



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 10 2019

Mr. W. Bryan Hudson, EVP
General Counsel and Secretary
Columbia/Wegman Collegeville, LLC
Attn: Legal Dept.
1421 South Collegeville Road
Collegeville, Pennsylvania 19426

RE: The Landing of Collegeville
License #: 142610

Dear Mr. Hudson:


As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15 and 16, 2018 and November 14, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

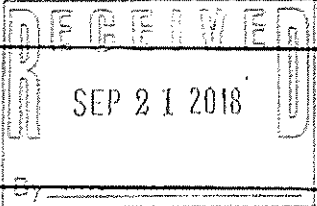
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE LANDING OF COLLEGEVILLE		License Number: 14261
Address: 1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426		County: Montgomery
Administrator: Monkua Cantor		Region: SOUTHEAST
Legal Entity Name: COLUMBIA WEGMAN COLLEGEVILLE LLC		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy I-1 06/30/2016 Upper Providence Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/15/2018: Freeman, Sabrina; Braswell, Natasha 05/16/2018: Freeman, Sabrina; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 110 ✓ Number of Residents Served: 41 ✓ Secured Dementia Care Unit In Home: Yes Area: 1st floor/Life Guidance Secured Dementia Unit Capacity, if Applicable: 30-35 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 ✓ Number of Current Hospice Residents: 0 ✓ Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 24 ✓ Have a Physical Disability: 0 ✓

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa. Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The toilet in room #18 was stained with a brown substance on the front of it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Community sanitize and cleaned the toilet in Room 18 at the time of the inspection. Staff were inserviced on how to identify and remedy issues regarding sanitary conditions. A copy of that in-service is attached hereto. The Executive Director or other designee shall conduct routine room checks to ensure sanitary conditions are maintained pursuant to 55 Pa. Code Chapter 2600.85(a), at least monthly, starting immediately.

11/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec Dir</i>	Date <i>9/21/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/19/18
 (Date)

Plan of correction implementation status as of 10/19/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14281 - 05/15/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Room # 9 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Community installed a functioning light at beside in Room 9. A photo of the respective light is attached hereto. Community in-service the appropriate staff on 55 Pa. Code Chapter 2600.101(j)(7). A copy of that in-service is attached hereto. The Executive Director or other designee shall conduct routine room checks to ensure compliance with 55 Pa. Code Chapter 2600101(j)(7), *at least Monthly.*

10/18/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino Exec Dir* Date *9/21/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/19/18</u> (Date)
The above plan of correction was approved by <u><i>GP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 06/16/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The container of ice cream in the freezer was opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Community installed lids on all ice cream containers. Appropriate staff were in-serviced on compliance with 55 Pa. Code Chapter 2600.103(g). A copy of that in-service is attached hereto. The Director of Culinary Services, Executive Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.103(g), at least weekly starting immediately, @ 10/19/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec DIR</i>	Date <i>9/28/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/17/18</u> (Date)
The above plan of correction was approved by <u><i>MP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14251 - 05/15/2018 - Freeman, Sabrina PCH Name: THE LANDING OF COLLEGEVILLE	
1. REGULATION 65 Pa.Code §2600 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	
2a. DESCRIPTION OF VIOLATION On 5/16/18, there was an accumulation of lint in the dryer lint trap on the 1st floor.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued. Community removed lint from all dryer traps. Community installed signage next to dryers to remind users of the importance of lint removal. Photographs are attached hereto. Staff were in-serviced on 55 Pa. Code Chapter 2600105(g)(1). See in-service sheet attached hereto. The Maintenance Director, Executive Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.105(g)(1), at least weekly starting immediately. <div style="text-align: right;"><i>10/11/18</i></div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>Monica Paulino</i> <small>(Required on EVERY Page)</small>	
Printed Name and Title of Legal Entity Representative <i>Monica Paulino Exec Dir</i> <small>(Required on EVERY Page)</small>	Date <i>9/21/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/19/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa. Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 5/16/18, the home had 41 residents, but only 70 gallons of emergency drinking water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Community obtained adequate water supply for census of residents. Community was in-serviced on 55 Pa. Code Chapter 2600.107(c). See in-service sheet attached hereto. The Director of Culinary Services, Executive Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.107(c), at least quarterly starting immediately.

