

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

March 23, 2026

[REDACTED]  
COLUMBIA COTTAGE - LINGLESTOWN LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/20/2026, 01/21/2026, 01/23/2026 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:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 08/30/2021      **Issued By:** Lower Paxton Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 76      **Waking Staff:** 57

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 01/21/2026

**Inspection Dates and Department Representative**

01/20/2026 - On-Site: [REDACTED]

01/21/2026 - On-Site: [REDACTED]

01/23/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 76      **Residents Served:** 67

**Special Care Unit**

**In Residence:** Yes      **Area:** Memory Care      **Capacity:** 22      **Residents Served:** 19

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 66

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 9      **Have Physical Disability:** 1

**Inspections / Reviews**

01/20/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/20/2026

Inspections / Reviews (*continued*)

## 02/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/02/2026

## 02/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2026

## 03/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan (ASP), dated [redacted] indicates the resident requires assistance with toileting and staff are to assist the resident to the toilet every 2 hours. On the following days and times, the resident did not receive this assistance as required in the ASP:

- On [redacted], the resident was not toileted from 8:30 PM until 12:15 AM on [redacted].
- On [redacted], the resident was not toileted from 9:00 PM until 1:00 AM on [redacted].
- On [redacted], the resident was not toileted from 1:30 AM until 6:20 AM.
- On [redacted], the resident was not toileted from 8:30 PM until 12:30 AM on [redacted].
- On [redacted], the resident was not toileted from 9:00 PM until 12:49 AM on [redacted].
- On [redacted], the resident was not toileted from 8:09 PM until 1:00 AM on [redacted].
- On [redacted], the resident was not toileted from 8:09 PM until 12:19 AM on [redacted].

Resident [redacted] ASP, dated [redacted], indicates staff are to assist with transfers using two-person assist and a gait belt. On the following days and times, the resident did not receive this assistance as required in the ASP:

- On [redacted] the resident transferred from [redacted] bed to [redacted] wheelchair and transferred from [redacted] wheelchair to the toilet with only one staff member present.

Plan of Correction

Accept [redacted] 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the RSD on 1/23/26 to verbally review the ADL support plan for Resident #1 during the staff stand-up meeting.

To enhance the currently compliant operations, the RSD/MD/MCD or designee will educate staff on following the assessment and support plan for Resident Care. (ASP) Education will be completed by 3/10/26.

To maintain ongoing compliance, beginning on 2/23/26 the MCD/Designee will observe staff providing care 1x weekly for four weeks to ensure the resident's ASP is being followed.

Effective 3/10/26, Staff members that have been educated and continue to not follow the ASP will be reported to Human Resources by the RSD/MD/MCD or designee for the appropriate disciplinary actions. Any deficiencies will be corrected immediately, and the findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [redacted] - 03/23/2026)

42b Abuse/Neglect

2. Requirements

42b Abuse/Neglect (continued)

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

On [redacted] at 3:30 PM, Staff Member J observed Resident [redacted] pushing Resident [redacted] Resident [redacted] fell to the ground on [redacted] left hand. As a result, Resident [redacted] sustained 2 abrasions on the underside of [redacted] left forearm. Each abrasion was approximately 1 and 1/2 to 2 inches long.

Plan of Correction

Accept [redacted] - 02/25/2026)

In response to the violation on 01/23/2026 by the Pennsylvania Bureau of Human Service Licensing, Immediate Action was taken on 1/5/26 to separate the residents. LPN completed an assessment. PCP was contacted and a treatment plan was initiated for the abrasions. Adult protective services were notified of the event (orally and in writing). BHSL notified of the event via an incident reporting form. POA notified.

To enhance the currently compliant operations, Resident was seen by Behavioral Health on 1/9/26.

To maintain ongoing compliance, Staff will be educated by the RSD/MD/MCD or designee on observing and reporting any possible behavioral triggers. Education to be completed by 3/10/26.

Resident will continue to be seen by Behavioral Health every 4-6 weeks. The Behavioral Healthcare Manager will send an email report after each visit to the Linglestown Team with any updates to the Resident's plan of care. The RSD/MCD/Designee will update staff and the ASP with any changes.

