

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

December 16, 2025

[REDACTED]
COLUMBIA COTTAGE-HERSHEY LLC
[REDACTED]

RE: COLUMBIA COTTAGE-HERSHEY, LLC
103 N. LARKSPUR DRIVE
PALMYRA, PA, 17078
LICENSE/COC#: 33024

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2025, 10/01/2025 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-HERSHEY, LLC License #: 33024 License Expiration: 05/02/2026
 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: [REDACTED]
 Phone: [REDACTED] Email: [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: 64 Waking Staff: 48

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Complaint Exit Conference Date: 10/01/2025

Inspection Dates and Department Representative

09/30/2025 - On-Site: [REDACTED]
 10/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 41

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: 23 Have Physical Disability: 0

Inspections / Reviews

09/30/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2025

11/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/15/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2025

Inspections / Reviews *(continued)*

11/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2025

12/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at approximately 9:25 AM, a task list with residents' personal information such as incontinence concerns was unlocked, unattended, and accessible inside the drawer of a storage cabinet in the low hall near room 26.

On [redacted] at approximately 10:30 AM, the screen of a wall tablet was unlocked, unattended and accessible. An Agent of the Department was able to click on the pre-filled username and password screen and log on to the home's electronic records program. Residents' personal information including dates of birth and social security numbers for Resident [redacted] and Resident [redacted] were accessible.

On [redacted] at approximately 11:10 AM, the narcotic log containing residents' personal information was unlocked, unattended and accessible on the side compartment of the medication cart.

Plan of Correction

Accept ([redacted] 11/03/2025)

Immediately on 9/30/25, the VP of Operations removed the paper from the storage cabinet drawer. On the same date, the narcotic book was put in the locked narcotic drawer in the med cart by the nurse that was assigned to that cart, for confidentiality purposes. The confidentiality issue with the wall kiosk was called in immediately to our IT department, by our Regional Nurse, and they were able to disable immediate access to any resident information, requiring a complete username and password be entered every time for logging in. Staff will be as reeducated by MD (Managing Director) by 11/7/25 on regulation 2800.17 in relation to the violation regarding confidentiality and HIPAA. Education attendance will be submitted when completed. To monitor ongoing compliance, MD (Managing Director) and RSD (Resident Services Director, LPN) will walk throughout the Cottage daily throughout the day to make sure that no confidential information is in public sight. This will start on 11/10/25. This will continue for 4 weeks.

We will discuss this at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented ([redacted] - 12/16/2025)

63a First Aid/CPR 1:35

2. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

63a First Aid/CPR 1:35 (continued)

Description of Violation

On [REDACTED] from 11:00 PM to 7:00 AM, 40 residents were present in the residence. During this time only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

An audit was completed by the VP of Operations of all staff members to see who still needs to complete CPR and First Aid training. The audit is included in the attachments. Education will be done by the MD for the RSD on November 7, 2025. Education of the RSD will be sent after the training. The plan is to train all staff to be CPR and First Aid certified. RSD will hold bimonthly classes that will be started by 11/19/25 until all staff members are fully trained and certified. The first class will be held on 11/12/2025. In the interim, RSD will ensure that there are at least 1 staff person for every 35 residents that is CPR and First Aid certified in the community at all times. To ensure ongoing compliance, RSD will check the schedule weekly to make sure that there are adequately trained staff on all 3 shifts. RSD or designee will also monitor the CPR/First Aid Certificates to make sure that they are up to date.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [REDACTED] - 12/16/2025)

65e Rights/Abuse 40 Hours

3. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 6. Core competency training that includes the following:
 - i. Person-centered care.

Description of Violation

Staff Person A, hired on [REDACTED] did not receive an orientation training within 40 scheduled working hours that included core competency training for person centered care for residents residing in the home relating to the use of Hoyer lifts and oxygen concentrators.

