

Department of Human Services  
Bureau of Human Service Licensing

November 4, 2021

[REDACTED]  
COLUMBIA WEGMAN SOUTHAMPTON LLC  
[REDACTED]  
[REDACTED]

RE: THE LANDING OF SOUTHAMPTON  
1160 STREET ROAD  
SOUTHAMPTON, PA, 18966  
LICENSE/COC#: 14538

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

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: *THE LANDING OF SOUTHAMPTON* License #: *14538* License Expiration Date: *02/10/2022*  
Address: *1160 STREET ROAD, SOUTHAMPTON, PA 18966*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2157916666* Email: [REDACTED]

**Legal Entity**

Name: *COLUMBIA WEGMAN SOUTHAMPTON LLC*  
Address: [REDACTED]  
Phone: *2157916666* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *09/20/2019* Issued By: *Upper Southampton Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/10/2021*

**Inspection Dates and Department Representative**

*02/25/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *106* Residents Served: *28*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SBU* Capacity: *36* Residents Served: *5*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *11* Have Physical Disability: *1*

## Inspections / Reviews

02/25/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/22/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/02/2021*

11/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED] 2021, resident #1 was sent to the hospital for bleeding, edema, and increased confusion. The home did not submit an incident report to the Department.

## Plan of Correction

Accept

Home will continue to complete and submit a reportable incident form as specified in regulation 2600.16c. Going forward, home will also include a reportable incident form for any hospitalization resulting from a decline or change in pre-existing medical condition.

Completion Date: 06/21/2021

## Document Submission

Implemented

Validated by corporate staff this is currently in effect and will be ongoing.

## 141b2 - Medical Evaluation Changes

## 1. Requirements

2600.

- 141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]/20. The home completed a level care assessment on [REDACTED]/20 to increase level of care due to multiple falls. The home failed to complete a status change medical evaluation (DME's).

## Plan of Correction

Accept

Home will continue to ensure each time a change in condition assessment is completed that the PCP also completes an updated DME.

An audit was completed and all DME's are current and up to date.

Completion Date: 06/21/2021

## Document Submission

Implemented

See attached. Another audit of DMEs was completed on 10/13/21. All DMEs will be reviewed and updated as needed.

## 225a - Assessment 15 Days

## 1. Requirements

2600.

- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

Resident #2 was admitted to the home on [REDACTED]/20. However, the resident's assessment was not completed until [REDACTED]/20.

## 225a - Assessment 15 Days (continued)

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

Home will continue to ensure all initial assessments are completed by individuals specified in regulation 2600.225a in a timely manner, signed and dated.

In this incident the screening had been completed, surveyor requested most recent screening and not the initial. Additional information provided to the agency.

Completion Date: 06/21/2021

**Document Submission****Implemented**

Validated by corporate staff this is currently in effect and will be ongoing.

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident 1's most recent assessment was completed on [REDACTED]/20. A Significant Change Support Plan was not completed.

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

Home will continue to ensure all assessments are completed by individuals specified in regulation 2600.225c in a timely manner and signed. In addition to routine or change in condition assessments, home will also ensure that an updated plan of care is completed on both internal and state licensing forms.

Completion Date: 06/21/2021

**Document Submission****Implemented**

Resident #1 Moved out on [REDACTED]/21.

## 227g -Support Plan Signatures

**1. Requirements**

2600.

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]/20. However, neither the resident nor the home dated the support plan.

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

Home will continue to ensure all support plans are completed by individuals specified in regulation 2600.227g in a timely manner and signed. The e-signature and date must print out from the documentation software or otherwise be physically signed.

Home will complete an audit on all completed RASP's ensuring that the date has printed or physically written in.

Completion Date: 06/25/2021

**Document Submission****Implemented**

Another audit of RASPs was completed on 10/13/21. All RASPs will be reviewed and updated as needed.