Staff was present and supervising the residents during the time of the incident and reported that there were no triggering factors prior to the event. Resident will continue to be seen by Behavioral Health to identify any possible triggers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [redacted] - 03/23/2026)

82c Locked poisons

3. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] at 9:30 AM, the following items were observed, unlocked, unattended and accessible to residents in the public bathrooms located in the Special Care Unit (SCU):

- A bottle of baby powder with a caution label stating, "Caution: for external use only. Avoid contact with the eyes. Do not apply to broken, irritated skin. Keep powder away from child's face to avoid inhalation, which can cause breathing problems. Keep out of reach of children. Close tightly after use."

82c Locked poisons (continued)

- Two bottles of Lysol disinfectant spray with a manufacturer's label stating, "Hazards to humans and domestic animals."
- A 4 oz container of zinc oxide paste skin protectant with a manufacturer's label stating, "Keep out of reach of children. In case of accidental ingestion, get medical help or contact a poison control center right away."
- A 20 oz container of petroleum jelly skin protectant with a manufacturer's label stating, "Keep out of reach of children. If swallowed, get medical help or contact a poison control center right away."

None of the residents in the SCU have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 02/23/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/20/26 by the Memory Care Director to remove all poisonous items from the public bathrooms. Housekeeper educated on 1/20/26 not place Lysol Disinfectant spray or any cleaning products in unlocked cabinets. Care Staff were verbally educated at stand-up meeting on 1/20/26 on the importance of poisonous materials being locked and inaccessible to residents.

To enhance the currently compliant operations, Maintenance personnel were directed to install locks on the public bathroom cabinets which was completed on 2/12/26.

To maintain ongoing compliance, all care staff will again be educated by RSD/MCD/MD or designee on the importance of poisonous materials being locked and inaccessible to residents. Education will be completed by 3/10/26

Effective 2/22/26, The Memory Care Director/Designee will perform weekly audits of the Memory Care public bathrooms for a period of four weeks to maintain ongoing compliance with ensuring that no poisonous materials are accessible to residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/23/2026)

183f Discontinued medications

4. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

Staff Members P and Q indicated during interviews that if a loose pill is found, it would be disposed of in a sharps container. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

## 183f Discontinued medications (continued)

**Plan of Correction**

Accept [REDACTED] - 02/25/2026)

*In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Services Licensing, The RSD/Designee will educate nurses/med techs on the proper method of destroying medications. Education to be completed by 3/10/26.*

*To enhance the currently compliant operations, the RSD/Designee will ensure that newly hired med techs/nurses know the proper way to dispose of medications during their initial training after orientation.*

*Beginning 3/2/26 To maintain ongoing compliance the RSD/Designee will observe and audit staff disposal of medications. This will occur once weekly for four weeks to ensure proper disposal of proper medications.*

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [REDACTED] - 03/23/2026)

## 187d Follow prescriber's orders

**5. Requirements**

2800.

187.d. The residence shall follow the directions of the prescriber.

**Description of Violation**

*Resident [REDACTED] was prescribed [REDACTED] with orders to give 1 tablet by mouth at 3:00 AM for sleep disturbance. However, this medication was not administered to the resident on [REDACTED] at 3:00 AM due to the medication not being available in the residence, and the resident wasn't administered this medication on [REDACTED] due to the resident sleeping.*

*Resident [REDACTED] is prescribed [REDACTED] with orders to inhale 1 puff orally one time a day for unspecified asthma uncomplicated. However, this medication was not administered to the resident from [REDACTED] due to the medication not being available in the residence.*

*Resident [REDACTED] is prescribed [REDACTED] with orders to give 1 tablet by mouth in the morning for [REDACTED]. However, this medication was not administered to the resident on [REDACTED] and on [REDACTED] due to the medication not being available in the residence.*

Repeated Violation - [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 02/23/2026)

*In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action by the RSD had been taken at the time of the above violations to ensure medication was ordered and available for the next medication pass.*

*To enhance the currently compliant operations, the MD/RSD/Designee will educate nurses and med techs on the importance of ordering medications in a timely manner. Education to be completed by 3/10/26.*

187d Follow prescriber's orders (continued)