Staff Person B, hired on [REDACTED], did not receive an orientation training within 40 scheduled working hours that included core competency training for person centered care for residents residing in the home relating to the use of Hoyer lifts and oxygen concentrators.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/12/2025)

The 2 staff persons that did not have the initial training documented on the core competencies of oxygen usage and Hoyer lifts were from a staffing agency. These 2 staff persons did not return to the Cottage to work again, in order to be retrained. Education will be provided to the RSD on 2800.65.e on 11.7.25. To rectify this issue going forward, an agency orientation binder was developed by the RSD with all of the core competency trainings. This orientation binder was sent by the RSD to the Agencies with which CC Hershey uses along with the acknowledgement sheet that they have to complete and fill out PRIOR to working at the Cottage. This orientation binder and acknowledgement

65e Rights/Abuse 40 Hours (continued)

sheet is attached for review. To ensure ongoing compliance RSD and MD will ensure that the acknowledgement form is returned for proof that the agency staff was trained prior to working in the Cottage.

This process commenced on 11/3/2025 and will be reviewed by RSD with 24 hours of agency staff working onsite. This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented (████ - 12/16/2025)

65j Annual training content

4. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).

Description of Violation

Staff Person C, hired on █████ did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708) during the 2024 training year.

Staff Person D, hired on █████ did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708) during the 2024 training year.

Plan of Correction

Accept (████ - 11/12/2025)

Staff person C is no longer an employee with CC Hershey. █████ was terminated on █████, with █████ last day worked of 7/16/25. Staff person D is currently on medical leave. When Staff person D returns, MD will train employee in regard to the violation concerning regulation 2800.65.j in regard to OAPSA.

MD will educate himself on 2800.65.j on November 7, 2025. To ensure ongoing compliance the MD will develop a training plan at the beginning of every year in conjunction with the Regional RN and the RSD. This training plan will include all of the necessary training that is required per the 2800 regulations.

Quarterly audits commencing on 12/8/2025 will be completed for a period of six months to ensure regulatory compliance. Managing Director will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (████ - 12/16/2025)

69 Dementia training

5. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff Person E, hired on █████, did not receive the 4 hours of dementia-specific training within 30 days of hire.

69 Dementia training (continued)

Plan of Correction

Accept (█ - 11/12/2025)

The staff person that did not have the initial dementia specific training documented with in 30 days, is an agency staff person. █ was trained by the Agency █ was employed by on or around 10/13/2025. Education will be provided to the RSD by the MD on regulation 2800.69 on November 7, 2025. To rectify this issue going forward, an agency orientation binder was developed by the RSD with all of the core competency trainings, including dementia care. This orientation binder was sent by the RSD to the Agencies with which CC Hershey uses along with the acknowledgement sheet that they have to complete and fill out PRIOR to working at the Cottage. This orientation binder and acknowledgement sheet is attached for review. To ensure ongoing compliance RSD and MD will ensure that the acknowledgement form is returned for proof that the agency staff was trained prior to working in the Cottage.

This process commenced on 11/3/2025 and will be reviewed by RSD with 24 hours of agency staff working onsite.

RSD or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented █ 12/16/2025)

91 Telephone Numbers

6. 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 room █ and █

Repeated Violation - █, et al

Plan of Correction

Accept █ - 11/03/2025)

An audit was done by the VP of Operations to make sure that all of the resident rooms have a placard that lists the telephone numbers that are required by the 2600.91 regulation on October 8, 2025. This placard will be framed and attached to the wall on the inside of the resident rooms. Education was provided to the housekeeper on regulation 2800.91 on November 7, 2025. The housekeeper will be responsible for checking for the emergency number placards in the rooms when cleaning the rooms. To ensure ongoing compliance the MD will do a weekly audit of resident rooms to make sure that all contain a list of the emergency numbers. This audit will commence the week of November 3rd, 2025, for a period of 4 weeks by the MD. After that time, the MD will make spot audits to ensure that the listing of numbers is present.

MD or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

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

Implemented █ - 12/16/2025)

103f Fridge/Freezer Temps

7. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] at approximately 12:05 PM, the temperature in the kitchen refrigerator by the dishwashing area was 42 degrees Fahrenheit. On [redacted] at approximately 2:00 PM, it was 42 degrees Fahrenheit.

There was no thermometer in the freezer located in the kitchenette.

