

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

April 13, 2023

[REDACTED], VICE PRESIDENT OF OPERATIONS
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 01/13/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE LANDING OF SOUTHAMPTON* License #: *14538* License Expiration: *06/28/2023*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *01/13/2023*

Inspection Dates and Department Representative

01/13/2023 - 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: *11*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

01/13/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2023*

01/31/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/27/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2023*

Inspections / Reviews *(continued)*

02/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/03/2023

04/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [REDACTED], medication labeled [REDACTED] -take 1 tablet by mouth daily in the morning, prescribed for Resident 1 on [REDACTED] was in the home; however, this medication was discontinued on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/30/2023)

Resident 1's medication was removed at time of citation and later destroyed on [REDACTED].

HWD put process in place 1/24/23 where once a dc order is received that within 24 hours, HWD/OM will assign a med tech to remove the medication from the resident's room.

HWD conducted In-Service with members of Med Tech team on 1/24/23 (second session to take place 1/30/23) for Medication Training to include order changes, dc'd med removal and availability of medication, and changes to MAR.

HWD and OM will continue monthly medication audits (currently in conjunction with Pharmacy starting 1/26/23 through 1/30/23) - this will include medication inventory for discontinued medications) and assign two (2) additional random medication audits by med techs that will be followed up and reviewed by HWD/OM or designee throughout Q2.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 03/09/2023)

183f - Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

[REDACTED] expired on [REDACTED] belonging to resident 1 was in the home. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [REDACTED] - 01/30/2023)

Self meds were not properly audited for expiration, dc orders or changes.

All self med orders will be taken from community responsibility and transitioned to resident for full self-management from order to administration in accordance with LC Policy R-15 and ensure residents are assessed every six months in accordance with LC Policy R-29 to determine self-med ability.

Obtained a new DME from doctor 1/16. Medications that were no longer being taken were removed from residents' room 1/16/23 and the community assumed all responsibility for medication administration effective 1/20/23.

183f - Discontinued Medications (continued)

HWD conducted In-Service with members of Med Tech team on 1/24/23 (second session to take place 1/30/23) for Medication Training to include order changes, dc'd med removal and availability of medication, and changes to MAR.

HWD and OM will continue monthly medication audits and assign two (2) additional random medication audits by med techs that will be followed up and reviewed by HWD/OM or designee throughout Q2.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [redacted] - 03/09/2023)

185a - Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed [redacted] take 1 tablet by mouth 3 times daily as needed. On 1/13/23, this medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/30/2023)

PRN not available as order was changed to 3x/day which was reflected on new blister pack sticker but not in the MAR. Unable to correct the MAR until the physician provided a corrected order.

Dc'd PRN order on 1/13/23.

HWD conducted In-Service with members of Med Tech team on 1/24/23 (second session to take place 1/30/23) for Medication Training to include order changes, dc'd med removal and availability of medication, and changes to MAR.

HWD and OM will continue monthly medication audits (currently in conjunction with Pharmacy starting 1/26/23 through 1/30/23) - this will include medication inventory for discontinued medications) and assign two (2) additional random medication audits by med techs that will be followed up and reviewed by HWD/OM or designee throughout Q2.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [redacted] - 03/16/2023)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

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

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

Description of Violation

Resident 1 is prescribed [redacted] tab take 1 tablet by mouth 3 times a day. Resident 1's controlled medication inventory log shows medication was administered on [redacted] however the resident's medication administration record does not include the initials of the staff person who administered this medication on [redacted] at [redacted]

Repeated Violation 11/21/22, 8/1/22, 3/2/22, et al

Plan of Correction

Accept [redacted] - 02/03/2023)

Resident 1 Med Tech failed to notate administration of the medication. Corrective action taken with Med Tech on 1/13/23 followed by training on 1/16/23 to address EHR sync process and new column added to Crossover / Equipment log to confirm sync took place.

HWD/OM or designee will validate all MAR's by 2/10 to ensure all medication records are accurate. Effective 2/3/23 HWD/OM or designee will perform daily review of MAR to identify any errors or omissions and conduct random. This is an ongoing daily process.

By 2/10/23, HWD/OM or designee to conduct In Service with all Med Tech to address EHR medication delivery, verification of MAR entries and sync process. As well new column added to Crossover / Equipment log as of 1/26/23 to confirm Med Tech performed EHR sync to be signed off by Med Tech before end of each shift.

