



Sent via e-mail droberts@leisurecare.com  
Sent via e-mail mpaulino@leisurecare.com  
October 16, 2019

Ms. Deborah Roberts  
License and Records Specialist  
Columbia/Wegman Collegeville, LLC  
**ATTN: DEBORAH ROBERTS**  
999 Third Avenue, Suite 4550  
Seattle, Washington 98104

RE: The Landing of Collegeville  
1421 South Collegeville Road  
Collegeville, Pennsylvania 19426  
License #: 142610

Dear Ms. Roberts:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on October 1, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:

Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

If you need assistance, please contact me at 610-270-1137.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: THE LANDING OF COLLEGEVILLE

License Number: 14261

Address: 1421 SOUTH COLLEGEVILLE ROAD,, COLLEGEVILLE, PA 19426

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: Monica Paulino

Phone: 4848541600

Email: MPaulino@LEISURECARE.COM

## Legal Entity

Name: COLUMBIA/WEGMAN COLLEGEVILLE LLC

Address: 999 THIRD AVENUE, SUITE 4550, ATTN DEBORAH ROBERTS, SEATTLE, WA, 98104

## Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

## Staffing Hours

Resident Support Staff:

Total Daily Staff: 88

Waking Staff: 66

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

## Inspection Dates and Department Representative

10/01/2019 - On-Site: Youn Hie Chung

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 110

Residents Served: 60

### Secured Dementia Care Unit

In Home: Yes

Area: Opal

Capacity: 35

Residents Served: 26

### Hospice

Current Residents: xx

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 60

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired 08/28/2019, staff person B, hired 08/07/2019, and staff person C, hired 06/12/2019, had their criminal background checks completed on 10/01/2019.

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.)

All current staff now have criminal background checks on file in the community.

A community account has been set up with EPatch and the New Employee Information Sheet has been updated with a section to document completion of the Criminal Background Check by community business office prior to participation in New Employee Orientation.

A quarterly audit of all new employee files will be conducted and monitored through the Quality Management Meetings.

Administrator or designee will ensure criminal history background checks are completed before the employees first day of work in accordance with regulation 2600.51. Home did verify an updated employee information sheet which tracks the date criminal background checks requested. Quarterly audits will be made available for Department review. SP 10-15-19

Legal Entity Representative

*Monica Paulino*

Signature

Monica Paulino GenMan

Printed Name and Title


10/14/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10-15-19  
(Date)

Plan of correction implementation status as of 10-15-19  
(Date)

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

Fully Implemented  


Not Implemented

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 09/25/2019 and 09/29/2019, from 11:00pm until 7:00am next morning, 60 residents were present in the home. During these times only 1 staff person was present in the home who was certified in First Aid/CPR training.

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.)

CPR and First Aid classes are offered in the community. An audit was completed identifying new employees since the last class. One CPR class was held on 10/14/ and remaining care staff will be certified within 90 days.

Schedules will now indicate those staff members with active CPR certification to quickly and efficiently identify compliance with CPR staffing requirements.

CPR certification verification has now been added to the New Employee Information Sheet to identify those care staff in need of immediate certification.

Administrator or designee will ensure there is at least one staff person for every 50 residents, who certified in CPR in the home always, in accordance with regulation 2600.63a. Home did provide verification 6 additional staff members were certified in CPR and provided an updated schedule.

SP 10-15-19

Legal Entity Representative

*Monica Paulino*

Signature

Monica Paulino, Gen Man 10/14/19

Printed Name and Title

Date

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Fully Implemented  
 Not Implemented

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person C, whose first day of work was 06/12/2019, did not receive orientation on the topics listed above required in 2600.65a

Plan of Correction (POC)

Staff person C now has verification of training topics in their file.

ips to

All staff receive both in person and written instructions on all mandatory topics including fire safety and emergency preparedness. The written packet now includes a detachable sign off sheet verifying completion of the training requirements, and all current employees now have written verification of the training in their files.

An online system is now being utilizing to maintain copies of training records, and compliance will be monitored ongoing through Quality Management Meetings.

Please see attached.....