Plan of Correction

Accept [redacted] - 11/03/2025)

A thermometer was placed in the country kitchen refrigerator immediately by the Maintenance Manager on 9/30/25 upon discovery. The refrigerator in the kitchen was repaired on 10/2/25. A new refrigerator was purchased and is expected to be delivered the week of 11/3/25. Education will be completed on November 7, 2025, on regulation 2800.103.f for the dietary workers on the acceptable temperatures. To ensure ongoing compliance, the staff in the kitchen will keep a daily temperature log commencing the week of November 3, 2025. If the temperature is out of range, the kitchen staff will immediately report to the MD, and a repair call will be placed by the MD. The refrigerator and freezer in the country kitchen will also have a temperature log attached that will be checked by staff daily.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [redacted] 12/16/2025)

107d Procedure EMA submission

8. 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 reviewed and submitted to the local management agency on [redacted]. The previous submission was on [redacted].

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 11/03/2025)

The written emergency procedures were sent to the local management agency on 9/25/25 by VP of operations. The Managing Director (MD) will ensure that the emergency procedures are sent in advance of 9/25/26. Education will be provided for the MD by the VP of Operations on 11/6/25. MD will place a reminder in [redacted] computer calendar for August 20, 2026, to ensure that the procedures are sent well in advance of the due date.

MD will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [redacted] - 12/16/2025)

125b Combustible res. access

9. Requirements

2800.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [REDACTED] at approximately 11:55 AM, two full propane tanks were unlocked, unattended, and accessible to residents near the grill located in the interior courtyard patio.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

When discovered during the survey on 9/30/25, the propane tanks were immediately unhooked from the grill and removed from the courtyard and placed in a secured shed by the Maintenance Manager. Maintenance Manager will be educated on regulation 2800.125.b by the MD on November 6, 2025. To ensure ongoing compliance, the MD and the maintenance manager will do weekly walkthroughs of the courtyards to make sure there are no hazardous materials accessible to the residents. This will commence on 11/3/2025 for a period of four weeks Maintenance Manager will be responsible for ongoing compliance. This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [REDACTED] 12/16/2025)

183b Medications and syringes locked

10. Requirements

2800.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On [REDACTED], a bottle of Biofreeze colorless gel, two tubs of [REDACTED] and one tube of [REDACTED] were unlocked, unattended, and accessible in Resident [REDACTED]'s bedroom.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/12/2025)

Resident [REDACTED] and [REDACTED] were immediately placed in a locked container by medication technician on 10/1/2025 in Resident [REDACTED] room. The resident was educated by RSD on 10/21/2025 that these medications must be locked in the box at all times. All medication technicians will be educated by RSD on 11/7/2025 that prescription medications, OTC medications, CAM and syringes are to be kept in an area or container that is locked, including medications and syringes in the resident's living unit. The RSD or designee will check all rooms weekly to ensure there are no unlocked prescription medications, OTC medications, CAM or syringes in resident rooms. Immediate actions will be taken if medications, OTC medications, CAM or syringes are found unlocked. This will be completed weekly x 4 then monthly thereafter. These will commence on 11/10/2025. RSD or designee will be responsible for ongoing compliance. This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/08/2025

183b Medications and syringes locked (continued)

Implemented [redacted] - 12/16/2025)

183e Storing Medications

11. 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] at approximately 11:05 AM, 1 loose pill was located in the High Hall medication cart.

On [redacted] at approximately 11:30 AM, 2 loose pills were in the Low Hall medication cart.

On [redacted], Resident [redacted] prescribed [redacted] expired on [redacted]

On [redacted], Resident [redacted]s prescribed [redacted] expired on [redacted].

Resident [redacted] medication did include the date of when it was opened.

Plan of Correction

Accept [redacted] - 11/03/2025)

Resident [redacted] Resident [redacted]s [redacted], and Resident [redacted]'s [redacted] were immediately removed from the cart by the Medication Technician on 10/1/2025 and reordered from the pharmacy to be replaced. High and Low Hall med carts were inspected by the Medication Technician on 10/1/2025 and cleaned to remove any loose pills. Medication technician's will be educated by RSD on 11/7/2025 on the importance of checking the carts for loose medications and checking medications to ensure the medications are not expired.

The RSD or designee will be responsible for completing weekly medication cart audits which will commence on the week of November 3rd, 2025, for 4 weeks and then monthly thereafter.