10/19/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec Dir</i>	Date <i>9/21/18</i>
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 (Date)

Plan of correction implementation status as of 10/19/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina PCH Name: THE LANDING OF COLLEGEVILLE	
1. REGULATION 55 Pa. Code §2600 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	
2a. DESCRIPTION OF VIOLATION The label for resident 1's Janumet XR does not match the medication administration record or MAR. The label states, take 1 tablet twice a day. The MAR states, take 1 tablet by mouth every day.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued. Community conducted a medication audit to ensure compliance with 55 Pa. Code Chapter 2600.184(a). All appropriate staff were inserviced on 55 Pa. Code Chapter 2600.184(a). A copy of the in-service sheet is attached hereto. The Resident Services Director, Executive Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.184(a), <i>at least monthly, starting immediately 11/14/18</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec Dir</i>	Date <i>9/21/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/14/18</u> (Date)	Plan of correction implementation status as of <u>11/14/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina
 PGH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION: 55 Pa. Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was prescribed 2mg Loporanido which was on the doctor's order and medication administration record. The homo did not have the medication in the medication cart or on site at the time of inspection on 5/16/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
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Community conducted an audit to ensure compliance with 55 Pa. Code Chapter 2600.185(a). Community contacted all responsible parties that assist residents with medication to ensure resident has access to medications pursuant to the respective prescriptions. The Resident Services Director, Executive Director; or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.185(a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Monica Paulino Exec Dir* Date *9/21/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-29-19</u> (Date)	Plan of correction implementation status as of <u>4-29-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14281 - 05/15/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2's lvile was not administered from 5/11/18 through 5/14/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Community conducted an audit to ensure compliance with 55 Pa. Code Chapter 2600.187(d). Appropriate staff were in-serviced on 55 Pa. Code Chapter 2600.187(d). A copy of the in-service is enclosed hereto. The Resident Services Director, Executive Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.187(d).

The medication for Resident #2 was discontinued by the prescriber on 6/7/18.

The home will conduct weekly audits of the medications and med cart to ensure the medications are administered in accordance with physician orders, starting immediately.

The administrator will conduct a monthly audit with the DON at least monthly and will discuss the results immediately with the staff and continue the discussion at staff meetings for the next 6 months. (SD) 11/14/18

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marice Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *9/21/18 Marice Paulino Exec Dir* Date *9/21/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/14/18</u> (Date)	Plan of correction implementation status as of <u>11/14/18</u> (Date)
The above plan of correction was approved by <u>(SD)</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina
 POH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION
 The home failed to provide a 30-day advance written notice to resident #3 or resident #3's family.
 On 4/27/18, the home documented, "we were not able to maintain the care level."
 On 5/15/18, the family transferred resident #3 to another personal care facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Community shall provide sufficient notice to a resident and the resident's family, designated individual pursuant to 55 Pa. Code Chapter 2600.228(b). The Community conducted an in-service with all appropriate department directors regarding 55 Pa. Code Chapter 2600.228(b). A copy of that in-service is attached hereto. The Executive Director or other designee shall ensure compliance with 55 Pa. Code Chapter 2600.228(b).

The Administrator will review and document all reasons for discharges, starting immediately, and will provide all residents at least a 30 day discharge unless the resident is a harm to self or others. Documentation will be maintained for the Department's review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec Dir</i>	Date <i>9/21/18</i>
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 05/15/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was discharged on 6/15/18. The resident's record did not include the date of discharge, the reason for discharge, nor the destination of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Community conducted an audit of all residents discharged since 5/15/18 to ensure compliance with 55 Pa. Code Chapter 2600.228(e). An in-service was conducted with all appropriate directors to ensure compliance with 55 Pa. Code Chapter 2600.228(e). A copy of that in-service is attached hereto. The Executive Director, Resident Services Director, or other designee shall conduct routine audits to ensure compliance with 55 Pa. Code Chapter 2600.228(e).

