

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

July 10, 2023

[REDACTED], MANAGING DIRECTOR
COLUMBIA COTTAGE LINGLESTOWN LLC
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110

RE: COLUMBIA COTTAGE -
LINGLESTOWN
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 33781

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2023 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]
ashambach@pa.gov

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLUMBIA COTTAGE LINGLESTOWN License #: 33781 License Expiration: 04/19/2024
 Address: 1000 ALEXANDRA LANE, HARRISBURG, PA 17110
 County: DAUPHIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: COLUMBIA COTTAGE - LINGLESTOWN LLC
 Address: 1000 ALEXANDRA LANE, HARRISBURG, PA, 17110
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: 11 Date: 08/30/2021 Issued By: Lower Paxton Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/17/2023

Inspection Dates and Department Representative

05/17/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 76 Residents Served: 35
 Special Care Unit
 In Home: Yes Area: Skyline Capacity: 22 Residents Served: 7
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

05/17/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/01/2023

06/02/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 07/10/2023
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/09/2023

Inspections / Reviews *(continued)*

06/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/09/2023

07/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

81b Resident equip – good repair

1. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 5/17/23, Resident #1 had an uncovered enabler bar with an uncovered opening measuring approximately 18" wide by 6" high, posing a potential entrapment hazard.

Plan of Correction

Accept (████) - 06/02/2023)

*Enabler bar covers were ordered on 5/17/23. Pillowcases utilized in the interim.

*On 5/18/23, An individual service plan was added to Point Click Care (electronic medical records) by our Regional Nurse for staff to document proper placement and the covering of enabler bars.

*By 6/30/23 the Managing Director or designee will review FDA guidelines regarding the size and use of the enabler bars to all clinical care staff as well as the relevance to the regulation.

*Starting July 2, 2023, Managing Director or designee will perform weekly audits for the next four weeks followed by bi-weekly audits for an additional four weeks to ensure any enable bars falls within FDA size guidelines and, or are covered.

* POC will be reviewed at Quality Management meetings.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented (████) - 07/10/2023)

103g Storing food

2. Requirements

2800.

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

Description of Violation

The walk-in freezer contained a brown tray with 6 soup cups with scoops of ice cream that were already plated. This ice cream was not covered. In the same freezer was a clear plastic bag of what was identified as approximately 6-8 frozen chicken patties. This bag was opened, unsealed and open to the air.

Plan of Correction

Accept (████) - 06/02/2023)

*Immediately on 5/17/23 the kitchen personnel covered the ice cream and sealed the bag of frozen chicken patties.

* On 5/18/23 & 5/19/23 Food service personnel were reeducated on the importance of covering all food and ensuring the packaging is secure.

* An audit was completed by kitchen personnel on 5/17 and 5/18 to ensure all items were properly covered and sealed.

*Managing Director and Regional Food Service Director will provide unannounced random audits to ensure compliance. Will be reviewed at Quality Management meetings.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (████) - 07/10/2023)

183b Medications and syringes locked

3. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 5/17/23, at approximately 9:50 AM, the medicine cart in the 300 hall was found unlocked, unattended, and accessible. The lock appeared to be engaged; however, drawers 3-6 (from the top down) were all able to be opened easily and without force. All drawers contained various resident medications.

Plan of Correction

Accept [REDACTED] - 06/02/2023)

*On 5/17/23, Resident Service Director contacted the Pharmacy to report that several of the drawers on the med cart from the 300 hall were not locking, even though the lock was engaged. The med cart was removed from the floor and kept in the locked team office until servicing could be completed.

*On 5/19/23 the cart was serviced and working without further incident. All Med techs and Nurses were educated verbally through report to check drawers after each use to ensure the drawers are remaining locked.

*Pharmacy will be notified if there are any further incident occur with the locking mechanisms.

*POC will be reviewed at Quality Management meetings.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (KB - 07/10/2023)

254a Records – discharge/active

4. Requirements

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 5/17/23 at approximately 9:55 AM, the laptop computer sitting on top of the Medication Cart in the 300 Hall was found unlocked and unattended. Due to this, the entire contents of the electronic medical records for the residents were unlocked and accessible.

Plan of Correction

Accept [REDACTED] - 06/02/2023)

*On 5/17/23 the laptop computer sitting on top of the medication cart was displaying a screen that said, "The Screen is hidden". Staff had been trained by Point Click Care that this screen would keep all medical information confidential. When the surveyor saw "The screen is hidden" screen he hit the backspace button which unlocked the screen and displayed private medical information.

*PCC was contacted on 5/17/23 by the Regional Nurse about the system's failure to maintain privacy of medical records.

*Staff were notified on 5/17/23, and an email was sent to staff to lock the entire computer screen which requires a password to open the computer.

*Resident Services Director, Managing Director, and designee will complete random audits to ensure compliance and will be reviewed at Quality Management meetings.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (KB 07/10/2023)