



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

Ms. Doreen S. Hoos, Managing Director
Columbia Cottage Collegeville, LLC
901 East Main Street
Collegeville, Pennsylvania 19426

RE: Columbia Cottage Collegeville, LLC
License #: 138920

Dear Ms. Hoos:

As a result of the Department of Public Welfare's licensing inspection on March 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your regular license for the period May 2, 2014 to May 2, 2015 was issued on January 31, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code §2800

Name of Community Home:

Columbia Cottage Collegeville

Address:

901 E Main Street
Collegeville, Pennsylvania 19426

License Number: 138920

Type of Inspection: Full

Reason(s) for Inspection: Annual

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

3/24/2013 - Israel Springs, Doug Hoover

4

Off-Site Inspection Dates and Inspectors, if Applicable:

LIS - [Columbia Cottage Collegeville] - (3/24/144) - [Israel Springs]

Regulation

§ 2800.22(a) - A medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if the resident is being admitted directly to the residence from an acute care hospital; the resident is being admitted to escape from an abusive situation; or the resident has no alternative living arrangement.

Violation

Resident # was admitted to the home on 12/1/13 and the medical evaluation was completed on 8/24/13, more than 60 days prior to admission.

Plan of Correction

The Cottage disputes this alleged violation. A Medical Evaluation was submitted to the resident's Primary Care Physician for a move in date of 12/1/14. The Physician completed the form and signed it on 11/20/13. The reference to the date of 8/24/14 does NOT refer to the date the Medical Evaluation was signed by the Resident's physician but rather to the date the physician last saw the Resident.

Ongoing: The LPN and the Resident Services Director will continue to monitor new move in paperwork and documentation to ensure that we are compliant with our state regulations.

See attached Assisted Living Documentation of Medical Evaluation for Resident #3

THE ADMINISTRATOR WILL AUDIT ALL RESIDENT RECORDS TO ENSURE MEDICAL EVALUATIONS ARE TIMELY. THE IN-PERSON MEDICAL EVALUATION MUST TAKE PLACE 60 DAYS PRIOR TO ADMISSION OR SOONER. -NSC 6/16/14

Printed Name and Title of Legal Entity Representative (Required on all pages)

DOREEN S. HOOS MANAGING DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

Doreen S. Hoos, Managing Director

Date

5/5/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/16/14
(Date)

Plan of correction implementation status as of

6/16/14
(Date)

Fully Implemented

The above plan of correction was approved by

NSC
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Regulation
§ 2800.133(a)1 - A residence serving nine or more residents must have signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Violation
There was no exit sign over the exit by the kitchen office.

Plan of Correction

The Cottage has 6 exits throughout the building and 5 of the exits had an EXIT sign posted on the day of the inspection. Prior to the completion of the inspection, an EXIT sign was placed in the back of the kitchen which leads to an outside walkway.

Maintenance Director has been notified to observe and ensure EXIT signs remain in place at all exit areas of the building to ensure compliance with state regulations.

See attached picture of the sign above door frame.

Printed Name and Title of Legal Entity Representative (Required on all pages)

DOREEN S. HOOS MANAGING DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

Doreen S. Hoos, Managing Director

Date

5/14/14

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(Date)

The above plan of correction was approved by NSC
(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation

§ 2800141(a) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of § 2800.22 (relating to application and admission). The evaluation must include the following:
 (11) an indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Violation

There was no documentation of a tuberculin skin test on the medication administration records for Residents #2, #3 and #6.

Plan of Correction

The Cottage disputes each of these alleged violations.

Resident # 2: Resident actually received his tuberculin test on 7/3/13 and 7/11/13 with negative results. This is documented on his Medical Evaluation dated 8/30/13. Resident was sent to the hospital and returned with a Medical Evaluation dated 10/8/13 with no documentation in regards to tuberculin test on 7/3/13 and 7/11/13. Resident had a significant change and a new Medical Evaluation was completed on 3/13/14 which contains the documentation of the negative tuberculin test from 7/3/13 and 7/11/13. Although the Resident's primary physician neglected to include the tuberculin tests in the New Evaluation, the first established that the tuberculin test was timely and documented.

Resident# 3: The Cottage disputes this deficiency. Because the text of the applicable regulation (141(a)) is vague and because patients residing in long term care facilities are not required to have tuberculin test so frequently, the Cottage requested clarification from BHSL regarding the Bureau's interpretation of the regulation. See attached a copy of just one of the emails. Until the inspection, the Cottage was unaware that the Bureau interprets the regulation to require that a tuberculin test be obtained for each Resident every two years. Obviously, the Cottage cannot be cited for non-compliance with a regulation about which it had sought and was awaiting guidance from the bureau.