Resident #2's record was updated to include the reason and date of discharge. The administrator developed a form to facilitate this information for future discharges.

The Business Manager will review all discharged resident records to ensure the required information is maintained in the Resident Record, starting immediately.

EW 11/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino 9/21/18 Exec Dir* Date *9/21/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>EW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 05/16/2018 - Freeman, Sabrina
 PCH Name: THE LANDING OF COLLEGEVILLE

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on 1/12/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


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Community conducted an audit to ensure compliance with 55 Pa. Code Chapter 2600.231(e). Community conducted an in-service on 55 Pa. Code Chapter 2600.231(e) with all appropriate directors. A copy of the In-service is attached hereto. The Secure Dementia Unit Director, Resident Services, Director, Executive Director or other designee shall ensure compliance with 55 Pa. Code Chapter 2600.231(e).

Resident # 4 was approached to obtain a signature but was unable to sign the document. The Resident's POA signed agreeing with the admission to the SDCU.

Starting immediately, the administrator or designee will make multiple attempts to obtain the Resident signature, agreeing to be admitted to the SDCU, until a signature is obtained or indicate the Resident is unable to sign.
 @ 11/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **Monica Paulino, Exec Dir** Date **9/21/18**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/14/18
 (Date)

Plan of correction implementation status as of 11/14/18
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14261 - 05/16/2018 - Freeman, Sabrina PCH Name: THE LANDING OF COLLEGEVILLE	
1. REGULATION 55 Pa.Code §2600 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	
2a. DESCRIPTION OF VIOLATION The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> The Landing of Collegeville ("Community") submits this Plan of Correction ("POC") to comply with 55 Pa. Code Chapter 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Community or an agreement by Community as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued. Community reposted the code for the secure dementia unit to be in compliance with 55 Pa. Code Chapter 2600.233(c). Community conducted an in-service with all department staff regarding 55 Pa. Code Chapter 2600.233(c). A copy of the in-service is attached hereto. The Secure Dementia Unit Director, Executive Director, Maintenance Director, or other designee shall ensure compliance with 55 Pa. Code Chapter 2600.233(c) by monitoring the directions at least monthly, starting immediately. <div style="text-align: center;"> @ 10/19/18 </div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Paulino Exec Dir</i>	Date <i>9/21/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/19/18</u> (Date)
The above plan of correction was approved by <u><i>MP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: The Landing of Collegeville		License Number: 14261
Address: 1421 South Collegeville Road, Collegeville, PA		County: Montgomery
Administrator: Monica Paullino		Region: SOUTHEAST
Legal Entity Name: Columbo/Wegman Collegeville, LLC		
Legal Entity Address: 1421 South Collegeville Road, Collegeville, PA 19426		
Certificate(s) of Occupancy 1-1 06/30/2016 Upper Providence TWP		DEC 1 2018
Staffing Hours		
Resident Support:	Total Daily Staff: 67	Working Staff: 60
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Monitoring		
On-Site Inspection Dates and Department Representatives On-Site 11/14/2018:		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 110	Number of Residents who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 48	
Area: 1st Floor, Life Guidance	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 21	Have a Mobility Need: 21	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 14261 - 11/14/2018 -
 PCH Name: The Landing of Collegeville

1. REGULATION #6 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident refused to sign acknowledgement of the resident and rights and complaints procedures, and the record has been updated to reflect that refusal.

All new move in files will be audited for proper documentation by the General Manager or designee by the end of move in day to ensure all paperwork is complete and timely.

Random audits will be completed monthly by the Bookkeeper and monitored for compliance through the Quality Management Plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino General Manager* Date *12/10/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>04-26-19</u> (Date)	Plan of correction implementation status as of <u>04-26-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 11/14/2018 -
 PCH Name: The Landing of Collageville

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for residents #1, #2, and #3 does not include a current list of the staff signatures and initials. The Master Signature Sheet, for all residents, is dated for 2018 and is not month specific.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Master Signature Sheet has been re-designed to be changed monthly.

