

Department of Human Services  
Bureau of Human Service Licensing

February 7, 2022

[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 10/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE LANDING OF SOUTHAMPTON* License #: *14538* License Expiration: *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: <i>I-1</i>	Date: <i>10/10/2019</i>	Issued By: <i>Upper Southampton Township</i>
Type: <i>I-2</i>	Date: <i>10/10/2019</i>	Issued By: <i>Upper Southampton Township</i>
Type: <i>Other</i>	Date: <i>10/10/2019</i>	Issued By: <i>Upper Southampton Township</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *10/14/2021*

**Inspection Dates and Department Representative**

*10/14/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *106* Residents Served: *45*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Opal* Capacity: *36* Residents Served: *12*

**Hospice**

Current Residents: *na*

**Number of Residents Who:**

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

## Inspections / Reviews

10/14/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/17/2022*

01/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/23/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/26/2022*

02/07/2022 - Document Submission

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]/21, at [REDACTED] AM, resident #1 was sent to the hospital. The home did not report this incident to the Department until [REDACTED]/21 at [REDACTED]

## Plan of Correction

**Accept**

The GM, HWD, and HWD nurse will report any incidents that require medical treatment to the Personal Care home Regional Office or the complaint hotline within the 24 hour period after the incident.

## Document Submission

**Implemented**

ongoing, as submitted

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

## Plan of Correction

**Accept**

All residents on the PC side are aware of this requirement and our GM, Caregivers, Med techs, and Plant operations teams are conducting rounds periodically to ensure compliance with regulation 101.j. In our Memory Care area, staff are checking this on a weekly basis and making accommodations as needed for our residents to be compliant with 101.j.

## Document Submission

**Implemented**

In accordance with the Furnishings section of the Resident Agreement, the community shall furnish the apartment as required by applicable law. Should the resident not have [REDACTED] own furnishings, or prefers to have items provided by the community, the company has developed a Furniture Request form (Please see attached)

Resident #1 moved out on [REDACTED]/21, therefore, the community cannot ensure a source of light as specified in 2600.101.j. for Resident #1.

The corporate office staff will ensure the community's Move In Coordinator and/or other members of the sales team are aware of the furnishings requirements and incorporate furniture arrangements/preferences as part of the move in process. Community staff will prepare the Furniture Request form, if applicable, to accompany the Resident Agreement.

Corporate office staff will review this plan of correction the GM, who will be responsible for the overall operation of the community and ongoing compliance.

## 227d - Support Plan Medical/Dental

## 1. Requirements

2600.

**227d - Support Plan Medical/Dental (continued)**

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for resident #1, dated [REDACTED]/21, identifies the resident as a "high falls risk". The resident's support plan, also dated [REDACTED]/21 does not document how this need will be met.

The home also completed an "LC Assessment/Evaluation Service Planning" form dated [REDACTED]/21 indicating a history of recent falls [REDACTED]/21 and [REDACTED] 21) and includes a recommendation for a hospital bed and floor mat at bedside as part of the fall reduction plan. A physical inspection of the resident's room shows these measures were not in place.

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

We recently completed an audit of all of our DME's, assessments, and Care Plans to make sure they are compatible with each section and that all the needs of our residents are being met from a safety perspective. Please see the attached document.

**Document Submission****Implemented**

Resident #1 was discharged from the community on [REDACTED]/21 and so the community will not be able to take additional steps to re-assess and meet the needs of this specific support plan.

**231e - No Objection Statement****1. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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

The new GM, [REDACTED], [REDACTED] our Health and Wellness Director, and [REDACTED], our Memory Care manager will utilize a checklist to make sure that an assessment is completed, and that families/POA's have signed the no objection statement (attached is a copy from our EMR assessment for Memory Care) prior to a physical transfer into the Memory Care unit.

**Document Submission****Implemented**

From Resident Agreement Policy:

A new Resident Agreement must be executed any time a resident moves to a different apartment within the community.

Resident Agreement (Please see Attached), has been modified to include the following statement:

My signature below, as Resident or authorized representative of Resident, indicates that I have read or had read and explained to me, the provisions of this Agreement, I have had the opportunity to consult with an attorney of my choosing prior to executing this Agreement and I fully understand and enter into this Agreement and the attached addenda voluntarily and do not object to placement in a secured dementia care unit.

Resident #1, was discharged from the community on [REDACTED]/21, so it is not practical to document Resident #1 does not object to SDCU.