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Gen Man  
Printed Name and Title

10/14/19  
Date

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Fully Implemented

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(Initials)

Not Implemented

2600.65a

Administrator or designee will ensure prior to or during first day of work all new employees will be trained in the areas specified in regulation 2600.65a. Home did verify staff person C was trained on 10-14-19. Home submitted training packet and employee's acknowledgment. Training records will be kept in employee files and made available for Department review.

SP 10-15-19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C, hired 06/12/2019, did not complete training in the topics associated with 2600.65b within 40 scheduled work hours.

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.)

Staff person C now has verification of training topics in their file.

All staff receive both in person and written instructions on all mandatory topics including resident rights, emergency medical plans, OAPSA requirements, and reportable incidents and conditions. The written packet now includes a detachable sign off sheet verifying completion of the training requirements, and all current employees now have written verification of the training in their files.

An online system is now being utilizing to maintain copies of training records, and compliance will be monitored ongoing through Quality Management Meetings.

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Gen Man  
Printed Name and Title

10/14/19  
Date

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(Initials)

Fully Implemented

Not Implemented

2600.65b

Administrator or designee will ensure within 40 scheduled working hours, all new employees will be trained in the areas specified in regulation 2600.65b. Home did verify staff person C was trained on 10-14-19. Home submitted training packet and employee's acknowledgment. Training records will be kept in employee files and made available for Department review.

SP 10-15-19

65c - Ancillary Staff Orientation

Regulations

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person D, whose first day of work as activity aid was 09/06/2018, did not have a general orientation to his/her specific job functions.

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.)

Staff Person D re-signed their current job description to verify their orientation of their specific job duties. A new tracking form has been created to better document orientation to job duties, supervised practice, and demonstration of duties prior to the start of full work duties. The department manager is responsible for completing the tracking form and turning the form into HR prior to scheduling new staff.

New Employee Orientation to Job Duty forms will be audited quarterly and included in the quality management review.

Administrator or designee will ensure all ancillary staff persons shall have a general orientation to their specific job functions prior to working in that capacity. Home did verify staff person D was trained on 10-01-19. Home submitted training packet and employee's acknowledgment. Training records will be kept in employee files and made available for Department review. SP 10-15-19

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Gen Man 10/14/19  
Printed Name and Title Date

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(Date)

Fully Implemented

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SP  
(Initials)

Not Implemented

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on 07/01/2019. The medical evaluation of the resident was completed on 04/22/2019.

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 had an original move in date within the 60 day requirement, and the out of state move was delayed. A new DME was obtained following the initial assessment which determined a higher level of care was needed within the community.

Community standard requires a DME and medication orders be completed within 30 days prior to admission. Resident 1 was an urgent move do to the resident's personal circumstances, and the community accommodated the urgency.

Moving forward, the community will abide by its standard of completing DMEs 30 days prior to move in. All move ins will be reviewed for paperwork by both the Director of Health and Wellness and the General Manager to ensure proper completion.

Please see attached.....

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Genman  
Printed Name and Title

10/14/19  
Date

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Fully Implemented  
 Not Implemented

2600.141 a

Within 30 days receipt of POC, the administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety. DME's will be completed within timeframes specified in 2600.141a

SP 10-15-19

183d - Prescription Current

Regulations

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 10/01/2019, Triple Antibiotic 3.5 mg ointment prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued on 09/17/2019.

On 10/01/2019, Hydrogen Peroxide 3 % solution prescribed for resident #2 was in the home's medication cart; however, the medication was discontinued on 09/02/2019.

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.)

Both medications were removed at the time of the survey.

Since the survey, the community has transitioned to an electronic medical record system which provides an automatic reminder when medications are ordered or discontinued. Discontinued medications are to be removed at the time the medication discontinuation is noted. The on-coming medication technician will provide a double check verification to ensure the medication is removed and disposed of per policy. Weekly cart audits will be complete the triple check verification.

All Nurses and Med Techs are going through mandatory re-training during October to review procedures related to medication review.

