

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

May 16, 2023

[REDACTED]  
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 02/27/2023, 03/02/2023, 03/07/2023 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:** 0      **Total Daily Staff:** 71      **Waking Staff:** 53

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint, Incident, Monitoring      **Exit Conference Date:** 02/27/2023

**Inspection Dates and Department Representative**

02/27/2023 On Site [REDACTED]

03/02/2023 Off Site [REDACTED]

03/07/2023 Off 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:** 34      **Residents Served:** 14

**Hospice**

**Current Residents:** x

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 39

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 31      **Have Physical Disability:** 0

**Inspections / Reviews**

**02/27/2023 - Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/30/2023

**04/04/2023 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 04/17/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/09/2023

Inspections / Reviews *(continued)*

04/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/18/2023

05/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED]/2023 during the [REDACTED] shift, Staff member A and B were supervising 14 residents in the home's Secured Dementia Care Unit (SDCU). At approximately [REDACTED] pm, Resident #1 was observed walking in the common area and watching television. At approximately [REDACTED] pm, Staff member B returned from the bathroom and looked for Resident #1 in order to put the resident to bed. Staff member B could not locate the resident, so Staff member A and B checked the resident's bedroom, and when the resident was not located, checked the remainder of the SDCU without success.

At approximately [REDACTED] pm, Staff member C contacted the authorities to report that Resident #1 was not able to be located. Three officers responded and instructed the staff to search every single room and area in the SDCU, which staff A and B repeatedly confirmed as completed while the police searched the home and the surrounding areas to include the adjacent construction site, the grassy areas, and the retention basin near the parking lot. Without any success, the search area was widened to include the neighborhood and local businesses still open at that time. A police dog joined the search at [REDACTED] PM and a drone search was conducted from [REDACTED] PM until around [REDACTED] PM. At that time, Staff member D observed Resident #1 exiting room # [REDACTED], which was reserved as a showroom. This room was reported to be locked at all times with only management staff and medication technicians having access to a key. The master key for the bedrooms does not operate the door lock of Room [REDACTED]. Staff A and B, during their search of the SDCU, failed to ask for the key to the showroom and never searched the room despite the police officer's repeated instructions to search each and every room.

On [REDACTED]/2023 around [REDACTED] PM, resident #2, a SDCU resident, was observed walking outside in the home's parking lot in front of the main entrance without any supervision. The home was able to redirect the resident back into the building. The resident did not sustain injuries. However, the home reported that they were unaware that Resident #2 left the SDCU as the door alarms are not loud enough to be heard when the television is on.

Repeated Violation: 8/12/22

**Plan of Correction**

Accept ([REDACTED] - 04/11/2023)

The SDCU unit will remain secure as the coded keypads for each exit door will remain in place. The only change is removing the ability for a resident to bypass the locking mechanism of the door by holding the handle down for 15 seconds. Our electrician has confirmed [REDACTED] expects to have the 15-second releases removed, and louder alarms installed by the end of April.

Egress is still possible via an emergency button in the SDCU Wellness office and an active fire alarm - either will release all doors upon activation as intended.

Elopement drills will continue to be conducted by the HCD and/or designated person every other month with next scheduled drill to be conducted on Friday, April 7, 2023.

HCD and/or designated person will reevaluate all existing SDCU residents for elopement risk - to be completed by Monday, April 17, 2023. All new residents will have a completed Elopement Risk assessment completed by the HCD and/or designee prior to move in 120 days and with significant change. Appropriate interventions will be added to

42b - Abuse (continued)

the RASP as necessary.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (█) - 05/16/2023)

82c Locking Poisonous Materials

2. 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 02/27/2023 around 2:00 PM, the cabinets beside the kitchen sink in resident room #█ and #█ were unlocked, unattended, and accessible to residents. The cabinets were full of laundry detergents, Clorox, Febreze air-freshener, and other personal hygiene items with a manufacture's label indicating "if swallowed, call a Poison Control Center or a doctor immediately." Not all the residents of the home, including the residents in room █ and #█, have been assessed capable of recognizing and using poisons safely.

Repeated Violation: 11/21/22 et al

Plan of Correction

Accept (█) 04/04/2023)

Weekly monitoring has been in place since 1/1/23 as well HCD and RD conducting weekly random room and cabinet checks since 2/28. Found some residents were pulling on cabinets resulting in loosened or opened cabinets and damage to locks. To avoid any further potential exposure to poisonous materials, effective 3/20 HCD directed removal of all poisonous materials from all apartments in the SDCU to be sorted, labeled and secured within an SDCU locked room - accessible by all staff.

HCD sent message to all families on 3/29 to advise in change of location and to educate on poisonous materials and need to secure the items. Any family, visitors bringing materials for residents of SDCU must bring them to staff or front desk so that no poisonous materials are in a residents room.

HCD provided In-Service to staff on (3/28 & 3/30) identifying any potential poisonous materials throughout residents rooms during rounds.

HCD and RD instructed RA/MT teams (3/28) to conduct random room audits covering all occupied rooms weekly and HCD and RD will review all rooms once a week through May, 2023.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (█) - 05/16/2023)

95 - Furniture and Equipment

3. Requirements

2600.

