

Department of Human Services
Bureau of Human Service Licensing

January 20, 2022

[REDACTED]
COLUMBIA WEGMAN SOUTHAMPTON LLC
999 THIRD AVENUE, SUITE 4550
SEATTLE, WA, 98104

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 11/17/2021 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: *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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *COLUMBIA WEGMAN SOUTHAMPTON LLC*
Address: *999 THIRD AVENUE, SUITE 4550, SEATTLE, WA, 98104*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/17/2021*

Inspection Dates and Department Representative

11/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *Opal* Capacity: *36* Residents Served: *10*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *17* Have Physical Disability: *1*

Inspections / Reviews

11/17/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2021*

11/17/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/19/2021*

Inspection Dates and Department Representative (*continued*)

12/20/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/31/2021*

01/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the administrator of the home.

Plan of Correction

Accept

The prior Administrator that was deficient in signing the contract for this violation is no longer employed with the community. All contracts for new resident move-ins will be signed by the administrator or designee before being placed into the resident's records. This will be monitored by the General Manager and the Business Office Manger to ensure ongoing compliance. This will occur when move-ins resume in our community.

Document Submission

Implemented

Prior information submitted and accepted

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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.

Description of Violation

The resident's medical evaluation dated [REDACTED] for resident [REDACTED] did not include (4) Special Health or Dietary Needs and (9) Health status/Cognitive Functioning.

Plan of Correction

Accept

The Health and Wellness team will audit all DME's to check for all aspects of regulation 141a. Any DME's with any missing items, will have a new DME sent to the attending physician, PA, or NP by 12/31/21 for completion. Any new DME's that are received by the community will be audited by HWD, Nurses and Memory Care Manager to ensure full compliance of regulation 141a.

Document Submission

Implemented

DME audit attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

A recent DME audit was completed by our corporate support team, to ensure that they are all current and meet the requirements of this regulation. A new Medical Evaluation was requested for any resident that was not in compliance with regulation 141b. Any new DME's that are received by the community will be audited by HWD, Nurses and Memory Care Manager to ensure full compliance of regulation 141b.

Document Submission**Implemented**

DME audit attached

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

Description of Violation

The home's medication administration record (MAR) does not list a clock time for administration of the residents' medications with few exceptions. Instead, the MAR lists Early AM, AM, Afternoon, Evening, and PM. For example, resident [REDACTED] is prescribed [REDACTED] and [REDACTED] and [REDACTED]. The home schedules [REDACTED] AM and [REDACTED] at AM, Afternoon, and PM. Resident [REDACTED] MAR does not indicate the exact time of the administration of these medications.

Resident [REDACTED] prescribed [REDACTED] and [REDACTED], which are scheduled at AM and PM. The resident's [REDACTED] MAR does not indicate the exact time of the administration of these medications.

Plan of Correction**Do Not Accept**

The EMR that we use (Eldermark) lists times that medications were administered in real time, so on a daily basis there is no confusion as to what the pass times are and the record is clear when a medication has been administered to a resident. However, when printing out a paper MAR, those pass times are not printed by the software system. As a community, we understand the importance of having a paper MAR record available for EMS for any resident emergency. We are working closely with our software provider to get that rectified on the printed MAR. In the interim, we will print out labels that can be affixed to act as a legend for when our medication pass times occur.

Plan of Correction**Accept**

Our software company, Eldermark, has reported to us that the fix for having pass time listed on a printed MAR will be in February 2022, with their next update. In the interim, we will have printed labels with pass times printed at our front desk and in Health and Wellness office to affix to printed MAR's as needed. Please see attached label.

187a - Medication Record (continued)

Document Submission

Implemented

Prior information submitted and accepted

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] M. On [redacted], the medication was signed out on the [redacted] only twice at 09:41 AM and 07:52 PM. However, there are staff initials on the Medication Administration Record a [redacted] PM and [redacted]. Staff person A did not enter the administration of this medication on the MAR until [redacted]

Plan of Correction

Accept

The POC from the [redacted] Violation Report which was determined as ACCEPTABLE on 11/4 states:

The HWD responsible for monitoring the accuracy of the community's medication services program did not effectively manage the program and is no longer employed by the community.

Representatives from the corporate office will provide in-service training to all staff who assist with the community's medication services program to ensure they understand this requirement and how to properly document medication administration in the electronic medication administration record and narcotic logs and will oversee the community's medication services program until a new HWD is appointed and oriented to this plan of correction. The new GM will also be oriented to this plan of correction and is responsible for the overall operational oversight of the community.

The community's compliance with the community's Medication Services Policy is a component of the periodic clinical audits conducted by the corporate office.

The Department issued the following response on 11/4/21:

Within 10 business days receipt of this POC, the administrator will ensure all medication administration staff or med techs are educated on initialing the Medication Administration Record (MAR) at the date and time medication is administered. Documentation of training to be maintained by home and made available for Department review.

