

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

July 8, 2025

[REDACTED], MANAGING DIRECTOR
COLUMBIA COTTAGE - LINGLESTOWN LLC
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110

RE: COLUMBIA COTTAGE -
LINGLESTOWN
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 33781

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2025, 06/11/2025 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 - LINGLESTOWN License #: 33781 License Expiration: 04/19/2026
 Address: 1000 ALEXANDRA LANE, HARRISBURG, PA 17110
 County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: COLUMBIA COTTAGE - LINGLESTOWN LLC
 Address: 1000 ALEXANDRA LANE, HARRISBURG, PA, 17110
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 08/30/2021 Issued By: LOWER PAXTON TWSHP

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/11/2025

Inspection Dates and Department Representative

06/10/2025 - On-Site: [REDACTED]
 06/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 76 Residents Served: 70

Special Care Unit
 In Home: Yes Area: Memory Care Capacity: 22 Residents Served: 19

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 26 Have Physical Disability: 1

Inspections / Reviews

06/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/03/2025

06/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/04/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/07/2025

Inspections / Reviews *(continued)*

07/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/10/25, at 3:05 PM, a pink sticky substance was observed in the freezer of one of the kitchenettes. The floor of this kitchenette was also very sticky when walked on.

Plan of Correction

Accept (█ - 06/27/2025)

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2025 by the Food Service Director to clean the freezer and floor of the kitchenette.

To enhance the currently compliant operations, the MD/Designee will educate all staff on maintaining sanitary conditions.

Effective 06/30/2025 the MD/Designee will perform audits to maintain ongoing compliance. Will audit random kitchenettes on a weekly basis to ensure sanitary conditions are being met. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/01/2025

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented (█ - 07/08/2025)

92 Windows/screens

3. Requirements

2800.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 6/10/25, at 3:00 PM, two open windows with no screens were observed in two separate kitchenettes.

Plan of Correction

Accept (█ - 06/27/2025)

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2025 by the RSD to Close the windows. On 6/11/25, Dining aids were educated that all windows without screens are to be remained closed.

To enhance the currently compliant operations:

1. on 06/11/2025 the RSD/Designee placed a reminder notice "all windows without screens must be closed" on all kitchenette windows without screens.
2. the MD/Designee will educate all staff that windows with no screens must remain closed in the kitchenettes.

92 Windows/screens (continued)

Effective 06/24/2025 the MD/Designee will perform weekly audits to ensure kitchenette windows with no screens are always closed to ensure sanitary conditions are being met. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () - 07/08/2025

95 Furniture & Equipment

4. Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/10/25, at 3:10 PM, a freezer door handle was observed to be broken off and removed in one of the kitchenettes.

Plan of Correction

Accept () - 06/27/2025

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2025 by the Maintenance Department to attach the handle to the refrigerator.

To enhance the currently compliant operations:

1. the MD/Designee will educate staff that furniture and equipment must be in good repair, clean and free of hazards.
2. on 06/23/2025 the Maintenance department will maintain a stock of the clips used to fasten the door handle to the freezer.

Effective 06/30/2025 to maintain ongoing compliance, the Maintenance Coordinator/Designee will perform weekly audits through 08/01/2025 on fridge/freezer units to ensure furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () - 07/08/2025

103e Leftovers

5. Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated, uncovered stainless steel container of fruit in one of the kitchenette refrigerators. There was also a tray of unlabeled cupcakes in another refrigerator of a different kitchenette.

103e Leftovers (continued)

Plan of Correction

Accept () - 06/27/2025

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2025 by the Food Service Director to remove the container of fruit. Cupcakes were covered and labeled.

To enhance the currently compliant operations, the MD/Designee will educate all staff on the importance of food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. All leftover food shall be covered, labeled, and dated.

Effective 06/30/2025 the Food Service Director/Designee will perform weekly audits on each kitchenette refrigerator ensuring food served and returned from an individual's plate is not served again or used in the preparation of other dishes, and all leftover food is covered, labeled, and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () - 07/08/2025

141b1 Annual medical evaluation

6. Requirements

2800.

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

- 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept () - 06/27/2025

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2025 by the Managing Director to educate the RSD that the DME needs to be completed annually based on the date the resident was last seen by the doctor.

To enhance the currently compliant operations, the Regional RN will provide a resident listing on a quarterly basis that reflects when each resident's annual completion date is due for DME's.

The Management team has identified a concern with outside providers signing and returning DME's in a timely manner. The clinical team will meet monthly to discuss upcoming annual DME's to proactively start the process. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () - 07/08/2025

185a Storage procedures

7. Requirements

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

On 6/11/25 at 10:00 AM Resident #3's Dexcom blood glucose readings were reviewed. Resident #3's Dexcom logbook history did not reflect the same saved readings as [redacted] medication administration record (MAR), as evidenced by the following:

On 6/1/25 a Dexcom reading of 252 was observed, a reading of 181 was documented on the MAR for this date.

On 6/2/25 a Dexcom reading of 253 was observed, a reading of 192 was documented on the MAR for this date.

On 6/7/25 a Dexcom reading of 0 was observed, a reading of 99 was documented on the MAR for this date.

On 6/8/25 a Dexcom reading of 252 was observed, a reading of 138 was documented on the MAR for this date.

On 6/9/25 a Dexcom reading of 251 was observed, a reading of 145 was documented on the MAR for this date.

On 6/10/25 a Dexcom reading of 251 was observed, a reading of 128 was documented on the MAR for this date.

On 6/11/25 a Dexcom reading of 252 was observed, a reading of 97 was documented on the MAR for this date.

Plan of Correction

Accept ([redacted] - 06/27/2025)

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2025 by the RSD to educate nurses/med techs on how to utilize the Dexcom to properly save the blood sugar readings on the Dexcom meter so that the saved reading matches the MAR.

To enhance the currently compliant operations, on 06/30/2025 the RSD/Designee will ensure that all newly hired med techs know the proper way of saving blood sugar readings on the Dexcom meter while performing initial med tech observations - which will be reflected on the med tech observation form under "other".

To maintain ongoing compliance the RSD will review Dexcom protocol during annual med tech observations to ensure the residence is developing and implementing procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Beginning on 6/30/25, the RSD will perform weekly audits of random Dexcom Meters to ensure the blood sugar log matches the MAR. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented ([redacted] - 07/08/2025)

191 Resident right to refuse

8. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 Resident right to refuse (continued)

Description of Violation

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept ([REDACTED] - 06/27/2025)**

In response to the violation on 06/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2025 by the Managing Director to educate the resident that they have a right to refuse medication if they believe that there is an error.

To enhance the currently compliant operations, on 06/11/2025 the Managing Director reviewed all new resident files to ensure that they had been educated on resident's right to refuse medication. The "right to refuse medication if they believe there may be a medication error" statement was added to their admission resident right form and initialed. Any deficiencies were noted and corrected.

Effective 06/30/2025 to maintain ongoing compliance "The Resident's right to refuse medication if the resident believes that there may be a medication error" will be added by the Managing Director to the bottom of resident right form that is reviewed and completed upon admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025**Implemented ([REDACTED] - 07/08/2025)**