

Department of Human Services  
Bureau of Human Service Licensing

August 11, 2022

[REDACTED]  
COLUMBIA COTTAGE-COLLEGEVILLE LLC  
901 E. MAIN STREET  
COLLEGEVILLE, PA, 19426

RE: COLUMBIA COTTAGE-  
COLLEGEVILLE, LLC  
901 E. MAIN STREET  
COLLEGEVILLE, PA, 19426  
LICENSE/COC#: 13892

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2022, 07/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: COLUMBIA COTTAGE-COLLEGEVILLE, LLC License #: 13892 License Expiration: 05/02/2023  
Address: 901 E. MAIN STREET, COLLEGEVILLE, PA 19426  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: 610-409-8910 Email: [REDACTED]

**Legal Entity**

Name: COLUMBIA COTTAGE-COLLEGEVILLE LLC  
Address: 901 E. MAIN STREET, COLLEGEVILLE, PA, 19426  
Phone: 610-409-8910 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/18/1997 Issued By: CWOPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 07/07/2022

**Inspection Dates and Department Representative**

07/06/2022 - On-Site: [REDACTED]  
07/07/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 50 Residents Served: 28

**Special Care Unit**

In Home: 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: 28  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 16 Have Physical Disability: 0

**Inspections / Reviews**

**07/06/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/30/2022

Inspections / Reviews (*continued*)

08/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/12/2022*

08/11/2022 - Document Submission

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

Resident # 4 is prescribed Oxyco/Apap, 1 tablet every 8 hours. The medication was not administered on 7/1/22 at 10:00 pm, 7/2/22 at 2:00 pm, 7/2/22 at 10:00 pm, 7/3/22 at 2:00 pm, and 7/3/22 at 10:00 pm. The home did not report this medication error to the Department.

Plan of Correction

Accept

It is important for the safety and well being of all residents that medications are administered as prescribed. Should a medication error occur, this error is to be reported to DHS, the resident, responsible person and PCP, to ensure all steps were taken to ensure the resident did not require additional treatment. On 7/27/22, all staff that administer medications, including LPNs and Med Techs, were re-educated on the med administration process, the 5 rights of medication administration and how and when to report a medication error. The Administrator will be conducting an abuse in-service on 8/17/22. The Resident Service Director will review all incidents, including medication errors to ensure the proper notification was completed. The Administrator/designee will monitor for ongoing compliance.

Completion Date: 08/17/2022

Document Submission

Implemented

It is important for the safety and well being of all residents that medications are administered as prescribed. Should a medication error occur, this error is to be reported to DHS, the resident, responsible person and PCP, to ensure all steps were taken to ensure the resident did not require additional treatment. On 7/27/22, all staff that administer medications, including LPNs and Med Techs, were re-educated on the med administration process, the 5 rights of medication administration and how and when to report a medication error. The Administrator will be conducting an abuse in-service on 8/17/22. The Resident Service Director will review all incidents, including medication errors to ensure the proper notification was completed. The Administrator/designee will monitor for ongoing compliance.

25a Resident - residence contract

1. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted on [redacted] the resident signed the resident-residence contract on [redacted] 21.

Plan of Correction

Accept

The resident - residence contract is to be signed prior to admission or within 24 hours of admission. A new process for contract signing was implemented on 7/22/22. All weekday admissions will be completed prior to or immediately upon admission. For all weekend admissions, the contracts will be signed prior to admission. The Vice President of Operations/designee will audit all new admission contracts for ongoing compliance.