RSD or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 12/16/2025)

184a Resident meds labeled

12. Requirements

2800.

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

Description of Violation

Resident [redacted] cream is prescribed to apply two times a day to both arms and legs. However, the pharmacy label states apply to the affected area of the rash three times a day.

184a Resident meds labeled (continued)

Plan of Correction

Accept (█ - 11/03/2025)

Resident █ was removed the cart by the Medication Technician on 10/1/2025. The order was clarified by █ PCP. The pharmacy was notified to send a new label with the correct order entered onto the medication label: Apply to b/l legs and arms topically two times a day for rash.

Medication technician's will be educated by RSD on 11/7/2025 to follow the 5 rights of medication administration. They are not to administer a medication if the label does not match the PCP's order but seek clarification from the PCP and the Pharmacy.

The RSD or designee will check 5 residents' medications and compare the order to the PCP's orders to ensure they match. This will commence the week of 11/3/2025 and be completed weekly x 4 then monthly thereafter.

RSD or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented █ - 12/16/2025)

185a Storage procedures

13. 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

Resident █ is prescribed █ as needed. On █ this medication was not available in the residence.

Resident █ is prescribed █ and █ as needed. On █ these medications were not available in the residence.

Resident █ is prescribed █ as needed. On █ this medication was not available in the residence.

Resident █ is prescribed █ and █ as needed. On █ these medications were not available in the residence.

Plan of Correction

Accept █ - 11/03/2025)

The Resident Wellness Director immediately notified the pharmacy that medications for Resident █, █, Resident █, █ and █, Resident █ and █ and Resident █ and █ needed to be filled and sent to the Cottage as soon as possible so that the meds would be available if the residents needed the medications. This occurred on 10/1/2025.

All medication technicians will be educated by RSD on 11/7/2025 on the importance of ensuring all ordered medications are available to be administered, including 'as needed' medications. The process for reordering medications will be reviewed by RSD as well.

The RSD or designee will check 5 residents' medications to ensure all of the medications are available in the medication cart. This will commence the week of November 3rd, 2025, and be completed weekly x 4.

185a Storage procedures (continued)

RSD or designee will be responsible for ongoing compliance.
This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 12/16/2025)

187b Date/time of med admin

14. 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] is prescribed [redacted] with orders to take one tablet by mouth four times a day. Resident [redacted] September 2025 medication administration record does not include the initials of the staff person who administered the medication on [redacted] at 4:00 PM.

Plan of Correction

Accept [redacted] - 11/03/2025)

Resident [redacted] was not documented as given on 9/25/25 at 4 pm. The medication technician responsible for the missed documentation was educated on the 5 rights of medication administration and to always document on the eMAR when a medication is administered.

Medication technician's will be educated by RSD on 11/7/2025 on the importance of following the 5 rights of medication administration and to always document on the eMAR when a medication is administered.

The RSD or designee will check the Missed Documentation Report in PCC weekly to ensure all medications and treatments administered are also documented on the eMAR. This will commence on November 3rd, 2025, for a period of four weeks.

RSD or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented ([redacted] 12/16/2025)

227d Support plan – med/dental

15. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident [redacted] current medical evaluation, dated [redacted] includes the diagnoses of [redacted] and [redacted]. [redacted] and [redacted]. The resident's current support plan, dated [redacted] does not address how these needs will be met.

227d Support plan – med/dental (continued)

Plan of Correction

Accept [REDACTED] 11/03/2025)

Resident [REDACTED] ASP was immediately updated to include the missing diagnoses of [REDACTED] and [REDACTED], BLE [REDACTED] and [REDACTED] and included how these needs will be met by RSD on 10/1/2025.

The RSD responsible for completing the ASP is no longer employed at the Cottage. The current RSD was educated by Managing Director on 11/7/2025 to include on the ASP all diagnoses and how the needs will be met that are listed on the Documentation of Medical Evaluation per the resident's PCP.

The Regional Nurse will review all New Admission and Significant Change ASPs within 30 days of completion to ensure all applicable diagnoses are listed on the ASP including how the needs will be met related to the diagnoses. This will commence on 11/3/2025 for a period of four weeks.

The Regional nurse or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented ([REDACTED] - 12/16/2025)