To maintain ongoing compliance, beginning 2/22/26 the RSD will review a Medication Audit Report from PCC 2x weekly to ensure medications are available. Any deficiencies will be corrected immediately and finding will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/23/2026)

190a Completion of course—meds

6. Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member F, who has not successfully completed the Department-approved medications administration course, due to a course total 76.72, administered medications to residents to include the following:

- [redacted]
- [redacted]
- [redacted]

Staff Person G, who has not successfully completed the Department-approved medications administration course, due to a course total of 48, administered medications to the following residents at the following times:

- [redacted]
- [redacted]

Staff Member H, who has not successfully completed the Department-approved medications administration course, due to a course total of 53, administered medications to residents to include the following:

- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/22/26 by the Regional Clinical Educator and Compliance Director to review protocol for completing the proper paperwork for a department-approved medications administration course with the RSD.

To enhance compliance operations, Staff Member F and Staff Member H were re-enrolled in the department-approved medication administration course and will complete by 3/10/26.

Please note that the department-approved medication administration course completion certificate was provided by Staff Person G and is attached.

**190a Completion of course—meds (continued)**

*Effective 2/22/26 to maintain ongoing compliance the Regional Clinical Educator and Compliance Director will complete reviews of Department Approved Medications administration course paperwork for compliance for all current med techs by 3/16/26. After the initial review the Regional Clinical Educator and Compliance Director will complete monthly reviews for all new med techs to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** 03/16/2026

**Implemented** [REDACTED] - 03/23/2026)

**190c Record of training****7. Requirements**

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

*The 2025 Annual Practicum record for Staff Member E does not include the exact date for the completed medication administration record reviews and medication administration observations. Also, on the 2025 Annual Practicum record, the second medication administration record review located on page 1, dated "8/25", on the medication record review checklist does not indicate if the staff had passed or failed the review. Neither medication administration record reviews located on page 2 indicate the date passed, and the staff member's name is not listed.*

*The 2025 Annual Practicum record for Staff Member I does not include the exact date for the completed medication administration record reviews and medication administration observations. The completion date on the 2025 Annual Practicum record is listed as "9/21", which is the same date listed under the original qualification date. Also, the 2025 Annual Practicum record is signed by the trainer but is not dated as to when the trainer signed the record.*

**Plan of Correction**

**Accept** [REDACTED] 02/25/2026)

*In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/22/26 by the Regional Clinical Educator and Compliance Director to review protocol for completing the proper paperwork for a department approved medications administration course with the RSD.*

*To enhance compliance operations, Staff Member E and Staff Member I had their paperwork reviewed and completed correctly by the Regional Clinical Educator and Compliance Director*

*Effective 2/22/26 to maintain ongoing compliance the Regional Clinical Educator and Compliance Director will complete reviews of Department Approved Medications administration course paperwork for compliance for all current med techs by 3/16/26. After the initial review the Regional Clinical Educator and Compliance Director will complete monthly reviews for all new med techs to ensure compliance.*

190c Record of training (continued)

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/23/2026)

202 Prohibitions

8. Requirements

2800.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [redacted] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt [redacted] escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [redacted]'s assessment and support plan (ASP), dated [redacted], states "[redacted] - Due to combativeness with care, family is agreeable to have staff swaddle arms with a sheet when completing care" initiated by Staff Member B, the Memory Care Director. During interviews with Staff Members B, C, L, M, N, O and P, staff confirmed a "swaddling" technique is used when providing care to Resident #8 to prevent the resident from swinging [redacted] arms at staff, grabbing staff, hitting staff and pinching staff. Staff cross the resident's arms across [redacted] chest. Then staff wrap a sheet, blanket or towel from behind one of the resident's shoulders, down and around the opposite arm's elbows. Staff confirmed they have been trained on this technique, and this technique was last used the week of [redacted]. Staff stated Resident [redacted] responds to this technique by cussing and trying to get out of the swaddle.

Plan of Correction

Accept [redacted] 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/23/26 by the Memory Care Director to discontinue the "swaddling" technique and update the ASP.

To enhance currently compliant operations on 1/23/26, the MCD/RSD initiated staff education that the swaddling technique was discontinued. Education to be completed by 3/10/26. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Resident on hospice services and ceased to breathe on 2/17/26. Unable to audit care at this time. Death was reported to BHSL on 2/18/26.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [redacted] - 03/23/2026)

225b Assessment content

9. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

- 6. The resident's need for special diet or meal requirements.

