

Department of Human Services
Bureau of Human Service Licensing

October 21, 2020

DEBORAH ROBERTS, REPRESENTATIVE
COLUMBIA/WEGMAN COLLEGEVILLE LLC
999 THIRD AVENUE, SUITE 4550
ATTN DEBORAH ROBERTS
SEATTLE, WA 98104

RE: THE LANDING OF COLLEGEVILLE
1421 SOUTH COLLEGEVILLE ROAD
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 14261

Dear Ms. Roberts,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE LANDING OF COLLEGEVILLE* License #: *14261* License Expiration Date: *09/12/2021*
Address: *1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *MONICA PAULINO* Phone: *4848541600* Email:
mpaulino@LEISURECARE.com; shparker@pa.gov

Legal Entity

Name: *COLUMBIA/WEGMAN COLLEGEVILLE LLC*
Address: *999 THIRD AVENUE, SUITE 4550, ATTN DEBORAH ROBERTS, SEATTLE, WA, 98104*
Phone: *4848541600* Email: *DROBERTS@LEISURECARE.COM*

Certificate(s) of Occupancy

Type: *I-1* Date: *06/30/2016* Issued By: *upper prov twndship*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/17/2020*

Inspection Dates and Department Representative

09/17/2020 - On-Site: Christina Eberhart

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *30* Residents Served: *13*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

09/17/2020 - Partial

Lead Inspector: *Christina Eberhart*Follow-Up Type: *POC Submission*Follow-Up Date: *10/14/2020*

10/13/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *10/20/2020*

10/21/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

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 member A began working on 4/17/19, criminal background check was not completed until 10/10/19.

Plan of Correction

Accept

Team Member A was initially hired on 4.17.19 and left her position shortly thereafter. She was re-hired 10/10/19, and the criminal background check on hand was for the 2nd hire. All team members receive a criminal background check before beginning work in the community. The Business Office Manager will audit all new hire files to ensure on going compliance.

Completion Date: 10/13/2020

Document Submission

Implemented

Team Member A was initially hired on 4.17.19 and left her position shortly thereafter. She was re-hired 10/10/19, and the criminal background check on hand was for the 2nd hire. All team members receive a criminal background check before beginning work in the community. The Business Office Manager will audit all new hire files to ensure on going compliance.

65a - FS Orientation 1st Day

1. Requirements

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 B, whose first day of work was 4/20/20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities, designated meeting place, smoking safety procedures/policy, location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services until 4/22/20.

Plan of Correction

Accept

All employees complete their initial training packet on day of hire- Staff person B took his training packet home without signing the training sheet, which he signed on his next scheduled day (4-22-20). An audit of new hire training showed ongoing compliance with 65a. The Business Office Manager will audit files ongoing to ensure sustained compliance.

Completion Date: 10/13/2020

65a - FS Orientation 1st Day (continued)

Document Submission**Implemented**

All employees complete their initial training packet on day of hire- Staff person B took his training packet home without signing the training sheet, which he signed on his next scheduled day (4-22-20). An audit of new hire training showed ongoing compliance with 65a. The Business Office Manager will audit files ongoing to ensure sustained compliance.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/17/20 at 10:52 am, in the kitchen, there was ice cream wasted in the bottom of the ice cream freezer.

On 9/17/20, at 10:54 am, there were two used cloth rags on the floor in the corner next to the ice cream freezer. They were next to a basket that has been designated for linen.

On 9/17/20, at 11:11 am, in the walk-in refrigerator, there was a large bag of red cabbage that was spoiled. The cabbage was not being served at the time.

On 9/17/20, at 11:17 am, in the walk-in refrigerator, there was a black substance that appeared to be mold on the wall parallel to the door to enter the refrigerator, on the silver shelving units, and on the green shelving units where the produce and dairy are located.

