACTED], does not include the results of their Tuberculin skin test or chest x-ray completed or administered on [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/27/2024 by the Resident Services Director to immediate action was to correct the medical evaluations.
2. By 10/25/2024 by the Resident Services Director to audit of all medical evaluations to check for compliance.

To enhance the currently compliant operations, on 10/07/2024 the Resident Services Director will educate the Resident Wellness Directors on the importance of accuracy and compliance in filling out the medical evaluation, with a completion date of 10/18/2024.

Effective 10/07/2024 the Resident Services Director will perform quarterly audits through 12/31/2025 to maintain ongoing compliance RSD will check for completion of medical evaluations. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented [REDACTED] - 10/21/2024)

142b Secure care-choice of phys

9. Requirements

2800.

142.b. The residence shall assist the resident to secure medical care and supplemental health care services.

Description of Violation

Resident #7 requires assistance to secure medical care and services. Per staff report, the resident is witnessed to cough "all the time" when drinking thin liquids between August and September 2024. The home has not assisted the resident with securing medical care related to swallowing concerns witnessed by staff.

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/23/2024 by the Resident Wellness Director to Immediate action was to downgrade resident to nectar thick liquids.
2. on 09/06/2024 by the Resident Wellness Director obtained order for Speech Consult.

142b Secure care choice of phys (continued)

To enhance the currently compliant operations, on 09/30/2024 the Resident Services Director will educate Resident Wellness Directors on the importance of coordinating care and when it is appropriate to use nursing measures to downgrade a resident's texture, with a completion date of 10/18/2024.

Effective 10/07/2024 the Resident Services Director will perform weekly reviews through 12/31/2024. To maintain ongoing compliance monthly meetings to be held with Wellness Directors and Coordinators to discuss residents and if any care needs to be coordinated. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented [REDACTED] - 10/21/2024)

182b Prescription medication**10. Requirements**

2800.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Per staff report, staff who do not hold a current medical license, or have completed a department approved medication administration course, have administered prescribed medicated creams and ointments to residents. According to Resident #6's [REDACTED] progress note completed by Staff Member A, the resident is prescribed [REDACTED], apply to buttocks topically two times a day for [REDACTED], and the ointment is to be applied by homemakers, not a nurse. The residence defines a homemaker as a staff who does not hold a current medical license or has not completed a department approved medication administration course.

Plan of Correction

Accept [REDACTED] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/07/2024 by the Managing Director to Working with pharmacy to obtain treatment carts.
2. On 10/7/2024 the Managing Director educated team members on the importance of only having nurses or med techs complete prescription treatment.
3. By 10/18/2024 the Resident Services Director will audit all MARs to ensure that no prescriptions are given to residents by unqualified staff members.

To enhance the currently compliant operations, on 10/07/2024 the Resident Services Director will This designated staff member will complete monthly audits of the MAR to ensure compliance, with a completion date of 12/31/2024.

182b Prescription medication (continued)

Effective 10/18/24 the Resident Services Director will perform monthly audits through 12/31/2025 to maintain ongoing compliance with prescription medication that is not self administered by a resident. It will be administered by a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies, and a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 10/21/2024)

225a1 Assessment – annually

12. Requirements

2800.

225.a.1. 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: Annually.

Description of Violation

Resident #8's annual assessment, completed on [redacted], reads, the resident will be verbally aggressive with staff and irritable towards staff during personal care. However, per staff report, the resident has been physically aggressive (hitting, grabbing, and smacking) towards staff during personal care services. The resident's [redacted] assessment and support plan does not include an assessment of their current needs with agitation, irritation, and aggression, or a support plan for the identified concerns.

Plan of Correction

Accept [redacted] - 10/04/2024)

In response to the violation on 08/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2024 by the Resident Services Director to update residents support plan with current needs.

To enhance the currently compliant operations, between 10/07/2024 and 10/18/2024 the Resident Services Director will conduct a training on Safe Management Techniques. and education on updating resident assessments and support plans to reflect their current needs.

Resident Services Director will audit all support plans by November 1st to ensure support plans are current and reflect current information.

Effective 10/03/2024 the Resident Wellness Director will perform quarterly audits through 12/31/2025 to maintain ongoing compliance with the administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN completing additional written assessments for each resident, and a residence using its own assessment form if it includes the same information as the Department's assessment form, and additional written assessments being completed annually. Any deficiencies will be corrected immediately, and findings will be documented and reported

225a1 Assessment – annually (continued)

to the Managing Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([REDACTED] - 10/21/2024)