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

December 16, 2025

COLUMBIA COTTAGE WYOMISSING LLC

RE: COLUMBIA COTTAGE WYOMISSING, LLC
3121 STATE HILL ROAD
WYOMISSING, PA, 19610
LICENSE/COC#: 22464

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2025, 09/18/2025, 10/10/2025 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,

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: [redacted]
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: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *10/14/2025*

Inspection Dates and Department Representative

09/17/2025 - On-Site: [redacted]
09/18/2025 - Off-Site: [redacted]
10/10/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *35*

Special Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *25*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *18* **Have Physical Disability**: *0*

Inspections / Reviews

09/17/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/14/2025*

Inspections / Reviews *(continued)*

11/24/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *12/02/2025*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date**: *11/26/2025*

12/16/2025 Document Submission

Submitted By: [redacted]
Date Submitted: *12/02/2025*
Reviewer: [redacted]
Follow Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Thorough interviews with staff, it was noted that Resident ██ has a history of making verbally inappropriate comments of a████ nature to both residents and staff of the home. On █████ at 9:01 p.m. Staff Person A observed Resident ██ in Resident ██ apartment. Staff person A stated Resident ██ was discovered with a hand down the front of Resident ██ incontinence brief and stated the resident told staff that "██ asked me to scratch it for ██ Staff of the home confirmed the residents did not associate with one another prior to the incident and stated that Resident ██ is known to wander into other resident's rooms. As per Resident ███ most recent medical evaluation dated████, the resident has a diagnosis of unspecified dementia. During interviews with staff, it was noted that Resident ██ needs an assist of 2 staff members to get out bed, noted the resident needs total assistance with all ADL's and would not have the ability to consent to being touched intimately by Resident ██. The home was unable to implement any measures to prevent the incident from occurring.

Plan of Correction ***Accept (██ - 11/24/2025)***

1. How the Violation Was Corrected (Immediate Corrective Action Taken)

Upon discovery of the incident on 09/15/2025 at 9:01 p.m., Staff Person A immediately removed Resident ██ from Resident ██'s apartment and ensured Resident███ safety. The Managing Director and Resident Wellness Director were notified promptly.

Resident██ was placed on 1:1 supervision during sleeping hours to prevent unsupervised wandering.

A 30-day discharge notice was issued to Resident ███responsible party on 09/19/2025 due to safety concerns.

Resident ██ moved out on 09/23/2025.

Resident ██was assessed for any changes in condition; resident was sent to ER for evaluation, POA declined aggressive measures, resident was seen by in house CRNP on 09/17/2025, no changes or concerns noted.

These actions eliminated immediate risk and ensured no further interactions between the residents occurred.

2. How the Facility Will Identify Other Residents at Risk

The Resident Wellness Director conducted a review of all residents who:

Have dementia or impaired ability to consent,

Require total assistance with ADLs, or

Are at risk due to elopement or wandering behaviors.

42b Abuse/Neglect (continued)

All residents identified as vulnerable were reviewed for room access risks, supervision needs, and safety plan adequacy. No additional incidents were identified.

3. Systemic Changes Implemented to Prevent Recurrence
a. Wandering and Room Entry Prevention Measures

All resident doors were checked to ensure proper functioning of installed door alarms or monitoring devices.

Staff were re assigned to ensure heightened hallway monitoring during evening and nighttime hours.

Resident #1's incident was reviewed by the interdisciplinary team, and the process for responding to residents with disinhibition, sexually inappropriate behaviors, or wandering was updated.

b. Staff Training

All direct care staff received refresher training on: 10/01/2025

Regulation 2800.42(b) regarding prevention of neglect, abuse, and mistreatment.

Recognizing and responding to sexually inappropriate behaviors.

Proper supervision for residents with dementia and/or wandering tendencies.

Immediate steps required upon observing unsafe or boundary crossing behaviors.

Training was completed on 10/01/2025 and will be added to new hire orientation going forward.

Licensee's Proposed Overall Completion Date: *11/17/2025*

Implemented [redacted] 12/16/2025)