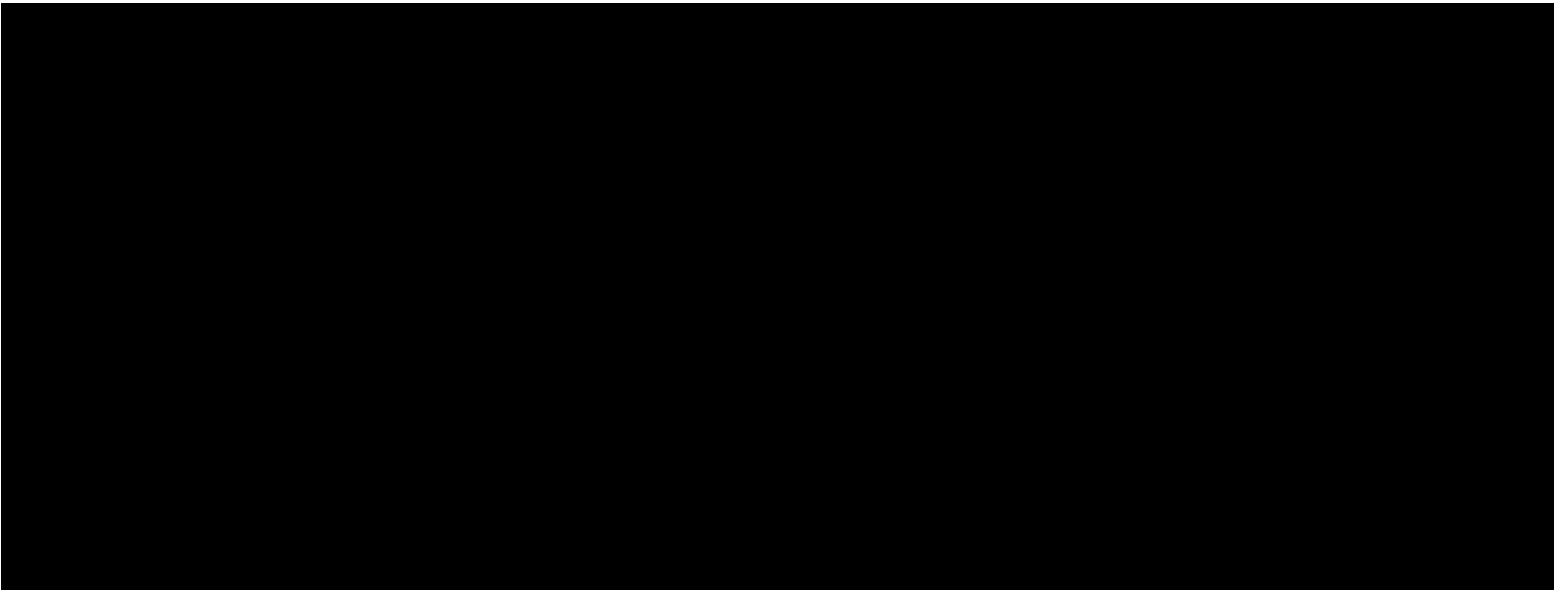
Completion Date: 07/22/2022

25a Resident - residence contract (continued)

**Document Submission**

**Implemented**

*The resident - residence contract is to be signed prior to admission or within 24 hours of admission. A new process for contract signing was implemented on 7/22/22. All weekday admissions will be completed prior to or immediately upon admission. For all weekend admissions, the contracts will be signed prior to admission. The Vice President of Operations/designee will audit all new admission contracts for ongoing compliance.*



103i Outdated food

**1. Requirements**

- 2800.
- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*In the freezer in the kitchen, there was a bag of tortellini, a bag of chicken tenders, and a bag of ravioli all unlabeled and undated.*

*In the dry storage area, there was a bag of pancake mix, a bag of rice, 2 bags of spaghetti, a bag of egg noodles, and a bag of penne all unlabeled and undated.*

**Plan of Correction**

**Accept**

*It is important for the health and safety of all residents that staff ensure no outdated or spoiled food would be used in meal preparation. The Administrator completed an in-service on 7/21/22 on the importance of labeling and dating all food immediately upon opening the contents. The Administrator/designee will complete monthly kitchen audits for three (3) months and then randomly every quarter to ensure ongoing compliance.*

**Completion Date:** 07/21/2022

**Document Submission**

**Implemented**

*It is important for the health and safety of all residents that staff ensure no outdated or spoiled food would be used in meal preparation. The Administrator completed an in-service on 7/21/22 on the importance of labeling and dating all food immediately upon opening the contents. The Administrator/designee will complete monthly*

**103i Outdated food (continued)**

*kitchen audits for three (3) months and then randomly every quarter to ensure ongoing compliance.*

**132e Fire drill - sleeping hours****1. Requirements**

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The last fire drill conducted during sleeping hours was on 5/12/21, at 5:40 am.*

**Plan of Correction****Accept**

*It is important to ensure the safety of residents, staff and visitors by conducting all fire drills in a timely manner. The maintenance staff were re-educated by the Administrator on 7/22/22 on the regulations for fire drills, especially the overnight drills. The Administrator/designee will review all fire drills on a monthly basis to ensure ongoing compliance.*

**Completion Date:** 07/22/2022

**Document Submission****Implemented**

*It is important to ensure the safety of residents, staff and visitors by conducting all fire drills in a timely manner. The maintenance staff were re-educated by the Administrator on 7/22/22 on the regulations for fire drills, especially the overnight drills. The Administrator/designee will review all fire drills on a monthly basis to ensure ongoing compliance.*

**141a Medical evaluation****1. Requirements**

2800.

