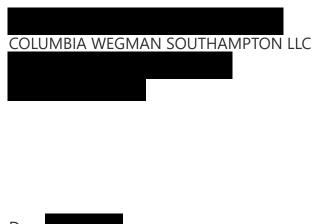
Department of Human Services Bureau of Human Service Licensing

November 4, 2021



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

Dear

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.

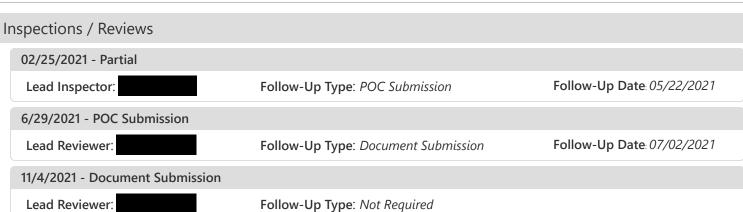
Sincerely, Claire Mendez

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 Address: 1160 STREET ROAD, SOUTHAMPTON, PA 18966		License #: 14538	License Expiration Date: 02/10/2022	
County: BUCKS	Region: SOUTHEAST	-		
Administrator				
Name:	Phone: 2157916666	Email:		
Legal Entity				
Name: COLUMBIA WEGMAN SOUTHAMPTON LLC				
Address:				
Phone: 2157916666	Email:			
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: Unannounce	d	BHA Docket #:	
Reason: Complaint			Exit Conference Date: 03/10/2021	
Inspection Dates and Department Representative				
02/25/2021 - On-Site:				
Resident Demographic Data as of Inspection Dates				
General Information				
License Capacity: 106		Residents Serve	d: 28	
Secured Dementia Care U	nit			
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		



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 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

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

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 20. The home completed a level care assessment on 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

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

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

/20. However, the resident's assessment was not completed until

3 of 4

Accept

Implemented

Accept

Implemented

225a - Assessment 15 Days (continued)

Plan of Correction

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

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 completed.

Plan of Correction

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.

/20. A Significant Change Support Plan was not

Completion Date: 06/21/2021

Document Submission

Resident #1 Moved out on /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	support plan on	/20. However, neither the resident nor the
home dated the support plan.		

Plan of Correction

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

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

Accept

Implemented

Accept

Implemented

Accept