



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 28, 2022

[REDACTED]
[REDACTED]
Columbia Wegman Southampton LLC
[REDACTED]
[REDACTED]

RE: The Landing of Southampton
1160 Street Road
Southampton, Pennsylvania 18966
License #: 145382

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 1 and 12, 2022, September 22, 26, and 30, 2022, October 17, 2022, and November 21 and 22, 2022 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 issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. 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 SECOND PROVISIONAL license is enclosed and is valid from December 28, 2022 to June 28, 2023.

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.

Mr. Michael Juno

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
141 b1	III	37	\$3	\$111	15 calendar days from mailing date of this letter
187 b	II	37	\$5	\$185	5 calendar days from mailing date of this letter
187 d	II	37	\$5	\$185	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND 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.

Mr. Michael Juno

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

[REDACTED]
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,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *THE LANDING OF SOUTHAMPTON* License #: *14538* License Expiration: *10/12/2022*
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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident, Monitoring* Exit Conference Date: *08/01/2022*

Inspection Dates and Department Representative

08/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* Residents Served: *39*

Secured Dementia Care Unit

In Home: *Yes* Area: *Opal* Capacity: *36* Residents Served: *9*

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: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

08/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2022*

Inspections / Reviews (*continued*)

08/31/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/05/2022

09/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2022

12/15/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 06/08/2022 at 07:00 AM, Resident #1's Oxycodone 5 mg tab was identified as missing one pill. The home did not report this incident to the department until 06/12/2022 at 12:05 PM.

On 06/22/2022 at 10:30 AM, Resident #2's Clonazepam 0.5 mg tab was identified as missing one pill. The home did not report this incident to the department until 06/24/2022 at 04:00 PM.

Repeat Violation: 9/16/2021 et al

POC Submission

Accept ([redacted]) - 08/31/2022)

6/8/22 report was late due to HWD immediate [redacted] GM reported 6/12 upon review and investigation of incident reports.

Acting HWD started 6/15/22, was trained on PA 2600.16c regulations upon taking role and review of existing incident reports. GM/designee will on a daily basis monitor all incident reports to ensure any reportable events are provided within the 24 hour reporting period.

The GM and HWD and/or designee 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.

Licensee's Proposed Overall Completion Date: 08/18/2022

Implemented ([redacted]) - 12/15/2022)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the support plan.

Description of Violation

On 07/27/2022, 6 residents did not receive their 09:00 PM meds as required by the management, these services could not be provided due to lack of available nurse/med-tech trained staff between 09:00 PM and 11:00 PM.

POC Submission

Accept ([redacted]) - 09/06/2022)

Health & Wellness Coordinator who was responsible for ensuring full staffing across all shifts is no longer with the community.

On 8/1/2022 GM and HWD trained new coordinator on PA Reg 2600 60(a), scheduling calendar and call-out/fulfillment process. Should there be any evidence-based error in the process, the GM and HWD will conduct a root-cause analysis for each occurrence and take appropriate corrective action based on the nature of the issue.

60a - Staff/Support Plan (continued)

An Onboarding Checklist has been established for the community and it specifies that the Employee Handbook, which includes each employee's responsibility for call-out notifications, including supervisory responsibilities, will be reviewed as part of each employee's first-day orientation. Oversight of the Onboarding Checklist is the responsibility of each hiring manager/department head. All employees (supervisors, coordinators, and other staff members) are responsible for observing the call-out practices and their understanding will be documented v their execution of the Employee Handbook Acknowledgement. The community ahs established an operating standard that each hiring manager will have a weekly meeting, on an ongoing basis, with the GM. A meeting agenda template has been established and includes a review of departmental staff schedules and training. Each employee's Onboarding Checklist will be reviewed and documented by the respective hiring manager and GM at their weekly 1:1 meeting, which will be pre-scheduled in Outlook.

Weekly meetings between HWD, GM started Monday 8/1/2022.

Licensee's Plan Completion Date: 09/05/2022

Implemented ([redacted] - 12/15/2022)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Repeat Violation: 11/17/2021

POC Submission

Accept ([redacted] - 09/06/2022)

An initial audit was completed 4/24/22. As a result, it was found that DME for Resident #3 was late. Memory Care (MC) Manager reached out to resident's physician to complete updated DME.

The HWD, GM and MC Mgr. started quarterly audits of DME's the week of 8/15/22 to review due dates for DME's. HWD and MC Mgr will be responsible for ensuring DME's in their units are completed on-time. A tracking tool was implemented 8/18/22 to alert HWD, MC Mgr and GM of DME due dates.

Regular audits of DME's will be conducted on a quarterly basis the second month of the quarter with the next audit being the week of November 15, 2022.

New DME's received by the community will be reviewed by HWD, Memory Care Mgr, and/or designee to ensure full compliance.

Documents attached

Licensee's Plan Completion Date: 09/05/2022

Not Implemented ([redacted] 12/15/2022)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

3. Remove the medication from the original container.

Description of Violation

Resident #1 is prescribed Oxycodone 5 mg tab twice a day in the morning and in the evening and once daily as needed. On 06/06/2022 at 07:32 PM and on 07/02/2022 at 08:14 PM, the Med tech on duty took the evening dose from the resident's as needed (PRN) dose pill pack. On 07/16/2022 at 07:50 AM, the med tech on duty took the morning dose from the resident's PRN dose pill pack.

POC Submission**Accept (████ - 09/06/2022)**

The homes written medication policy requires us to follow the 6 right which includes the right medication and the right documentation. The HWD was re-educated on 8/17/22. The medication policy does not require revision and was reviewed as a part of the training.

HWD trained med-techs on 6 rights of medication administration on 8/10/22. To ensure effectiveness, there are scheduled narcotic audits beginning on 8/31/22 - PC with HWD and GM, and Memory Care with MC Mgr. and GM and/or designees to identify any discrepancies - If discrepancies found, an investigation will be conducted and appropriate action will be taken and documented based on the outcome of the audits including disciplinary action up to and including termination. The community will maintain a log which will be reviewed by the HWD and GM at least 2x/month on the 10th & 20th. Quarterly pharmacy reviews will include consultation on narcotics and review of current narcotic control systems.

GM/designee is responsible for bi-weekly medication audits that began the week of 2/8/22 and will continue bi-weekly through the end of 2022. The HWD/Nursing Supervisor is responsible for follow-up with the pharmacy whenever there is a medication found during audits to have less than a 14-day supply. If audits result in less than a 14-day supply, HWD/Nursing Supervisor will reach out to pharmacy to ensure the medication is included in the next cycle if within the next 14 days; if more than 14-days out, will request an interim delivery. Med-Techs are also trained to monitor the countdown while assisting with the meds and to report to the HWD/designee as to the need for a refill.

Licensee's Plan Completion Date: 09/05/2022

Implemented (████ - 12/15/2022)

185b - Medication Procedures

5. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

Description of Violation

Resident #1's Oxycodone 5 mg tab was found missing one pill on 06/08/2022 at 07:00 AM. Resident #2's Clonazepam 0.5 mg tab was found missing one pill on 06/22/2022 at 10:30 AM. However, the home could not explain what happened to these missing pills.

185b - Medication Procedures (continued)

According to Resident #2's Clonazepam 0.5 mg controlled substance log, one pill (#21) was noted as wasted on 06/22/2022 at 09:00 AM without any explanation and/or two staff signatures.

POC Submission

Accept (█) - 09/06/2022)

The initial report was filed with DHS 6/22/22; the investigation began on 6/22 and was completed on 6/24. The policy was reviewed and the HWD re-educated med staff on medication handling and proper counting of narcotics with 2-person counting at beginning and end of each shift. Corrective action was taken with the 3 med technicians involved and the GM has established a time frame to review each med tech's compliance has been scheduled to ensure immediate and sustained improvement.

The HWD (RN) began observations of med technicians 8/8/22 to consist of delivery of meds to 10 residents across all med techs and then repeat on a quarterly basis. The GM and HWD/designee are responsible for the medication audits narcotic audits. Bi-weekly med audits began 2/8/22 and narcotic audits (were also bi-weekly) are now weekly starting 8/31/22 and both are set to follow the schedules throughout 2022 with appropriate action taken following each audit.

Licensee's Plan Completion Date: 09/05/2022

Implemented (█) - 12/15/2022)

187b - Date/Time of Medication Admin.**6. 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 #3 was prescribed Quetiapine 25 mg 1 and 1/2 tabs at 09:00 PM daily. A pill cup containing two pills were found in the medication drawer on 06/28/2022. The resident refused these pills on 06/27/2022 at 09:00 PM and the Medication Technician on duty put them aside to try again later but forgot to retry. However, the resident's June medication administration record (MAR) includes the initials of the staff person on 06/27/2022 at 09:00 PM.

Repeat Violation: 9/16/2021 et al

POC Submission

Accept (█) - 09/06/2022)

Documentation training will be scheduled to be completed by 9/9/2022. Currently HWD, GM and MC Mgr/designees monitor Monday-Friday the Narc Logs, EMAR, Resident Incident Reports and Notes for any issues. Training of designees to manage weekend monitoring to begin 9/7/2022. All monitoring currently scheduled to continue through end of year with appropriate action taken following the audit.