141.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, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
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.
12. Information about a resident's day-to-day assisted living service needs.

**Description of Violation**

*The medical evaluation for resident # 1, dated [REDACTED], does not include diagnoses and TB test. This area of the form is blank.*

## 141a Medical evaluation (continued)

**Plan of Correction****Accept**

*It is important that all medical information is documented on a resident's medical evaluation form to ensure that the PCP and staff have all accurate information to properly care for a resident. The Administrator in-serviced the Resident Service Director and the LPNs, on the completion of the medical evaluation form on 7/27/22. The Administrator/designee will complete quarterly audits of the medical evaluations to ensure ongoing compliance.*

**Completion Date:** 07/27/2022

**Document Submission****Implemented**

*It is important that all medical information is documented on a resident's medical evaluation form to ensure that the PCP and staff have all accurate information to properly care for a resident. The Administrator in-serviced the Resident Service Director and the LPNs, on the completion of the medical evaluation form on 7/27/22. The Administrator/designee will complete quarterly audits of the medical evaluations to ensure ongoing compliance.*

## 185a Storage procedures

**1. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*The narcotic count sheet for the Morphine that is prescribed to Resident #2 reads that on [REDACTED], 20 vial were received, none were administered and on [REDACTED] the count was 18 vials.*

*On 11/23/21, [REDACTED] did not do a narcotic shift count per the home's medication policy.*

*On 4/28/22, Morphine for Resident #3 was received in the [REDACTED] by one person whose signature is illegible. According to the [REDACTED] policy, narcotics should be received by 2 staff persons.*

*The narcotic count sheet for resident #4 does not have a time listed for the administration of Oxycodone/Apap 325 MG on 7/4/22.*

**Plan of Correction****Accept**

*It is imperative for the safety and health of all residents that all narcotic medications are accounted for on a daily basis. On 7/27/22, the Resident Service Director re-educated all staff administering narcotics, the LPNs and Med Techs, on the proper procedure for administering narcotics and the documentation required. A new process will be implemented, effective 8/1/22, with counting and documenting narcotics on each shift. The Resident Service Director will complete monthly narcotic medication audits for three (3) months and then quarterly thereafter. The Administrator/designee will monitor for ongoing compliance.*

**Completion Date:** 08/01/2022

**Document Submission****Implemented**

*It is imperative for the safety and health of all residents that all narcotic medications are accounted for on a daily basis. On 7/27/22, the Resident Service Director re-educated all staff administering narcotics, the LPNs and Med Techs, on the proper procedure for administering narcotics and the documentation required. A new process will be implemented, effective 8/1/22, with counting and documenting narcotics on each shift. The Resident Service*

**185a Storage procedures (continued)**

*Director will complete monthly narcotic medication audits for three (3) months and then quarterly thereafter. The Administrator/designee will monitor for ongoing compliance.*

**2. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident # 3 is prescribed Pro Air HFA Aerosol Solution as needed. On 7/6/22, this medication was not available in the residence.*

**Plan of Correction****Accept**

*It is important to ensure that all prescribed medications are readily available for each resident. On 7/27/22, the Resident Service Director re-educated all staff that administer medications, LPNs and Med Techs, on the process of completing a medication check to ensure all medications, including PRN and OTC are located in the medication cart. The Resident Service Director will complete monthly medication cart audits for three (3) months and quarterly thereafter to ensure compliance. The Administrator/designee will monitor for ongoing compliance.*

**Completion Date:** 07/27/2022

**Document Submission****Implemented**

*It is important to ensure that all prescribed medications are readily available for each resident. On 7/27/22, the Resident Service Director re-educated all staff that administer medications, LPNs and Med Techs, on the process of completing a medication check to ensure all medications, including PRN and OTC are located in the medication cart. The Resident Service Director will complete monthly medication cart audits for three (3) months and quarterly thereafter to ensure compliance. The Administrator/designee will monitor for ongoing compliance.*

**187b Date/time of med admin****1. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident # 4 is prescribed Oxyco/Apap, 1 tablet every 8 hours. The medication was not administered on 7/1/22 at 10:00 pm, 7/2/22 at 2:00 pm, 7/2/22 at 10:00 pm, 7/3/22 at 2:00 pm, and 7/3/22 at 10:00 pm, however Resident # 4's medication administration record is initialed by staff as given.*

