

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

April 11, 2025

[REDACTED]  
COLUMBIA COTTAGE-COLLEGEVILLE LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025 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:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 12/18/1997      **Issued By:** Dept of Labor and Industry

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 44      **Waking Staff:** 33

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Monitoring      **Exit Conference Date:** 03/25/2025

**Inspection Dates and Department Representative**

03/25/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 50      **Residents Served:** 23  
**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:** 23  
**Diagnosed with Mental Illness:** 15      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 21      **Have Physical Disability:** 1

**Inspections / Reviews**

03/25/2025 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/13/2025

04/11/2025 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 04/11/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

04/11/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

121a Unobstructed egress

1. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 9:22 AM, a large carpet cleaner was outside and in front of the right door which blocked egress from the residence's emergency exit near room [REDACTED]

Plan of Correction

Accept [REDACTED] 04/11/2025)

The large carpet cleaner that was blocking the exit has been immediately removed to restore full access to the egress route by the Managing Director (MD) on 3/25/2025. Moving forward, during the MD's daily walk-through of the residence, the MD or designee will inspect egress routes for hazards. A monthly inspection of all egress routes will be conducted by a MD or designee to ensure compliance with fire safety regulations. Inspections will be documented by MD or designee, and any identified obstructions will be addressed immediately. Monthly inspections will begin immediately and continue for 3 months.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [REDACTED] - 04/11/2025)

125a Combustible storage

2. Requirements

2800.

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

Description of Violation

On [REDACTED] at 9:23 AM a straw broom, cardboard boxes and plastic bins were located in a maintenance closet next to a heater.

Plan of Correction

Accept [REDACTED] - 04/11/2025)

The hazardous materials have been immediately removed from the maintenance closet on 3/25/2025 by the Managing Director (MD). These materials have been relocated to a designated storage area, away from heat sources, in accordance with fire safety standards. During the MD's daily walk-through of the residence, the MD or designee will inspect maintenance closets for hazards. A thorough inspection of all maintenance closets will be conducted monthly to ensure no other combustible materials are stored near heat sources. Monthly inspections will be documented by MD or designee, and any identified obstruction will be addressed immediately. To ensure ongoing compliance, monthly inspections will begin immediately and continue for 3 months.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [REDACTED] - 04/11/2025)

144c2 Smoking area distance

3. Requirements

2800.

144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

144c2 Smoking area distance (continued)

Description of Violation

The residence's designated smoking area outside the residence is located on the side of the building where there is a smoking tower. However this area is not a safe distance from heat sources, hot water heaters, combustible or flammable materials. On [redacted] at 9:13 AM there were two red gas cans in front of a lawn mower in the smoking area.

Plan of Correction

Accept [redacted] - 04/11/2025)

The gas cans were immediately removed and relocated to a designated, safe storage area, away from the designated smoking area on 3/25/2025 by the Maintenance Manager. During the MD's daily walk through of the residence, the MD or designee will inspect smoking area for hazards. Monthly inspections of the smoking area will be conducted and documented by the MD or designee. To ensure compliance with regulations, monthly inspections will begin immediately and continue for 3 months.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [redacted] - 04/11/2025)

183d Current medications

4. Requirements

2800.

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 [redacted] a blister pack of [redacted] tablets prescribed for resident [redacted] was in the residence's medication cart; however, the medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 04/11/2025)

The discontinued medication has been removed from the medication cart and properly disposed of according to 2800.183.f. on 3/25/2025 by the Managing Director. The MD or designee qualified to administer medications will complete a weekly audit of all medications in the medication cart to ensure there are no discontinued medications. Any discontinued medications found during this audit will be removed by the MD or designee. All staff qualified to administer medications will be reeducated on the safe storage, access, security, distribution, and use of medications by the MD or designee by 4/22/2025. The documentation of reeducation will be forwarded to the Department of Human Services on 4/22/2025. To ensure ongoing compliance, the audits will be conducted and documented weekly for 3 months by the MD or designee.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [redacted] 04/11/2025)

183e Storing Medications

5. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], [redacted] prescribed for resident [redacted] and with an open date of [redacted], was in the home's

183e Storing Medications (continued)

medication cart. According to the manufacturer's instructions these should have been discarded by [REDACTED]

Resident [REDACTED] blister pack of [REDACTED] had a tear at pill 1, the pill was still inside the packaging.

Resident [REDACTED] blister pack of [REDACTED] tablets was torn at pill 31 and taped over to hold in the pill.

