

# CERTIFIED MAIL – RETURN RECEIPT REQUESTED MAILING DATE: April 12, 2022

Columbia Wegman Southampton LLC

RE: The Landing of Southampton 1160 Street Road Southampton, Pennsylvania 18966 License #: 145381

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 16 and 30, 2021, October 1, 5, 7, and 8, 2021, and December 20, 2021 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 145380 dated February 10, 2022 to February 10, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated February 10, 2022 to February 10, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3); (4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 12, 2022 to October 12, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director Pennsylvania Department of Human Services Bureau of Human Services Licensing Room 631, Health and Welfare Building 625 Forster Street Harrisburg, Pennsylvania 17120 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

amie f. Buchenauer

Jamie Buchenauer Deputy Secretary Office of Long-term Living

Enclosure Licensing Inspection Summary

CC:

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

Facility Information				
Name: THE LANDING OF SOUTHAMPTON		cense #: 14538	License Expiration: 02/	10/2023
Address: 1160 STREET ROAD, SOUTHAMPTON, PA 18966				
County: BUCKS	Region: SOUTHEAST			
Administrator				
Name: P	Phone: 2157916666	Email:		shparker@pa.gov
Legal Entity				
Name: COLUMBIA WEGMAN SOUTHAMPT	ON LLC			
Address:				
Phone: Email:		_		
Certificate(s) of Occupancy				
Staffing Hours				
Resident Support Staff: 0 T	otal Daily Staff: 47		Waking Staff: 35	
Inspection Information				
Type: Partial Notice: Une	announced B	HA Docket #:		
Reason: Monitoring	Ex	xit Conference Date	e: <i>12/20/2021</i>	
Inspection Dates and Department Representative				
12/20/2021 - On-Site:				
Resident Demographic Data as of Inspection Dates				
General Information				
License Capacity: 106		Residents Served: 31		
Secured Dementia Care Unit				
In Home: Yes Area: O	PAL	Capacity: 36	Residents S	Served: 10
Hospice				
Current Residents: 4				
Number of Residents Who:				
Dessive Complemental Convrite Incom	na: 0	Are CO Veere of Ar	na an Oldan: 21	
Receive Supplemental Security Incon	ne: 0	Are 60 Years of Ag	-	
Diagnosed with Mental Illness: 1	ne: 0	Diagnosed with Ir	ntellectual Disability: 1	
	ne: <i>0</i>	-	ntellectual Disability: 1	
Diagnosed with Mental Illness: 1	ne: 0	Diagnosed with Ir	ntellectual Disability: 1	
Diagnosed with Mental Illness: 1 Have Mobility Need: 16	ne: <i>0</i>	Diagnosed with Ir	ntellectual Disability: 1	
Diagnosed with Mental Illness: 1 Have Mobility Need: 16 Inspections / Reviews	ne: 0 Follow-Up Type: PO(	Diagnosed with Ir Have Physical Disa	ntellectual Disability: 1	4/2022
Diagnosed with Mental Illness: 1 Have Mobility Need: 16 Inspections / Reviews 12/20/2021 - Partial		Diagnosed with Ir Have Physical Disa	ntellectual Disability: 1 ability: 1	4/2022

Inspections / Reviews (continued)		
02/23/2022 - Document Submission		
Reviewer:	Follow-Up Type: Exception	Follow-Up Date:

# 51 - Criminal Background Check

#### 1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

#### **Description of Violation**

Staff Member A was hired on Staff Member B was hired and

Plan of Correction

21 and their criminal history check was completed on /21 and their criminal history check was completed on

Directed

/21.

/21.

We did not have a Business Office Manager in the position prior to November 1st, 2021. We now have a full-time BOM in place and all new hires since that time have had appropriately timed background checks prior to their first day of employment. This process will continue to be monitored by the GM, and the BOM in an ongoing fashion and we will not schedule any new employees for orientation until their background check has been completed.

## DPOC - SP - 02-04-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on acquiring criminal background checks. Policy shall include receiving criminal background checks before the first day of employment. The administrator will be responsible for reviewing and updating the policy annually. Designated staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Licensee's Proposed Date for POC Implementation -02/25/22 SP - Not Implemented 183a - Original Containers and Injections 03-01-2022

#### 1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

#### **Description of Violation**

*Resident #1 is was prescribed APAP/Codeine tab 300-30MG take 1 tablet by mouth daily at bedtime for Pain, however there is a hole in the blister pack #7 and the pill remains in the packet.* 

Resident #3 is prescribed Lorazepam .5MG tab. However, there is a hole in that back of blister packet #20 and the pill remains in the blister packet.