POC:

A new HWD and GM have been appointed and are trained in overseeing the requirements of this regulation. All med techs have since been trained to document the time of medication administration. Because the community was still working through the 9/16/21 POC for re-training within the timeframe of this violation occurrence, the POC will remain the same. Ongoing compliance will be monitored daily by the HWD and GM.

187b - Date/Time of Medication Admin. (continued)

Document Submission

Implemented

Prior information submitted and accepted

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 11/03, 04, 05, 06, 08, 12, and 13/2021 at bedtime, staff persons A, B, and C, who have not completed a Department-approved [redacted] within the past 12 months, administered [redacted]

Plan of Correction

Accept

An internal audit was conducted and any med tech staff that did not have the competency completed for [redacted] [redacted]. Upon successful completion of this course, they will be reinstated to perform [redacted]. BOM and HWD will monitor staff training and competency dates for ongoing compliance of regulation 190b.

Document Submission

Implemented

Prior information submitted and accepted

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

[redacted]

Repeat Violation: 09/16/2021

Plan of Correction

Accept

From the 9/16/21 POC that was determined as acceptable on 11/4/21: Representatives from the corporate office will receive notices of Medication Error Incident Reports and enact the appropriate action until a new HWD and GM are appointed and oriented to this plan of correction. The community's compliance with the community's Medication Services Policy is a component of the periodic clinical audits conducted by the corporate office. POC: New HWD and GM receive notices of medication incident reports. It was due to these findings, that we discovered that medications were not administered as per the prescriber. For each medication error, the following actions were completed: Notification to resident, POA, and physician. On 11/18/21, we conducted med tech

187d - Follow Prescriber's Orders (continued)

training with the approved department medication administration course and this regulation was addressed with staff. Ongoing compliance will be conducted by the HWD and GM to train the med techs to audit the missing/late med list, prior to ending their shift, in our EMR.

Document Submission

Implemented

Prior information submitted and accepted

2. Requirements

2600.

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

Description of Violation

Resident [redacted] prescribed [redacted] [redacted] However, this medication was not administered to resident [redacted] because the medication was not available in the home.

Repeat Violation: 09/16/2021

Plan of Correction

Accept

From the 9/16/21 POC that was determined as acceptable on 11/4/21:

Representatives from the corporate office will receive notices of Medication Error Incident Reports and enact the appropriate action until a new HWD and GM are appointed and oriented to this plan of correction. The community's compliance with the community's Medication Services Policy is a component of the periodic clinical audits conducted by the corporate office.

POC: Upon investigation into the reason for the violation, it was determined that when medication is filled by pharmacy, the start times are sometimes listed prior to when the medication is received by the home, therefore, creating a situation where the medication was unavailable to be administered. Ongoing compliance will be conducted by the HWD and GM to train the med techs to audit the missing/late med list, prior to ending their shift, in our EMR.

Document Submission

Implemented

Prior information submitted and accepted

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

[redacted]

Repeat Violation: 09/21/2021

190a - Completion Medication Course (continued)

Plan of Correction

Accept

The 9/21/21 POC which was determined as FULLY IMPLEMENTED on 11/16/21, states:

Employee files were returned to the home last week. An employee file audit of all employees certified to assist with medication administration was conducted. Staff whose documents have been unable to be obtained have been removed from performing tasks related to medication administration and will be enrolled in a medication administration course to be completed 11/18/21. Upon successful completion of this course, affected staff will be reinstated to perform tasks associated with medication administration.

POC:

To Date, all affected staff have successfully passed the department approved medication administration course, and are certified to administer medications. Records are maintained in the home. Business Office Manager in collaboration with HWD will monitor training documents routinely for ongoing compliance.

Document Submission

Implemented

Prior information submitted and accepted

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home does not have the medication administration training record for staff person A and B on file.

Repeat Violation: 09/21/2021

Plan of Correction

Do Not Accept

BOM and HWD will monitor staff training and competency dates for ongoing compliance of regulation 190c.

Plan of Correction

Accept

The attached forms will be kept in our Health and Wellness and Business offices and will be managed by our Health and Wellness Director, and our Nursing staff. Training records will be reviewed monthly and annually by the Health and Wellness Director, and GM to ensure that all staff trainings are current and up to date.

Document Submission

Implemented

Prior information submitted and accepted

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.

227g -Support Plan Signatures (continued)

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED] The home uses its own form (LC Assessment/Evaluation Service Planning). However, the home did not have the signature page on file.

Repeat Violation: 09/16/2021

Plan of Correction

Accept

Home will continue to ensure all support plans are completed by individuals specified in regulation 227g. in a timely manner and signed. The signature and date must print out from the documentation software or otherwise be physically signed. GM, HWD and BOM will audit support plans monthly to ensure compliance of regulation 227g.

Document Submission

Implemented

Prior information submitted and accepted