Plan of Correction

Accept [REDACTED] - 04/11/2025)

The medications in question for Resident [REDACTED] and Resident [REDACTED] were disposed of properly on [REDACTED] in accordance with 2800.183.f by the Resident Wellness Director. The MD or designee qualified to administer medications will complete a weekly audit of all medications in the medication cart to ensure there are no expired medications and proper storage of medications. Any discontinued or expired medications will be identified and removed immediately by the MD or designee. All staff qualified to administer medications will be reeducated on the safe storage, access, security, distribution, and use of medications by the MD or designee by 4/22/2025. The documentation of reeducation will be forwarded to the Department of Human Services on 4/22/2025. To ensure ongoing compliance, these audits will be conducted and documented weekly for 3 months by the MD or designee.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [REDACTED] - 04/11/2025)

184a Resident meds labeled

6. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident [REDACTED] reads "Apply every 8 hours a needed", however the correct order is "Apply to right breast fold topically 3 times a day for 14 days". There was no change of direction sticker on the medication.

Plan of Correction

Accept [REDACTED] - 04/11/2025)

To immediately correct the situation, a change of direction sticker was placed on the medication to indicate the updated instructions on 3/25/2025 by the Resident Wellness Director. A weekly audit will be conducted and documented by the MD or designee qualified to administer medications. All staff qualified to administer medications will be reeducated on the safe storage, access, security, distribution, and use of medications by the MD or designee by 4/22/2025. The documentation of reeducation will be forwarded to the Department of Human Services on 4/22/2025. To ensure ongoing compliance, these audits will begin on 4 11/2025 and continue weekly for 3 months by the MD or designee.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented [REDACTED] - 04/11/2025)

185a Storage procedures

7. Requirements

185a Storage procedures (continued)

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

Resident [redacted] is prescribed [redacted], instill 1 drop in both eyes every 12 hours as needed. On [redacted] this medication was not available in the residence.

Plan of Correction

Accept [redacted] - 04/11/2025)

The medication was ordered and was available in the residence on 3/26/2025. The administrator or designee shall review and update, if necessary, the residence's procedures for the safe storage, access, security, distribution and use of medications. All staff persons qualified to administer medications will be reeducated on the policies and procedures for the safe storage, access, security, distribution and use of medications. This training will be conducted by the MD or designee by 4/22/2025. Documentation of education will be kept and forwarded to the Department of Human Services on 4/22/2025.

Licensee's Proposed Overall Completion Date: 04/22/2025

Implemented [redacted] - 04/11/2025)

187a Medication record

8. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] apply to right shoulder topically one time a day for shoulder pain, remove Lidocaine patch every 12 hours. However, resident's [redacted] medication administration record does not include "remove [redacted] every 12 hours".

Plan of Correction

Accept [redacted] 04/11/2025)

The medication administration record for Resident [redacted] has been updated to include the instruction to 'remove [redacted] every 12 hours' by MD on [redacted]. All staff persons qualified to administer medications will be

187a Medication record (continued)

reeducated on the policies and procedures for the safe storage, access, security, distribution and use of medications. This training will be conducted by the MD or designee by 4/22/2025. Documentation of education will be kept and forwarded to the Department of Human Services on 4/22/2025. The MD or designee will complete weekly medication administration record audits to ensure the physician orders match the medication administration record. To ensure ongoing compliance, these audits will be conducted and documented weekly for 3 months by the MD or designee.

Licensee's Proposed Overall Completion Date: 04/22/2025

Implemented [redacted] - 04/11/2025)

9. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet, give 2 tablets every 6 hours for pain. However, resident's [redacted] medication administration record indicates "AN / Agency Nurse" administered this medication at 18:00 on [redacted] and [redacted]. Mutiple agency staff members have used the same login. The individual who administered this medication each time cannot be determined.

Plan of Correction

Accept [redacted] - 04/11/2025)

As of 4/9/2025, all agency personnel were given individualized logins to the medication record by the MD. When a new agency nurse is scheduled, the MD or designee will provide them with an individualized login that will include their name and initials. The MD or designee will ensure ongoing compliance by checking the medication administration record for correct login credentials during the weekly medication cart audits. These audits will be conducted weekly and continuing for 3 months. All agency staff persons qualified to administer medications will be reeducated on the policies and procedures for the safe storage, access, security, distribution and use of medications. This training will be conducted by the MD or designee ongoing as new agency staff are scheduled. Documentation of education will be kept.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] - 04/11/2025)

187b Date/time of med admin

**10. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident [REDACTED] was prescribed [REDACTED] give on half tablet by mouth every 12 hours as needed for 14 days. Resident [REDACTED]'s [REDACTED] medication administration record does not include the initials of the staff person who administered this medication on [REDACTED] at 14:20.

**Plan of Correction**

**Accepted** [REDACTED] - 04/11/2025)

All staff persons qualified to administer medications will be reeducated on the policies and procedures for the safe storage, access, security, distribution and use of medications. This training will be conducted by the MD or designee by 4/22/2025. Documentation of education will be kept and forwarded to the Department of Human Services on 4/22/2025. The MD or designee will complete weekly medication administration record and narcotic medication administration record audits to ensure the medication administration records match. To ensure ongoing compliance, these audits will be conducted and documented weekly for 3 months by the MD or designee.

Licensee's Proposed Overall Completion Date: 04/11/2025

**Implemented** [REDACTED] - 04/11/2025)