Resident #4 is prescribed Tramadol HCL tab 50mg. However, pill #6 has a hole that is taped over on the back of the blister pack and the pill remains in the blister pack.

#### Plan of Correction

Accept

Beginning 1/10/2022, we added to our narcotic and medication audits that all blister packs be carefully inspected for any tears or rips in the packs. If medications are discovered to have been interrupted or compromised in any way, those specific pills/medications are to be destroyed. A medication destruction log is kept in our med rooms, and updated when medication destruction is being conducted. Staff will be educated on this process.

Licensee's Proposed Date for POC Implementation -02/25/22

SP - Not Implemented 03-01-2022

# 183d - Prescription Current

#### 1. Requirements

#### 2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

#### **Description of Violation**

On 12/20/21, APAP/Codeine tab 300-30MG take 1 tablet by mouth daily at bedtime for Pain prescribed for resident #1, was in the home's medication room; however, this medication was discontinued on 12/15/21.

#### **Plan of Correction**

#### Directed

In our locked narcotic cabinets, we added a labeled red bin for discontinued medications. Med techs were instructed to place any discontinued medications into this bin for destruction. Destruction is done throughout the month by the GM and the Health and Wellness Director, where a log is kept and updated whenever medication destruction is conducted.

## DPOC - SP - 02-04-2022

Within 3 calendar days receipt of this POC the administrator will audit medication for resident #1 to ensure prescriptions are current and listed on the MAR. Within 15 business days receipt of this POC, the administrator shall audit all resident medication. Administrator will update policy and create a checklist within 15 business days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 20 business days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 25 business days receipt of this POC.

Iteration PoceLicensee's Proposed Date for POC Implementation -02/25/22SP - Not Implemented187b - Date/Time of Medication Admin.03-01-2022

#### 1. Requirements

#### 2600.

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

#### **Description of Violation**

Resident #1 was prescribed APAP/Codeine tab 300-30MG take 1 tablet by mouth daily at bedtime for Pain. Resident #1's narcotic log does not include the initials of the staff person and the time of administration for this medication on 12/16/21. Resident #1's medication administration record does not include the initials of the staff person who administered this medication on 12/16/21.

Resident #2 is prescribed Lorazepam .5mg Tab take one tablet by mouth twice daily as needed for anxiety. Resident #2 was administered this medication on 12/15/21 at 3:40PM as recorded in the Narcotic Log. However, Resident #2's medication administration record does not include the initials of the staff person who administered this medication on 12/15/21 at 3:40PM.

#### **Plan of Correction**

#### Directed

We have ongoing med tech education and training as a follow up to our training on 11/18/21. We will continue to train our med techs to be sure to document on our narcotic log books that they initial each narcotic when they are removed for medication administration, and to review their documentation and audit any missed or late meds in our EMR at the end of each shift.

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

## DPOC - SP - 02-04-2022

Within 3 calendar days receipt of this POC the administrator will ensure all medication administered to residents is logged on the MAR. Within 15 business days receipt of this POC, the administrator shall audit all MAR's for accuracy and completion. Administrator will update policy and create a checklist within 15 business days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 20 business days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 25 business days receipt of this POC. Licensee's Proposed Date for POC Implementation -02/25/22 SP - Implemented

## 187d - Follow Prescriber's Orders

03-01-2022

#### 1. Requirements

2600.

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

#### **Description of Violation**

*Resident #1 was prescribed APAP/Codeine tab 300-30MG take 1 tablet by mouth daily at bedtime for Pain. This medication order was discontinued on 12/15/21. However, resident #1 was administered this medication on 12/16/21.* 

*Resident #2 is prescribed Melatonin Tab 3MG take one tablet by mouth daily at bedtime. However, resident #2 was not administered this medication on 12/8/21.* 

Resident #2 is prescribed Warfarin Tab 1MG take one tablet by mouth daily at bedtime. However, resident #2 was not administered this medication on 12/8/21.

#### Plan of Correction

Directed

Our HWD and GM review medication incident reports and when these occur, we notify the resident, POA, and physician. We have ongoing med tech education and training as a follow up to our training on 11/18/21. We will continue to train our med techs to review their documentation and audit any missed or late meds in our EMR at the end of each shift.

# DPOC - SP -02-04-2022

Within 3 calendar days receipt of this POC, the administrator will review all resident medication and doctors orders. Prescribed medication will be ordered and in te home immediately. Administrator will update policy and create a checklist within 15 business days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 20 business days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 25 business days receipt of this POC.

Licensee's Proposed Date for POC Implementation -02/25/22

SP - Implemented 03-01-2022

12/20/2021