Resident# 6: Resident moved into the Cottage 1/24/14. He received a tuberculin test on 2/11/14. Resident received a tuberculin test within 18 days of admission to the Cottage. As noted in the violation, please see attached letter from Live Tree Pharmacy explaining the inconsistent availability of solution as well as a tuberculin test vaccination report documenting the date tuberculin test was administered when solution was available

Ongoing: LPN and Resident Services Director to monitor the administration and documentation of Tuberculin tests in order to maintain compliance with our state regulations.

THE ADMINISTRATOR WILL AUDIT ALL RESIDENT MEDICAL EVALUATIONS TO ENSURE TUBERCULIN SKIN TESTS HAVE BEEN COMPLETED WITHIN THE LAST TWO YEARS.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Doreen S. Hoos, MANAGING DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

Doreen S. Hoos, Managing Director

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Regulation

§ 2800.187(a) - A medication record shall be kept to include the resident's name; drug allergies; name of medication; strength, dosage form; dose; route of administration, frequency of administration, administration times; duration of therapy, if applicable; special precautions, if applicable; diagnosis or purpose for the medication, including pro re nata (PRN); date and time of medication administration; name and initials of the staff person administering the medication.

Violation

- 1) The medication administration record for Resident # 3 did not include the number of units of insulin given on 3/6/14 at 4 pm.
- 2) The medication administration record for Resident #3 did not show that 10 units of Novolin N insulin was given on 3/6/14 at 5 pm.
- 3) The medication administration record for Resident #4 was not initialed for the following medications on the associated dates:
 3/23/14, 8:00 am; 3/14/14 and 3/20/14, 5:00 pm - Keppra 500 mg
 3/23/14 once daily - Synthroid 150 mg
 3/23/14 once daily - Zestril 5 mg tablet
- 4) The medication administration record for Resident # 3, who is prescribed sliding scale insulin, did not show the blood sugar reading necessary to determine the amount of insulin to be administered.

Plan of Correction

A class was held on 4/18/14 for recertification in insulin administration and documentation. A portion of our medication technicians attended that class. The remainder of our medication technicians is scheduled to attend a class on 5/14/14.

A copy of attendance will be forwarded to you upon completion of the second class.

On 3/25/14 we implemented a system in which the medication technician observes and reviews the Medication Administration Records prior to his or her scheduled shift for missing initials. If missing initials are found, flags are pulled on that page of the Medication Administration Records to notify oncoming shift of any missing initials that need to be addressed. This will prevent missing documentation of insulin given and missing initials in the Medication Administration Record's.

Ongoing, the LPN and the Resident Service director will monitor this documentation to ensure continued compliance with our state regulations.

See attached pictures and documentation on flagging the Medication Administration Record's.

Printed Name and Title of Legal Entity Representative (Required on all pages)

DORIEEN S. HOOS, MANAGING DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

Dorieen S. Hoos, Managing Director

Date

5/14/14

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(Initials)

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(Date)

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Regulation

§ 2800.227(h) - If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.

Violation

The ASP dated 9/16/13 for Resident # 2, DOA 9/3/13 was not signed and did not show any notation of inability or refusal to sign.

Plan of Correction

The Cottage disputes this alleged violation.

Resident # 2 moved into Columbia Cottage on 9/3/13. The preliminary Assessment and Support Plan was completed on 9/3/13 and was marked unable to sign. The final was completed on 9/6/13 and was ready to review with resident on Monday 9/9/13 however, the resident was admitted to the hospital on Sunday 9/8/13 which obviously prevented us to from reviewing the document. Upon the resident's return to Columbia Cottage from hospital stay on 10/8/13, another Assessment and Support Plan was created on 10/9/13 due to a significant change in Resident's status. This document was reviewed with the Resident and documented "resident unable to sign".

Clearly, the only effective Assessment and Support Plan is the one dated 10/9/13 and it was plainly, properly and timely documented by Cottage.

Going forward Resident Services Director will continue to review all Assessment and Support Plans to ensure all signatures are in place to maintain compliance with our state regulations.

See attached Assessment and Support Plan documentation.

WITHDRAWN
NSC - 6/16/14

Printed Name and Title of Legal Entity Representative (Required on all pages)

DOREEN S. HOOS, MANAGING DIRECTOR

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Doreen S. Hoos, Managing Director

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