225b Assessment content (continued)

Description of Violation

Resident [redacted] current assessment, dated [redacted] indicates resident is on a heart healthy diet. However, the resident's current assessment, dated [redacted], does not include this information.

Plan of Correction

Accepted [redacted] - 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, the RSD updated the ASP to reflect a Heart Healthy diet.

To enhance compliant operations, the RSD/Designee will audit all Resident ASP's to confirm that the diet listed on the DME matches the diet noted on each Resident ASP. Audit to be completed by 3/10/26.

To maintain ongoing compliance the MD will educate the RSD/MCD to update ASP's with any diet changes. Education to be completed by 3/10/26.

Beginning 3/1/26 The Regional Staff Development Manager will complete quarterly reviews of all Resident ASP/DME to ensure the diet orders match.

The DME stated that resident is on a heart healthy diet. The ASP reflected that resident is on a regular diet. Per the HPSI Diet Manual signed by the Physician and Director of Food & Nutrition the regular diet served at the cottage is considered a heart-healthy diet - as reflected on page 1 of the HPSI diet manual. Therefore, the ASP did meet the minimum requirements of stating the resident's need for a special diet.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [redacted] 03/23/2026)

227d Support plan – med/dental

10. 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

On [redacted], Resident [redacted] had a fall. As a result, the resident requires a two-person assist with transfers. However, the resident's current support plan, dated [redacted] does not reflect this change.

227d Support plan – med/dental (continued)

Plan of Correction

Accept [redacted] - 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the RSD on 1/23/26 to update the ASP to reflect Resident's 2-person assist for transfers.

To enhance the currently compliant operations, the MD will educate the RSD on updating ASP's to support Resident current conditions. Education to be completed by 3/10/26.

To maintain ongoing compliance the RSD/designee will audit ASPs of residents that currently require a 2-person assist to ensure that the ASP matches the resident's needs. To be completed by 3/16/26.

Beginning 3/1/26 The Regional Staff Development Manager will complete quarterly reviews of all Resident ASP/DME to ensure the transfer orders match.

Please note: Per therapy notes as of 1/15/26, Resident was still evaluated as a 1-person assist for transfers. After staff reported the Resident experiencing increased weakness the RSD instructed staff to use a 2 assist until [redacted] transfer status could be clarified with therapy. The ASP had not yet been updated due to awaiting an official reply from therapy services.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/23/2026)

228b Discharge or transfer

11. Requirements

2800.

228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.

- 1. The 30-day advance written notice must be written in language in which the resident understands, or performed in American Sign Language or presented orally in a language the resident understands if the resident does not speak standard English. The notice must include the following:
  - iv. An explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman.
  - v. The resident's transfer or discharge rights, as applicable.

Description of Violation

Resident [redacted] received a discharge notice, dated [redacted] and effective [redacted]. The notice did not include an explanation of the measures the resident or designated person can take if they disagree with the residence's decision to discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman or the resident's discharge rights as applicable.

Plan of Correction

Accept [redacted] - 02/25/2026)

In response to the violation on 1/23/26 by the Pennsylvania Bureau of Human Service Licensing, the facility has given the resident/designated person an extension on the discharge notice. POA is renovating [redacted] house and is

**228b Discharge or transfer (continued)**

currently planning to take the resident to [REDACTED] house by 3/31/26.

To enhance the currently compliant operations, the Vice President of Operations will educate the MD/Designee on the proper way to complete discharge notices. Education to be completed by 3/10/26.

To maintain ongoing compliance, starting 2/17/26 the Vice President of Operations provided the facility with a template to be used with discharge notices and will review all discharge notices for compliance before the discharge notice is given to the resident/responsible party.

As of 2/22/26, To maintain ongoing compliance the MD will ensure that any future 30-day discharge notices will include:

-An explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman.

-The resident's transfer or discharge rights, as applicable.

On 2/20/26 an updated discharge notice was sent by UPS to POA. An email receipt of delivery was received on 2/21/26 at 3:48pm

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [REDACTED] - 03/23/2026)