



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 2 5 2015

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 Human Services' licensing inspection on February 12, 2015 and March 13, 2015 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, 2015 to May 2, 2016 was issued on January 30, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director

MSJ

Enclosure  
License Inspection Summary

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

<b>Name of Residence:</b> Columbia Cottage – Collegeville, LLC
<b>Address:</b> 901 East Main Street Collegeville, Pennsylvania 19426
<b>License Number:</b> 138920
<b>Type of Inspection:</b> Partial
<b>Reason(s) for Inspection:</b> Incident Investigation
<b>Notice:</b> Unannounced
<b>On-site Inspection Dates and Department Representatives On-Site:</b> 2/12/2015 – Dale Rosenblat
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>

**RECEIVED**

MAY 29 2015

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

**Regulation**

**§ 2800.63. First aid, CPR and obstructed airway training.**

(d) A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

**Violation**

Resident #1 was found unresponsive and not breathing at 5:25 am on 12/22/2014. The resident does not have a DNR order on file. The resident's record includes a CPR order sheet which was signed by the resident on 11/29/2014. The order states: If a cardiac and/or respiratory arrest occurs, CPR will be administered to residents by a person or persons qualified to administer CPR, unless the resident has chosen not to be resuscitated. On 12/22/2014 qualified staff persons were available, but CPR was not provided. The residence has an AED on site which was not utilized.

**Plan of Correction**

On December 23-24, 2014 the Cottage conducted supplemental training for all staff regarding when they should and when they should not start CPR.

If a staff person finds a resident to be unresponsive and/or not breathing, and the resident does not have a DNR, CPR will be started and will continue until 911 arrives.

Ongoing, the Resident Service Director will continue to train all staff in CPR, AED and First Aid and regarding DNR's. Staff will respond to all emergencies.

The following policies and practices pre-date the incident and the Cottage will continue to implement them:

On admission, a resident's DNR order is placed in the front of the resident's file.

All staff are made aware of DNR orders.

2 Hour check-sheet is marked with DNR order.

A heart symbol is placed on resident's apartment door indicating that he/she has a DNR order.

Resident files are reviewed quarterly with ASP

Staff are consistently and routinely trained and tested on their knowledge of DNR procedure and with applicable regulations as stated above and in the POC.

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

Signature of Legal Entity Representative (Required on all pages)  
Doreen Hoos

Date  
5/28/15

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

The above plan of correction is approved as of 6-4-15  
(Date)

The above plan of correction was approved by BE per NL  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_:  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Regulation**

**§ 2800.142. Assistance with medical care and supplemental health care services.**

(b) - The residence shall assist the resident to secure medical care and supplemental health care services.

**Violation**

On 12/22/2014 at 2:00 am, Resident #1 presented with a blood pressure of 115/47, Pulse 111 and Temperature of 100.2, with complaints of pain and nausea. The residence did not assist Resident #1 in securing health care to address this decline. The resident was found unresponsive at 5:25 am, and pronounced dead at 6:18 am.

**Plan of Correction**

According to the Resident's progress notes, on 12/22/14, at 4:00am {NOTE-text under Violation heading states 2:00am} the Resident complained of nausea and pain. At that time, the Coordinator took the Resident's vital signs.

The Coordinator asked the Resident whether she wanted to go to the hospital ER. The Resident declined.

Coordinator then contacted the Resident's POA to provide an update of the Resident's condition and her decision to not go to the hospital. POA agreed with the Resident's decision.

On going, Cottage staff will contact the nurse on call with questions regarding a Resident's refusal of medical care.

The Cottage conducted supplemental training on December 23-24, 2014 for all staff regarding policies and procedures relating to a resident's refusal of medical care.

During First Aid and CPR training, the regulation pertaining to providing assistance with securing medical care is reviewed with all staff. Residents may decline medical care but family members may not decline on a resident's behalf. The Cottage continues to inform family members in the event that a resident declines medical care. The resident's decision is noted in the resident's record.

The Cottage administrator also will continue to conduct a quality management review of all reportable incidents on a quarterly basis to identify trends and to ensure that proper actions are taken by staff.

Currently, all reportable incidents are reviewed by the Administrator and by the Regional Director of Operations when an incident happens. The Regional Director prepares a Monthly report that includes a review of reportable incidents to identify trends and to ensure proper action was taken by staff

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

Signature of Legal Entity Representative (Required on all pages)  
Doreen Hoos

Date  
5/28/15

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The above plan of correction is approved as of 6-1-15  
(Date)

Plan of correction implementation status as of \_\_\_\_\_:  
(Date)

The above plan of correction was approved by SC per MC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented