



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

Type: *I-1* Date: 10/10/2019 Issued By: *Upper Southampton TWP*
Type: *I-2* Date: 10/10/2019 Issued By: *Upper Southampton TWP*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional, Monitoring* Exit Conference Date: 11/22/2022

Inspection Dates and Department Representative

11/21/2022 - On-Site: [REDACTED]
11/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106 Residents Served: 37

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

11/21/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/15/2022*

12/15/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/16/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2022*

12/19/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *12/16/2022*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Influenza Awareness Act (HB 1785), personal care and assisted living homes must post the required influenza information in a public place in the home year round. On 11/21/2022, there was no Influenza poster posted in an area accessible to residents.

Plan of Correction

Accept [REDACTED] - 12/15/2022)

Influenza information postings have been placed in the Community Lobby on 12/01 in accordance with the Influenza Awareness Act (HB 1785).

HWD will monitor Community and County Influenza activity to identify any changes in flu activity and update the posting accordingly. All front desk personnel have been advised to not remove any postings from the lobby area without consent of GM or HWD.

Licensee's Proposed Overall Completion Date: 12/07/2022

Not Implemented ([REDACTED] - 12/19/2022)

25b - Contract Signatures

2. 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 resident.

Repeat Violation: 11/17/21

Plan of Correction

Accept [REDACTED] - 12/15/2022)

Contract for Resident #1 was signed 11/22/22 in full by resident, resident's payer and GM.

Sales, GM and BOM coordinated process to ensure future contracts are reviewed and signed by all required persons (community and resident/family) or designees preferably prior to, but no later than the day of resident taking possession of apt. GM responsible for ensuring Leisure Care policy R-2 is followed and the Resident Agreement is completed before keys turned over to resident.

BOM responsible for final review of agreements for completeness / signatures prior to filing of paperwork.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented ([REDACTED] - 12/19/2022)

44g - Telephone Number

3. Requirements

2600.

44g - Telephone Number (continued)

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████) 12/15/2022)

A posting in has been placed in an open area in the lobby containing phone numbers for: GM, Regional #'s for BHSL offices; ombudsman; PCH Complaint Hotline; Area Agency on Aging; Ombudsman, County Mental Health Program; County Mental Retardation Program; Commonwealth Info. Center and Disability Rights Network in accordance with Reg. 44g.

All front desk personnel have been advised to not remove any postings from the lobby area without consent of GM or HWD.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented (████) - 12/19/2022)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 11/21/2022 around 10:00 AM, personal hygiene items including a deodorant, shampoo, and toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or call the Poison Control Center right away", was unlocked, unattended, and accessible in the bathroom of resident room █████. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (████) 12/15/2022)

All potentially poisonous materials were removed from apt. █████ on 11/22/2022 due to resident breaking locked cabinet door containing personal hygiene items. All materials are now stored in locked Wellness Office and brought to the room for use as needed under observation of a staff and/or family member.

All residents are assessed for their ability to recognize and use poisonous materials safely. Effective 12/8 cabinet locks are monitored daily by care staff for any issues and logged for OM review. All concerns to be reported immediately to OM/HWD/GM or designee, and Plant Ops advised to address. In the event of a weakened/broken lock, all materials will be removed and stored in a locked Wellness office until cabinet lock is fully restored.

Licensee's Proposed Overall Completion Date: 12/06/2022

Not Implemented (████) - 12/19/2022)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident room [REDACTED] occupied by a resident, whose bed is equipped with an enabler on both sides. The enablers were more than 8 inches wide but they were not covered.

The cabinet lock in the bathroom of resident room [REDACTED] was broken.

Plan of Correction

Accept ([REDACTED] 12/15/2022)

The cabinet lock in apt # [REDACTED] was broken due to resident pulling on the cabinet and weakening the locking mechanism. Lock was repaired 12/12/2022 - and cabinet to remain unlocked with poisonous materials stored in locked Wellness Office.

Effective 12/8 cabinet locks are monitored daily by care staff for any issues and logged for OM review. All concerns to be reported immediately to OM/HWD/GM or designee, and Plant Ops advised to address. In the event of a weakened/broken lock, all materials will be removed and stored in a locked Wellness office until cabinet lock is fully restored.