All staff involved in the administration of medications will re-sign the Master Signature Sheet prior to their first administration of the month.

The Director of Health and Wellness or designee will audit the medication records monthly to ensure on going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino General Manager* Date *12-10-18*

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The above plan of correction is approved as of 04-26-19
 (Date)

The above plan of correction was approved by SP
 (Initials)

Plan of correction implementation status as of 04-26-19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14261 - 11/14/2018 -
 PCH Name: The Landing of Collegeville

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Vitamin D3, 1000units, daily and was not available for administration at 1:00 PM.
 Resident #3 is prescribed Nystatin Cream twice daily since 8/14/18. The medication was not opened and has not been administered to the resident from 8/14/18 through 11/14/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Vitamin D3 for resident 2 was found misfiled in the cart on 11/14/18- no doses were missed.

The medication carts were reorganized and re-labeled to remove surplus medications and allow for ease of use.

The Nystatin for resident 3 has been discontinued, as the medication was no longer needed.

The Director of Health and Wellness will conduct bi-monthly random cart audits to ensure orders are up to date and appropriately processed.

Ongoing compliance will be monitored through the Quality Management Plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Monica Paulino

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Monica Paulino General Manager Date 12-10-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>04-26-19</u> (Date)	Plan of correction implementation status as of <u>04-26-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 11/14/2018 -
 PCH Name: The Landing of Collegeville

1. REGULATION 65 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 10/30/18. The resident preadmission screening was dated 10/31/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 1's actual admission date to the community was 10/31/18, the pre-admission screening was completed that day with updated medical information. The paperwork and furniture moving took place on 10/30/18.

The move in form has been re-designed to include both the contract date and the actual move in date.

All new move in files will be audited for proper documentation by the General Manager or designee by the end of move in day to ensure all paperwork is complete and timely.

Random audits will be completed monthly by the Bookkeeper and monitored for compliance through the Quality Management Plan.

Report Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Monica Paulino

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Monica Paulino General Manager

Date *12-10-18*

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The above plan of correction is approved as of 04-26-19
 (Date)

Plan of correction implementation status as of 04-26-19
 (Date)

The above plan of correction was approved by SP
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14281 - 11/14/2018 -
 PCH Name: The Landing of Collegeville

1. REGULATION 56 Pa.Code §2800
 2800.231(a) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDCU on 10/30/18. The home has no documentation that the resident has not objected to the admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 1 refused to sign paperwork during the move in process. Moving forward, resident's lack of objection will be documented on the Residents Assessment and Support Plan.

All new move in files will be audited for proper documentation by the General Manager or designee by the end of move in day to ensure all paperwork is complete and timely.

Random audits will be completed monthly by the Bookkeeper and monitored for compliance through the Quality Management Plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Monica Paulino General Manager* Date *12-10-18*

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The above plan of correction is approved as of <u>04-26-19</u> (Date)	Plan of correction implementation status as of <u>04-26-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14261 - 11/14/2018 -
 PGH Name: The Landing of Colleagueville

1. REGULATION 56 Pa.Code §2600
 2600.231(h) - The resident-home contract in § 2600.26 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #1 does not include a written disclosure of services, admission criteria and special programming related to the SDCU.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A written disclosure of services and programming can be found in Addendum A, and admission criteria is outlined in Addendum ~~M~~, signed by the responsible party on 10/30/18.

All new move in files will be audited for proper documentation by the General Manager or designee by the end of move in day to ensure all paperwork is complete and timely.

Random audits will be completed monthly by the Bookkeeper and monitored for compliance through the Quality Management Plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Monica Paulino

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Monica Paulino General Manager

Date

12-10-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 04-26-19
 (Date)

Plan of correction implementation status as of 04-26-19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by SP
 (Initials)