Licensee's Plan Completion Date: 09/05/2022

Not Implemented (█) - 12/15/2022)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #1 was not administered the evening dose of Oxycodone 5 mg on 07/21/2022.

187d - Follow Prescriber's Orders (continued)

On 07/27/2022 at 09:00 PM,

- resident #2 was not administered Clonazepam 0.5 mg, Latanoprost 0.005%, and Erythromycin Ointment.
- resident #3 was not administered Divalproex 125 mg and Quetiapine 25 mg.
- resident #4 was not administered 325 mg, Memantine 10 mg, and Metoprol 50 mg, and Acetaminophen.
- resident #5 was not administered Divalproex 125 mg, Quetiapine 25 mg, Geri-Kot 8.6 mg, Donepezil 10 mg, Hydroxychloroquine 200 mg, and Atorvastatin 10 mg.
- resident #6 was not administered Donepezil 5 mg.
- resident #7 was not administered Atorvastatin 40 mg.

Repeat Violation: 9/16/2021 et al

POC Submission

Directed (████ - 09/06/2022)

This was an issue with one med tech who was not properly syncing data upon arrival on shift. HWD and GM met with med tech on 7/28 upon discovery during EMAR review that the meds were missed. HWD and GM, as well as Corporate Health and Wellness nurse reiterated the need to sync prior to and after med pass, and how the functionality of the electronic medication system works to ensure all data is visible prior to med pass.

Effective 9/1/2022 the home will measure compliance as part of the daily EMAR audits, HWD, GM and/or designee will continue with ongoing monitoring until compliance is ensured and there is evidence that it is lasting.

Directed Plan of Correction 9/6/22 CM:

In addition to the above, by 9/20/22, the HWD will conduct med tech training with the approved medication administration course and address this regulation with all staff qualified to administer medication.

Starting 9/7/22, Medication pass observations shall be conducted by the HWD twice weekly for three months, and then weekly for three months.

Starting 10/1/22 and continuing monthly, the HWD shall conduct medication administration in-services to all staff trained in medication administration.

Directed Completion Date: 09/05/2022

Not Implemented (████ - 12/15/2022)

8. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Carvedilol 6.25 mg twice a day at 08:00 AM and 08:00 PM. However, this medication was not administered to the resident on 07/15/2022 at 08:00 PM and on 07/16/2022 at 08:00 AM and 08:00 PM because the medication was not available in the home.

POC Submission

Accept (████ - 09/06/2022)

The home is actively recruiting qualified staff and LPN's to further assure appropriate staffing levels.

187d - Follow Prescriber's Orders (continued)

On 7/21/22 and 7/26/22, the pharmacy representative conducted a full medication audit of all resident medications. Pharmacy recommendations noted and reviewed with med tech staff to ensure continued compliance.

Medication accuracy and availability training to be completed by HWD by 9/9/22.

The GM and/or designee is responsible for the bi-weekly med audit. Bi-weekly medication audits began 2/8/22 and are scheduled through end of 2022. All results reported to the HWD/Nursing Supervisor for review and any relevant corrective action such as pharmacy and/or resident follow-up, medication changes, prescription re-fills, medication destruction, disciplinary action or other relevant follow-up based on findings.

Licensee's Plan Completion Date: 09/05/2022

Not Implemented (████) 12/15/2022)

251b - Record Entries Legible**9. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On resident #1's Controlled Substance Log for PRN Oxycodone 5 mg,

- the date on the 3rd entry is written over
- the amount remaining on the 4th entry is written over
- the 10th entry is scratched out without proper notation.

On resident #2's Controlled Substance Log for Clonazepam 0.5 mg, the amount remaining on the 9th entry is written over.

POC Submission

Accept (████) - 09/06/2022)

HWD replaced sheets with new (same format) log sheets. Staff were retrained on 8/23/22 as to writing notes and other documentation assuring that they line out any errors, and ensure that writing is legible. Other details of documentation standards included how to properly document all med delivery, notations and signatures.

Effective 9/1/22, we will monitor compliance as part of daily log audits, HWD, GM and/or designee will continue with ongoing monitoring until compliance is ensured and lasting with periodic checks thereafter.

GM and HWD reviewed with staff the use of new form and procedures for clear and proper notation on all med administration. No changes or cross-outs/write overs are to be made - any updates/changes to data entered on the form must be notated on the following line with the correction and staff initials - and HWD to be notified of any such entries at end of shift.

HWD, GM or designee to provide monitoring of logs on a weekly basis.

Licensee's Plan Completion Date: 09/05/2022

Implemented (████) - 12/15/2022)