



**Sent via e-mail mney@horstgroup.com  
December 30, 2019**

Ms. Merri Ney  
Managing Director  
Columbia Cottage – Collegeville, LLC  
901 East Main Street  
Collegeville, Pennsylvania 19426

RE: Columbia Cottage – Collegeville, LLC  
License #: 138920

Dear Ms. Ney:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 20, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name :** COLUMBIA COTTAGE-COLLEGEVILLE, LLC  
**Address :** 901 E. MAIN STREET, COLLEGEVILLE, PA 19426  
**County :** MONTGOMERY **Region :** SOUTHEAST

**License Number :** 13892

## Administrator

**Name :** mney@horstgroup.com **Phone :** 6104098910 **Email :** CPIERCE@HORSTGROUP.COM

## Legal Entity

**Name :** COLUMBIA COTTAGE-COLLEGEVILLE LLC  
**Address :** 901 E. MAIN STREET, COLLEGEVILLE, PA, 19426

## Certificate(s) of Occupancy

**Type :** Other **Date :** 12/01/1900 **Issued By :** NM

## Staffing Hours

**Resident Support Staff :** 0 **Total Daily Staff :** 64 **Waking Staff :** 48

## Inspection

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

## Inspection Dates and Department Representative

11/20/2019 - On-Site: Michele Swisher, Natasha Braswell

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity :** 50 **Residents Served :** 44

### Special Care Unit

**In Home :** No **Area :** **Capacity :** **Residents Served :**

### Hospice

**Current Residents :** 1

### Number of Residents Who:

**Receive Supplemental Security Income :** 0 **Are 60 Years of Age or Older :** 44  
**Diagnosed with Mental Illness :** 0 **Diagnosed with Intellectual Disability :** 0  
**Have Mobility Need :** 20 **Have Physical Disability :** 0

131f Fire extinguisher inspection

Requirements

2800. 131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home have not been inspected by a fire safety expert since 9/2018.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Cottage recognizes the importance of yearly inspection of all fire extinguishers. Moving forward Columbia Cottage will have inspections completed by Kistler O'Brien to avoid the risk of being cancelled/rescheduled such as was the situation with the previous small company. The Managing Director will notify DHS when Kistler O'Brien is able to give us a date for their 2020 visit to the Cottage.

The extinguishers will also be checked monthly when we have our fire drills. This will be completed by the Maintenance Director to ensure compliance.

Within 15 days receipt of accepted POC fire extinguishers will be inspected by a fire safety expert. Home can contract any fire safety expert they choose going forward but fire extinguishers need to be inspected and approved ASAP. Administrator or designee will ensure fire extinguishers are inspected and approved within annual time frames.


SP 12-27-19

Legal Entity Representative

Signature 

Merri C Ney, Managing Director 12/24/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12-27-19 (Date) Plan of correction implementation status as of 12-27-19 (Date)  
The above plan of correction was approved by SP (Initials)   
 Fully Implemented  
 Not Implemented

162e Menu changes

Requirements

2800. 162. e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 11/20/19, salmon was listed on the menu for the lunch meal. Open-faced turkey sandwiches was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Columbia Cottage menu is posted for two weeks. On the morning of the inspection, during breakfast, an announcement was made by the Food Service Director notifying the residents that turkey would be served at noon, rather than what was posted, along with the normal café menu selections. Going forward, along with the verbal announcement of any changes to the menu, a posted announcement will be displayed on the bulletin board of any menu changes.

Administrator or designee will ensure changes in menus are expressed to the residents in conjunction with regulation 2800.162e

SP 12-27-19

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Merricney, Managing Director 12/24/19*

Printed Name and Title

Date

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The above plan of correction is approved as of 12-27-19  
(Date)

Plan of correction implementation status as of 12-27-19  
(Date)

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

Fully Implemented

*[Redacted Signature]*

Not Implemented



187d Follow prescriber's orders

Requirements

2800.

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

Description of Violation

Resident #1 is prescribed Quetiapine 25mg- take 1/2 tab (12.5mg) by mouth twice daily for depression. Scheduled to be given at 7 am and 7 pm. On 11/20/19 at approximately 3:15 pm, the medication package dated 11/20/19 for 7 am for Quetiapine was still present in the medication storage area, indicating that the medication was not administered to resident at the prescribed time.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Resident #1 had orders to self-administer medications. The resident passed his quarterly self- administration test that was administered by the Cottage Wellness Director. Resident #1 became irritated with the inspector asking him about his medications, and refused to show her all of his medications. He acknowledged his non-compliance by verbalizing that he would take the medication when he wanted too.

Due to resident #1's non-compliance with self- administration, his physician was consulted, and a new DME was obtained indicating the resident could no longer self-administer his medications (new DME attached). Additionally, all medications were removed from the resident's apartment, and medications are now administered by Medication Technicians and/or LPN's, per physician order to prevent additional non-compliance by the resident.

Within 30 days receipt of accepted POC, the administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

SP 12-27-19

Legal Entity Representative



Signature

Merrilyn, Managing Director 12/24/19

Printed Name and Title

Date

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[Redacted signature area]

Not Implemented