**Plan of Correction****Accept**

*It is important that all medications are documented in the EMAR or the narcotic binder as administered and if a medication was not administered, a note is to be documented on the EMAR and in the resident chart as to why a medication was not given. On 7/27/22 the Resident Service Director re-educated all LPNs and Med Techs on medication administration documentation. The Resident Service Director will complete random reviews of resident EMAR and Notes on a quarterly basis. The Administrator/designee will monitor for ongoing compliance.*

**Completion Date:** 07/27/2022



## 187b Date/time of med admin (continued)

**Document Submission****Implemented**

*It is important that all medications are documented in the EMAR or the narcotic binder as administered and if a medication was not administered, a note is to be documented on the EMAR and in the resident chart as to why a medication was not given. On 7/27/22 the Resident Service Director re-educated all LPNs and Med Techs on medication administration documentation. The Resident Service Director will complete random reviews of resident EMAR and Notes on a quarterly basis. The Administrator/designee will monitor for ongoing compliance.*

## 187d Follow prescriber's orders

**1. Requirements**

2800.

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

**Description of Violation**

*Resident # 4 is prescribed Oxyco/Apap, 1 tablet every 8 hours. The medication was not administered on 7/1/22 at 10:00 pm, 7/2/22 at 2:00 pm, 7/2/22 at 10:00 pm, 7/3/22 at 2:00 pm, and 7/3/22 at 10:00 pm.*

**Plan of Correction****Accept**

*It is important that all medications are documented in the EMAR or the narcotic binder as administered and if a medication was not administered, a note is to be documented on the EMAR and in the resident chart as to why a medication was not given. On 7/27/22 the Resident Service Director re-educated all LPNs and Med Techs on medication administration documentation. The Resident Service Director will complete random reviews of resident EMAR and Notes on a quarterly basis. The Administrator/designee will monitor for ongoing compliance.*

**Completion Date:** 07/27/2022**Document Submission****Implemented**

*It is important that all medications are documented in the EMAR or the narcotic binder as administered and if a medication was not administered, a note is to be documented on the EMAR and in the resident chart as to why a medication was not given. On 7/27/22 the Resident Service Director re-educated all LPNs and Med Techs on medication administration documentation. The Resident Service Director will complete random reviews of resident EMAR and Notes on a quarterly basis. The Administrator/designee will monitor for ongoing compliance.*

## 188b Medication error reporting

**1. Requirements**

2800.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*Resident # 4 is prescribed Oxyco/Apap, 1 tablet every 8 hours. The medication was not administered on 7/1/22 at 10:00 pm, 7/2/22 at 2:00 pm, 7/2/22 at 10:00 pm, 7/3/22 at 2:00 pm, and 7/3/22 at 10:00 pm. The medication error was not reported to the the resident, the resident's designated person and the prescriber.*

**Plan of Correction****Accept**

*All medication errors are to be reported to the resident, responsible person and PCP immediately, to ensure no further medical actions are to be taken. On 7/27/22, the Resident Service Director re-educated all LPNs and Med Techs on how to report and document a medication error. The Resident Service Director will review all medication errors once reported, to ensure all steps in our procedure were completed. The Administrator/designee will monitor for ongoing compliance.*

**188b Medication error reporting (continued)****Completion Date:** 07/27/2022**Document Submission****Implemented**

All medication errors are to be reported to the resident, responsible person and PCP immediately, to ensure no further medical actions are to be taken. On 7/27/22, the Resident Service Director re-educated all LPNs and Med Techs on how to report and document a medication error. The Resident Service Director will review all medication errors once reported, to ensure all steps in our procedure were completed. The Administrator/designee will monitor for ongoing compliance.

**227g Support plan - signatures****1. Requirements**

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident # 1 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign and date the support plan.

**Plan of Correction****Accept**

It is important that all residents are able to participate in the development of their care plans. The Administrator re-educated the Resident Service Director and LPNs on the facility's care plan process and the importance of including the resident in their care planning. The Administrator/designee will conduct quarterly audits to monitor the resident involvement in the development of their care plan and signed off on their plan to ensure ongoing compliance.

**Completion Date:** 07/27/2022**Document Submission****Implemented**

It is important that all residents are able to participate in the development of their care plans. The Administrator re-educated the Resident Service Director and LPNs on the facility's care plan process and the importance of including the resident in their care planning. The Administrator/designee will conduct quarterly audits to monitor the

*227g Support plan - signatures (continued)*

*resident involvement in the development of their care plan and and signed off on their plan to ensure ongoing compliance.*