HWD/OM/GM or designee will continue the weekly Narc Audits to confirm records and counts are accurate. HWD/OM or designee will conduct monthly medication audits, random twice monthly medication administration observations and assign twice monthly random medication audits to be performed by Med techs with follow up review by HWD/OM or designee for accuracy and completeness these observations/audits to continue through Q2, 2023.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [redacted] - 04/13/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [redacted] take 1 tablet by mouth 3 times a day. However, this medication was only administered once on [redacted] and [redacted].

Resident 1 is prescribed [redacted] take one capsule by mouth twice a day scheduled for 9am and 9pm, for 7 days effective 12/14/22. However, this medication was not administered on [redacted] and only once at 9pm on [redacted]

Resident 1 is prescribed the following medications that are scheduled to be administered at 1PM daily and did not receive any of them on 1/12/22 as follows: [redacted]

187d - Follow Prescriber's Orders (continued)

Resident 2 is prescribed [REDACTED] three times a day as requested x 5 days, ordered on 12/2/22 expiring on 12/7/22, however, this was administered on [REDACTED].

Resident 3 is prescribed [REDACTED] take 2 tablets by mouth in the afternoon. However, this medication was not administered on [REDACTED].

Repeated Violation- 11/21/22, 9/22/22 et al., 8/1/22

Plan of Correction

Accept [REDACTED] - 02/03/2023)

Res 1: Med Tech failed to administer medications in accordance with prescribers orders. Med Tech was previously provided corrective action - terminated 01/3/23.

Res 1: Physician's orders were not clear on when to start medication. Documentation not clear on instructions - HWD will ensure all scripts include clear written instructions on how/when to apply. HWD will not accept meds to be held or w/o clear specific instructions on administration time and delivery.

Res 2: Med techs did not notate beginning date to end in 5-days. Corrective Action taken 1/18/23 with Med-Tech providing the tea. HWD/OM or designee to ensure all supplemental OTC materials have clear written instructions as to when/how to administer - will not be part of MAR

Res 3: Med Tech failed to notate administration of the medication. Corrective action taken with Med Tech on 1/13. As well In-Service was delivered 1:1 on 1/16 on signing off and verifying all meds have been completed and computer has synced all relevant prior to logging off end of shift.

By 2/10/23, HWD/OM or designee to conduct full med audit to verify all meds are noted correctly in MAR. HWD/OM or designee will validate all MAR's by 2/10 to ensure all medication records are accurate. Effective 2/3/23 HWD/OM or designee will perform daily review of MAR to identify errors and/or omissions – this is an ongoing daily process.

HWD conducted In-Service with members of Med Tech team on 1/24/23 and 1/30/23 for Medication Training to include order changes, dc'd med removal and availability of medication, and changes to MAR.

By 2/10/23, HWD/OM or designee to conduct In-Service with all Med Tech to address EHR medication delivery, verification of MAR entries and sync process. As well new column added to Crossover / Equipment log as of 1/26/23 to confirm Med Tech performed EHR sync -- to be signed off by Med Tech before end of each shift.

HWD/OM/GM or designee will continue the weekly Narc Audits to confirm records and counts are accurate. HWD/OM or designee will conduct monthly medication audits, random twice monthly medication administration observations and assign twice monthly random medication audits to be performed by Med techs with follow up review by HWD/OM or designee for accuracy and completeness – these observations/audits to continue through Q2, 2023.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [REDACTED] 04/13/2023)

187d - Follow Prescriber's Orders (*continued*)**6. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed [REDACTED] apply to affected area for 12 hours and remove for 12 hours and is ordered to be self administered. However, on [REDACTED] the medication was not available in the home or in the resident's room.

Resident 1 is prescribed [REDACTED] use to test blood sugar twice a day and is ordered to be self administered. However, on [REDACTED] the test strips were not available in the home or in the resident's room.

Repeated Violation- 8/1/22, et al

Plan of Correction

Accept ([REDACTED] - 02/03/2023)

Resident did not advise HWD or staff that [REDACTED] were not available.

Effective 1/20/23, all self-med orders were taken from community responsibility and transitioned to residents assessed to enable self-management from order to administration in accordance with LC Policy R-15 and ensure residents are assessed every six months in accordance with LC Policy R-29 to determine self-med ability.

HWD obtained a new DME from doctor 1/16. Medications that were no longer being taken were dc'd and removed from resident's room 1/16/23 and the community assumed all responsibility for medication administration for this resident effective 1/20/23.

Effective week of 2/6/23 HWD/OM or designee will conduct monthly medication audits, random twice monthly medication administration observations and assign twice monthly random medication audits to be performed by Med techs with follow up review by HWD/OM or designee for accuracy and completeness – these observations/audits to continue through Q2, 2023. All audits will include medications assigned to be self-administered by residents.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [REDACTED] 04/13/2023)