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

95 - Furniture and Equipment (*continued*)**Description of Violation**

The home's SDCU exits are equipped with screamers, which go off when the door is touched or pushed, alerting staff of any resident's attempt to elope. However, the screamer is not loud enough for the staff to respond to when the TV in the common living room is on and other activities are going on. On [REDACTED]/2023 around [REDACTED] PM, resident #2 eloped from the home without any staff knowledge. During the home's investigation of the elopement on [REDACTED] 2023, it was identified that some of the exit doors that are supposed to be alarmed if opened were not working properly.

**Plan of Correction**

Accept ([REDACTED] - 04/11/2023)

RD conducted the initial testing on 3/28.

Maintenance director conducted testing again on the morning of 3/29 at 7:00 am to ensure doors were still alarmed in the 8p to 8a hours. Maintenance director or designee will, on a weekly basis, a check of exit doors to ensure alarms are working as intended upon [REDACTED] arrival before 8am and report any inconsistencies to the RD. This is an ongoing process.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented ([REDACTED] - 05/16/2023)

## 121a - Unobstructed Egress

**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On [REDACTED]/22 at approximately [REDACTED] pm, the door to room [REDACTED], located in the home's Secured Dementia Care Unit, was locked with a key locking device on the outside and a mechanically operated deadbolt lock on the inside. Resident #1, a resident of the home's SDCU obtained access of the unlocked room and locked the deadbolt behind him/her and went to sleep. The resident was not noticed by staff entering the room. During the staff's search of the unit, staff could not access this room as the home's master key does not operate this key-locking device. This door impeded egress from the home as the resident was asleep and unable to unlock the door during the staff's search of the unit.

**Plan of Correction**

Accept ([REDACTED] - 04/04/2023)

HCD will update RASP's to notate that [REDACTED] and all other residents have the capability to lock and unlock their doors per their preference. Will plan to update all MC RASP's accordingly by 4/15/23.

RD confirmed all MT's have model key on their key ring as of 2/28/23. As well for emergency purposes, RD/HCD hid an additional model room key within the SDCU unit - in case of an emergency any staff can reach out to HCD or RD to obtain location of the key (taped under 3rd shelf of Chart Shelves).

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented ([REDACTED] - 05/16/2023)

## 183e - Storing Medications

**5. Requirements**

2600.

183e - Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 02/27/2023, an opened bottle of [redacted] prescribed for resident #3 was in the home's SDCU medication cart without an open/discard after date. According to the manufacturer's instructions, this medication should be discarded within 6 weeks of opening.

Plan of Correction

Accept [redacted] - 04/04/2023)

HCD conducted In-Service for MT 3/1 and 3/3 educating on process of labeling all drops with Open Date and Expiration Date of no later than 30-days and all creams are to be labeled with Open Date and Expiration date per packaging.

HCD will continue monthly audits and MT's will conduct random bi-weekly audits as assigned with HCD review through May, 2023.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented [redacted] - 05/16/2023)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 02/27/2023, a bottle of [redacted] and 3 bottles of [redacted] (2 boxes unopened and one opened) were in the SDCU medication cart and were not labeled with any resident's name.

Plan of Correction

Accept [redacted] - 04/11/2023)

HCD returned the meds to the family on 2/28/23.

On 2/28 HCD educated the caregiver and spouse (who were administering the meds) of the residents - both caregiver and spouse signed agreement written and provided by HCD to not administer medication to any resident in their care. Family members, personal caregivers, or other visitors do not have access to the resident medication cabinets - all meds, creams, etc. are locked in the resident's unit with only Med Techs, HCD, and RD having keys.

HCD will continue to conduct monthly med audits as scheduled through Q2 and the Med Techs will conduct random med audits 2x/month - with HCD review of all results - this review will also continue through the end of Q2.

HCD and RD will send a letter by Monday, 4/10, 2023 to provide to all incoming residents/current families education on restrictions regarding bringing in/administering any medications including OTC without a physician's order per state regulations.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented [redacted] - 05/16/2023)

231b - Medical Evaluation

## 7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

### Description of Violation

Resident #2 was admitted to the SDCU on [REDACTED]/2023; however, the resident's medical evaluation was completed on [REDACTED]/2023.

### Plan of Correction

Accept ([REDACTED] - 04/11/2023)

HCD conducted a scheduled quarterly DME audit on February 10, 2023. The next audit is scheduled for May 2023 by HCD and/or designee and they will continue through end of Q3, 2023.

Resident was evaluated for admission by HCD (emergency request) to MC unit pending a court date to determine [REDACTED] move-in date to a community. It was requested by the court on [REDACTED]/23 that [REDACTED] be immediately be removed from [REDACTED] home to a community and that [REDACTED] be placed permanently after the court hearing.

RD educated Sales and HCD 3/28/23 that no residents are to be admitted to the community without proper medical evaluation on hand, and completed no more than 60 days prior to admission in accordance with state regulation 231b.RD, HCD and/or designee will review and approve all required Move-In paper work including the DME's and signed physician orders prior to a safe move in.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented ([REDACTED] - 05/16/2023)