Administrator or designee will ensure discontinued meds are not in the home. Audits, staff trainings, and new electronic medical record system will be made available for Department review. Home provided verification of weekly cart audit logs. SP 10-15-19

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Gen Man  
Printed Name and Title

10/14/19  
Date

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 Not Implemented

185a - Implement Storage Procedures

Regulations

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

On 10/01/2019, Acetaminophen 325 mg, prescribed for resident #1 with a direction of 2 tabs by mouth every 4 hours as needed, was not available at the home.

Repeat Violation 05/15/2018

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 was receiving hospice services and not utilizing the Acetaminophen. A discontinue order was received for the medication on 10/2/19.

Since the survey, the community has transitioned to an electronic medical record system which will track PRN usage. This information will be reviewed by the Director of Health and Wellness monthly to ensure PRN orders are appropriate. Weekly cart audits will be completed to ensure all active orders have medication in stock.

All nurses and med tech are going through mandatory re-training during October to review procedures related to medication review.

Please see attached.....

Legal Entity Representative

*Monica Paulino*  
Signature

Monica Paulino Gen Man  
Printed Name and Title

10/14/19  
Date

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(Date)

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(Initials)

Fully Implemented

Not Implemented

2600.185a

Administrator or designee will ensure the home has developed and implemented procedures for safe storage, access, security, distribution and use of medications and medical equipment. Audits, staff trainings, and new electronic medical record system will be made available for Department review. Home provided verification of weekly cart audit logs.

SP 10-15-19

185b - Medication Procedures

Regulations

2600.

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

- 1. Documentation of the receipt of controlled substances and prescription medications.

Description of Violation

The home's procedures for the safe use of medications and medical equipment dictate that a two person inventory of all controlled substances occur at each shift change. On 10/01/2019 at 3:30pm, a discrepancy between the logs and actual counts for resident #2's Alprazolam 0.25 mg and resident #3's Tramadol 50 mg was found. Resident #2's Alprazolam 0.25 mg actual count was 17 while the sheet stated 18. Resident #3's Tramadol 50 mg actual count was 16 while the sheet stated 15. On 10/01/2019 at 2:00am, staff person E signed out and gave the Alprazolam 0.25 mg to resident #2; however, the staff signed the wrong narcotic sheet (Tramadol 50 mg for resident #3), resulting in the mismatch. The 2 person inventory did not take place at the 7:00am shift change.

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 root cause analysis was completed to determine the breakdown in processes and corrective action was provided. Two person med counts are to be completed between each shift and/ or passing of the keys.

Weekly cart audits will monitor ongoing compliance with the 2 person signature procedure.

All nurses and med tech are going through mandatory re-training during October to review procedures related to medication review.

Audits, staff trainings, and new electronic medical record system will be made available for Department review. SP 10-15-19

Legal Entity Representative

*Monica Paulino*  
Signature

Gen Man Monica Paulino  
Printed Name and Title

10/14/19  
Date

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(Date)

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(Initials)

Fully Implemented  
 Not Implemented

THE LANDING OF COLLEGEVILLE

14261

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Divalproex Sodium 125 mg. However, his medication administration record does not indicate a diagnosis for this medication.

The pharmacy label for resident #1s Carvedilol F/C does not match his MAR. Label says '6.25 mg 1 tab by mouth twice daily' while MAR reads '3.125 mg 2 tabs by mouth twice daily.'

The pharmacy label for resident #2's Acetaminophen 500 mg does not match her MAR. Label says '1 tab by mouth every 6 hours' while MAR reads '1 tab by mouth every 6 hours as needed.'

Plan of Correction (POC)

A direction change label was affixed to the medication at the time of the survey.

Since the survey, the community has transitioned to an electronic medical record system which will allow the pharmacy to ensure labels are matched to updated orders. This information will be reviewed by the med tech daily. Weekly cart audits will be completed to ensure all active orders have medication in stock.

All nurses and med tech are going through mandatory re-training during October to review procedures related to medication review.

Legal Entity Representative

Please see attached.....

*Monica Paulino*  
Signature

Monica Paulino Gen Man  
Printed Name and Title

10/14/19  
Date

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(Initials)

Not Implemented

2600.187a

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a). Audits, staff trainings, and new electronic medical record system will be made available for Department review.

SP 10-15-19