Enablers in apt. [REDACTED] have been covered fully and are being monitored by care staff daily to remain covered as part of the residents service plan and documented in Eldermark. Any/all issues with covers remaining in place to be reported to HWD/GM or designee.

Licensee's Proposed Overall Completion Date: 12/12/2022

Not Implemented ([REDACTED] - 12/19/2022)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since Jan 2020.

Plan of Correction

Accept ([REDACTED] - 12/15/2022)

The written Emergency Procedures Manual has been submitted to the local EMA for review on 11/29/22.

GM will review the EPM with Plant Ops Manager quarterly to ensure all materials are up-to-date. Plan to be reviewed by Plant Ops Mgr and all Mgmt team annually prior to being submitted each December to the local EMA for review.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented ([REDACTED] - 12/19/2022)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not complete a fire drill observed by a fire safety expert in the year 2021.

Plan of Correction**Accept (CM - 12/15/2022)**

2021 drill was not completed due to COVID restrictions which opened early December 2021.

GM and Plant Ops Mgr have confirmed the annual fire drill will be conducted by our local fire safety experts on 12/16/22.

GM will ensure an annual fire drill is conducted by a fire safety expert mid-4th quarter annually.

Licensee's Proposed Overall Completion Date: 12/11/2022

Implemented (CM - 12/19/2022)**187b - Date/Time of Medication Admin.****8. 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 #2 is prescribed Oxycod/Apap 5-325 mg 1 tab every 6 hours as needed. The resident was given one pill at 10:00 AM on 11/12/2022. However, the medication technician, Staff member A, did not enter the initials at the time of the administration. Only after the discrepancy in the count (actual 2 count vs 3 on the sign-out log) was pointed out did staff member A enter the administration note at 11:11 AM. However, the staff member incorrectly indicated that Lorazepam 0.5mg was administered rather than the Oxycodone/APAP.

Resident #3 is prescribed Clonazepam 0.5 mg twice a day at 09:00 AM and 07:00 PM. This medication was not documented as retrieved on the Narcotic Control Log the morning of 11/22/22. However, Staff member B's initials are present on the MAR as administering this medication at 09:00 AM on 11/12/2022.

Resident #4 is prescribed Oxycodone 10-325 mg three times a day. This medication was not documented as retrieved on the Narcotic Control Log the morning of 11/22/22. However, Staff member A's initials are present on the MAR as administering this medication at 9:00AM on 11/22/22.

Repeat Violation: 9/16/21 et al

Plan of Correction**Accept (██████ 12/15/2022)**

HWD conducted In-Service with newer Staff members A and B on 12/3/22 to review Leisure Care and PA policy with regards to the administration and documentation of medications, and the Six Rights when passing medications to ensure complete and accurate documentation of medication administration.

HWD will perform random monthly narc audits and compare to resident MAR through Q1 2023; and quarterly through the remainder of 2023.

HWD also conducts twice weekly med pass observations throughout 2022 calendar year and begin once weekly

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

observations through first quarter of 2023. GM will review med observations with HWD on weekly basis through end of Q1 2023.

Licensee's Proposed Overall Completion Date: 12/11/2022

Not Implemented ([redacted] 12/19/2022)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Clonazepam 0.5 mg twice a day at 09:00 AM and 07:00 PM. However, the resident was not administered this medication at 09:00 AM on 11/12/2022.

Resident #4 is prescribed Oxycodone 10-325 mg three times a day. However, the resident was not administered this medication at 09:00 AM on 11/22/2022.

Repeat Violation: 9/16/21 et al

Plan of Correction

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

GM and HWD met with Med Tech on 12/3 to provide corrective action and education (In-service 12/3/22).

Will continue to closely monitor Med Tech logs and notes and conduct twice weekly med pass observations throughout 2022 calendar year and begin once weekly observations through first quarter of 2023.

HWD will perform random monthly narc audits and compare to resident MAR through Q1 2023; and quarterly through the remainder of 2023.

GM will review med observations with HWD on weekly basis through Q1-end 2023 and narc audit data through end-year 2023.

Licensee's Proposed Overall Completion Date: 12/11/2022

Not Implemented ([redacted] - 12/19/2022)