

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

May 15, 2026

[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 04/08/2026 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-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:** 58 **Waking Staff:** 44

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:** 0
Reason: Incident **Exit Conference Date:** 04/08/2026

Inspection Dates and Department Representative

04/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information				
License Capacity:	60	Residents Served:	39	
Special Care Unit				
In Residence:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	4			
Number of Residents Who:				
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	39	
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	1	
Have Mobility Need:	19	Have Physical Disability:	1	

Inspections / Reviews

04/08/2026 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/03/2026

05/04/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 05/15/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/17/2026

Inspections / Reviews *(continued)*

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 3:50 AM, Staff Member D found Resident [REDACTED] on the floor then called Staff Members C and E for assistance. Staff Member C took a picture of the resident on the home's designated "nurse" phone. The photograph was of Resident [REDACTED] lying face down on the floor next to [REDACTED] bed. The resident was wearing only a brief, with [REDACTED] gown pulled up toward the top of [REDACTED]. Staff Member C took the photograph prior to staff helping the resident off the floor. Staff Member E witnessed the picture being taken. This incident wasn't reported to the Department until [REDACTED] at 3:00 PM.

Plan of Correction

Accept [REDACTED] 05/04/2026)

Immediate Corrective Action

The identified incident was reported to the Department on 03/13/2026.

Upon receipt of the LIS on 04/23/2026, a retrospective audit of all incidents from 03/01/2026–04/23/2026 was completed by the Resident Services Director (RSD) to ensure all reportable incidents were submitted within required timeframes; no additional late reports were identified.

Supervisory staff were educated by the administrator on 04/23/2026 of the requirement to notify the Administrator or designee of all reportable incidents prior to shift end.

Preventative Actions

A standardized incident reporting checklist and communication process was implemented on 04/24/2026 requiring same-shift notification to supervisor/on-call.

All staff will complete education on incident reporting requirements and 24-hour timelines by 05/10/2026, conducted by the Administrator or designee.

Compliance Monitoring

The RSD or designee will audit 100% of reportable incidents weekly for 4 weeks (beginning 04/24/2026), then monthly for 3 months.

Results will be reviewed at quarterly QAPI meetings, with additional education provided as needed.

Scope of Correction

This corrective action applies to all residents and all staff responsible for incident identification, documentation, and reporting within the facility.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented [REDACTED] 05/15/2026)

42s Privacy - self/possessions

2. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

42s Privacy self/possessions (continued)

Description of Violation

On [REDACTED], Staff Member A was informed by Staff Member B of a photograph observed on the home's designated nurse" phone. The photograph was of Resident [REDACTED] lying face down on the floor next to [REDACTED] bed. The resident was wearing only a brief, with [REDACTED] gown pulled up toward the top of [REDACTED] chest. Further investigation confirmed the picture was taken on [REDACTED] at approximately 3:50 AM by Staff Member C. Per staff interviews, Staff Member D found Resident [REDACTED] on the floor then called Staff Members C and E for assistance. The picture was then taken by Staff Member C, prior to staff helping the resident off the floor. As a result of the incident, Staff Member C was terminated.

Plan of Correction

Accepted [REDACTED] 05/04/2026)

Immediate Corrective Action

The staff member involved in the incident was terminated on 03/13/2026.

The photograph was deleted on 3/13/2026, and verification was completed by the Administrator.

Upon receipt of the LIS, a facility wide review of the designated work device was completed by the administrator on 04/23/2026 to ensure no additional resident photographs were present.

Preventative Actions

Staff will be re educated on resident rights, dignity, and privacy expectations, including appropriate response during incidents, by 05/10/2026, conducted by the Administrator or designee.

Education will reinforce that resident care and dignity take priority over documentation and that residents are to be appropriately covered during care situations.

Compliance Monitoring

The Administrator or designee will conduct random observational audits weekly for 4 weeks (beginning 04/24/2026), then monthly for 3 months, focusing on staff response to resident care situations and maintenance of privacy.

Findings will be reviewed at quarterly QAPI meetings, with corrective action taken as indicated.

Scope of Correction

This corrective action applies to all residents and all staff responsible for providing direct care and maintaining resident dignity and privacy within the facility.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented [REDACTED] - 05/15/2026)

225b Assessment content

3. Requirements

2800.

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

Description of Violation

On [REDACTED] during staff interviews, it was reported Resident [REDACTED] has difficulty communicating effectively. Resident [REDACTED] can only verbalize the word "yes" followed by a laugh or chuckle. However, the resident's assessment, dated [REDACTED] states the resident has "no problem" with communication of needs.

225b Assessment content (continued)

Plan of Correction

Accept [REDACTED] 05/04/2026)

Immediate Corrective Action

Resident [REDACTED]'s assessment was reviewed and updated on 04/15/2026 by the RSD to accurately reflect current communication abilities.

Upon receipt of the LIS, a full audit of all resident assessments was completed by 04/24/2026 by the RSD or designee to ensure accuracy of communication sections; corrections were made where indicated.

Preventative Actions

A standardized assessment review checklist was implemented on 04/24/2026, by the administrator, to ensure communication abilities are verified through staff input and observation.

The RSD or designee will provide education to nursing and supervisory staff on accurate and thorough assessment documentation by 05/10/2026.

Compliance Monitoring

The RSD or designee will audit 5 resident assessments weekly for 4 weeks (beginning 04/24/2026), then 10% of resident assessments monthly for 3 months

Results will be reviewed at quarterly QAPI meetings, with follow-up as needed.

Scope of Correction

This corrective action applies to all residents and all staff responsible for completing and updating resident assessments within the facility.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented [REDACTED] 05/15/2026)