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

July 29, 2026

[redacted], ADMINISTRATOR
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 [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2026 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 WYOMISSING, LLC* **License #**: *22464* **License Expiration**: *05/15/2027*

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**: *dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/19/2026*

Inspection Dates and Department Representative

05/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *40*

Special Care Unit

In Residence: *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: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

05/19/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

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 9:25 a.m., the residence's License Inspection Summary, dated 9/17/25, was not posted in a conspicuous and public place in the residence.

Plan of Correction ***Accept (- 07/06/2026)***

Regulation: 2800.3.d
Deficiency:
At 9:25 a.m., the residence's License Inspection Summary, dated September 17, 2025, was not posted in a conspicuous and public place in the residence.
Plan of Correction:
Corrective Action: Posted immediately on 05/19/2026 in main lobby; all required postings verified.
Prevention: Checklist implemented; Administrator responsible; immediate posting process.
Monitoring: Monthly audits; immediate correction of issues.
Completion Date: 05/19/2026

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented (- 07/29/2026)

65i Training topics

2. Requirements

2800.
65.i. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff person A did not receive training on instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. and safe management techniques topics during the training year of 2025.

Plan of Correction ***Accept (- 07/06/2026)***

Regulation: 2800.65.i (2) & (6)
Deficiency:
Staff person A lacked required 2025 annual training topics.
Plan of Correction:
Corrective Action: Training completed on 06/18/2026
Prevention: Training tracking system; updated curriculum; oversight assigned.
Monitoring: Quarterly audits; immediate correction.

65i Training topics *(continued)*

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 07/29/2026)

65j Annual training content

3. 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:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person A did not receive annual training in fire safety and emergency preparedness procedures during training year 2025.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Regulation: 2800.65.j (1) & (2)
Deficiency:
Staff person A did not receive fire safety and emergency preparedness training in 2025.
Plan of Correction:
Corrective Action: Training completed on 06/18/2026.
Prevention: Central tracking system; annual training calendar; qualified trainer required.
Monitoring: Quarterly reviews; immediate correction.

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 07/29/2026)

85d Trash cans – kitchen/bath

4. Requirements

2800.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 2:30 p.m., there was an uncovered trash can in the home's kitchen.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Regulation: 2800.85.d
Deficiency:
At 2:30 p.m., an uncovered trash can was present in the kitchen.
Plan of Correction:
Corrective Action: Lid placed immediately; all receptacles checked.
Prevention: Staff re-educated; environmental rounds updated; Administrator oversight.
Monitoring: Weekly rounds; documented; immediate correction.
Completion Date: 05/19/2026

85d Trash cans – kitchen/bath *(continued)*

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented ([redacted] - 07/29/2026)

103g Storing food

5. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:30 a.m., the freezer section of the resident area refrigerator contained a Styrofoam bowl with one scoop of ice cream that was not covered or labeled.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Regulation: 2800.103.g
Deficiency:
At 9:30 a.m., the freezer contained uncovered/unlabeled ice cream.
Plan of Correction:
Corrective Action: Food item covered/labeled or discarded immediately; storage areas inspected.
Prevention: Staff re educated; standardized food storage and labeling process reinforced.
Monitoring: Weekly kitchen audits; immediate correction.
Completion Date: 05/19/2026

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented ([redacted] - 07/29/2026)

107d Procedure EMA submission

6. 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 home submitted their emergency procedures for the annual review on 2/5/26, the previous submission was completed on 1/15/26.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Regulation: 2800.107.d
Requirement:
Written emergency procedures shall be reviewed, updated, and submitted annually to the local emergency management agency.
Deficiency:
The home submitted emergency procedures for annual review on February 5, 2026, with the previous submission

107d Procedure EMA submission (continued)

completed on January 15, 2026, exceeding the annual timeframe.

Plan of Correction:
1. Corrective Action Taken:
Upon identification of the deficiency, the Administrator reviewed the emergency procedures submission process and verified that the most recent emergency plan was submitted to the local emergency management agency on February 5, 2026. The residence is currently in compliance with having an updated emergency plan on file with the appropriate agency.

2. Measures to Prevent Recurrence:

The residence has established a tracking system for annual emergency plan submissions to ensure compliance with required timeframes.
A designated due date (no later than January of each year) has been implemented to ensure submissions occur within the annual cycle.
The Administrator is responsible for ensuring timely review, update, and submission of emergency procedures.
Policies and procedures have been updated to reflect the annual submission requirements.

3. Monitoring Procedure:

The Administrator or designee will conduct an annual review each December to ensure the emergency procedures are updated and ready for timely submission.
Compliance will be documented and maintained for review.
Any delays or issues will be addressed immediately to ensure timely submission.

4. Completion Date:
June 16, 2026

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented ([redacted] - 07/29/2026)

225a2 Assessment – significant change

7. Requirements

2800.
225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted] Resident #1 was issued a 30 day notice due to noncompliance with self care and refusal to allow staff to assist with hygienic care. Resident #1's most recent assessment, dated [redacted], does not include the need or interventions regarding ADLs or that a 30 day notice was issued due to the resident's ongoing concerns with incontinence and refusing care. An additional written assessment was not completed.

225a2 Assessment – significant change (continued)

Plan of Correction ***Accept (- 07/06/2026)***

Plan of Correction – Regulation 2800.225.a.2
Violation:
An additional written assessment was not completed when Resident #1 experienced a significant change in condition, including refusal of hygienic care, noncompliance with self-care, and issues related to incontinence. The most recent assessment dated [redacted] did not reflect updated ADL needs, interventions, or the issuance of a 30-day notice on [redacted]

Corrective Action for Affected Resident:
Resident #1 received a comprehensive updated written assessment on 5/20/2026 completed by a licensed nurse. The assessment now reflects current needs related to ADLs, incontinence, refusal of care, and appropriate interventions. Documentation of the 30-day notice and contributing factors has been included in the resident record.

Corrective Action for Other Residents:
All current resident records continue to be audited quarterly by Regional RN to ensure that any significant change in condition prior to the annual assessment has been appropriately documented with an updated written assessment. Any identified gaps will be corrected immediately.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented (- 07/29/2026)