

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

July 14, 2025

COLUMBIA COTTAGE WYOMISSING LLC, LEGAL ENTITY  
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 COLUMBIA COTTAGE WYOMISSING LLC,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2025 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,

A large black rectangular redaction box covering the signature area.

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: COLUMBIA COTTAGE WYOMISSING, LLC License #: 22464 License Expiration: 05/15/2026  
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] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/29/1996 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 48 Total Daily Staff: 96 Waking Staff: 72

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 06/25/2025

**Inspection Dates and Department Representative**

06/25/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: 50 Residents Served: 33  
Special Care Unit  
In Home: No Area: Capacity: Residents Served:  
Hospice  
Current Residents: 1  
Number of Residents Who:  
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 15 Have Physical Disability: 0

**Inspections / Reviews**

06/25/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2025

07/03/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 07/03/2025  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/10/2025

Inspections / Reviews *(continued)*

07/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

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

At approximately 9:20 a.m. the home did not have their current license posted in a public and conspicuous place.

Plan of Correction

Accept (█ - 07/03/2025)

The current license was immediately located and posted in the main entry area in a clearly visible and accessible location while the inspectors were still on site. The Executive Director or designee will conduct monthly audits to ensure the license, inspection summary, and chapter copy remain posted.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█ - 07/14/2025)

103e Leftovers

2. 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

At approximately 10:15 a.m., there was an unlabeled, undated Saran wrapped covered salad in the kitchen's left side True Refrigerator.

Repeat violation: 6/11/24.

Plan of Correction

Accept (█ - 07/03/2025)

Plan of Correction: The unlabeled salad was discarded immediately. All kitchen staff were re-educated on food labeling and dating procedures, including during shift changes and after food service. A daily kitchen walkthrough and refrigerator check have been implemented by the Food Service Director or designee. Documentation of checks will be kept for 30 days.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█ - 07/14/2025)

105g Dryer lint removal

3. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:15 a.m., there was an approximate 1-inch accumulation of lint in the lint trap of the laundry room's top right dryer. There were no clothes in the dryer at the time.

105g Dryer lint removal (continued)

Plan of Correction

Accept (█) - 07/03/2025

Plan of Correction: The lint trap was cleaned immediately. All housekeeping and Resident Services Coordinators were retrained on proper lint removal procedures. A log has been implemented to document lint trap cleaning after each dryer use. The Maintenance Coordinator will review logs weekly for compliance.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█) - 07/14/2025

141a Medical evaluation

4. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.

Description of Violation

The medical evaluation form dated █ for resident #1 did not include a list of the resident's medications.

Plan of Correction

Accept (█) - 07/03/2025

Plan of Correction: Resident #1's physician was contacted and a corrected medical evaluation, including current medications, was obtained and filed. Admissions staff were retrained on reviewing incoming evaluations for completeness. A checklist is now used during the admission process to verify required components.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█) - 07/14/2025

162c Menus - posted

5. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 9:30 a.m. the home did not have the menu for the current week of 6/22/25 to 6/28/25 or the following week's menu for 6/29/25 to 7/5/25 posted.

Plan of Correction

Accept (█) - 07/03/2025

Plan of Correction: Menus were located and posted immediately during inspection. Going forward, menus will be verified and posted by the Food Service Director each Friday for the upcoming week. A visual check will be added to the daily opening checklist for the kitchen.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█) - 07/14/2025

227g Support plan - signatures

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**6. Requirements**

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2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

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The support plan dated [REDACTED] for resident #2 was not signed by the resident and there was no indication that the resident was unable to or refused to sign the plan.

**Plan of Correction****Accept** ([REDACTED] - 07/03/2025)

Plan of Correction: Resident #2 was re-engaged and signed the current plan. Staff involved in support plan development were retrained to ensure documentation of all signatures or documented refusals/inability. A new audit form was introduced to verify all required sign-offs before finalization.

**Licensee's Proposed Overall Completion Date:** 07/03/2025**Implemented** ([REDACTED] - 07/14/2025)

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