Plan of Correction**Accept**

All items have been corrected. The ice cream freezer has been defrosted and cleaned, the linen area is reorganized. All vegetables are now checked daily and orders are received twice a week. and the spillage the shelving unit has been removed. Evening chefs ensure continued compliance before releasing the team for the evening, and the Chef conducts weekly quality audits for ongoing compliance.

Completion Date: 10/13/2020

Document Submission**Implemented**

All items have been corrected. The ice cream freezer has been defrosted and cleaned, the linen area is reorganized. All vegetables are now checked daily and orders are received twice a week. and the spillage the shelving unit has been removed. Evening chefs ensure continued compliance before releasing the team for the evening, and the Chef conducts weekly quality audits for ongoing compliance.

Completion Date: 10/13/2020

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/17/20 at 10:56 am there was a 1/8 full, uncovered, unattended trash can in the dishwashing area of the kitchen.

85d - Trash Receptacles (continued)

Plan of Correction

Accept

The trash can was in use at the time of the survey, and staff members have been reminded to cover the trash can if they leave the area for supplies. All trash cans have lids and the chefs monitor for ongoing compliance after each service.

Completion Date: 10/13/2020

Update - 10/13/2020

Admin or designee will ensure all trash cans are covered when not in use.

Document Submission

Implemented

The trash can was in use at the time of the survey, and staff members have been reminded to cover the trash can if they leave the area for supplies. All trash cans have lids and the chefs monitor for ongoing compliance after each service.

Completion Date: 10/13/2020

Update - 10/13/2020

Admin or designee will ensure all trash cans are covered when not in use.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 9/17/20, at 11:02 am, in the dry storage room, there was a large bag of quinoa opened with no date.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of spiral pasta not dated.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of penne pasta not dated.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of spaghetti not dated.

On 9/17/20, at 11:04 am, in the dry storage room, there was an open bag of breadcrumbs not dated.

On 9/17/20, at 11:12 am, in the walk-in freezer, there were frozen chicken tenders inside an open plastic bag that was inside a cardboard box. The box and bag were not dated.

On 9/17/20, at 11:12 am there was a bag of veggie burgers that were opened and not dated.

Plan of Correction

Accept

New bag clips have been purchased to ensure bags stay closed, and new plastic containers have been purchased for appropriate storage. Green tape and markers have been placed in storage areas for easy access and use. The evening chef will ensure all items are labeled and dated before releasing staff for the night. The Chef will conduct weekly quality audits to ensure ongoing compliance.

Completion Date: 10/13/2020

Document Submission

Implemented

New bag clips have been purchased to ensure bags stay closed, and new plastic containers have been purchased for appropriate storage. Green tape and markers have been placed in storage areas for easy access and use. The evening chef will ensure all items are labeled and dated before releasing staff for the night. The Chef will conduct weekly quality audits to ensure ongoing compliance.

Completion Date: 10/13/2020

103g - Storing Food**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 9/17/20, at 10:52 am in the kitchen, there was a tub of sherbet in the ice cream freezer uncovered. The lid was leaning against the inside of the ice cream freezer.

On 9/17/20, at 10:57 am in the dry storage room, there was an open bag of Hershey's cocoa powder labeled 7/11/20 opened and not sealed.

On 9/17/20, at 11:00 am, in the dry storage room, there was a large plastic tub containing brown sugar that was not completely sealed. The lid was covering half of the tub.

On 9/17/20, at 11:01 am, in the dry storage room, observed a large bag of crispy onions that was open and not sealed.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of spiral pasta not sealed.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of penne pasta not sealed.

On 9/17/20, at 11:03 am, in the dry storage room, there was an open bag of spaghetti not sealed.

On 9/17/20, at 11:04 am, in the dry storage room, there was an open bag of breadcrumbs not sealed.

On 9/17/20, at 11:12 am, in the walk-in freezer, there were frozen chicken tenders inside an open plastic bag that was inside a cardboard box. The box and bag were not sealed.

Plan of Correction**Accept**

New bag clips have been purchased to ensure bags stay closed, and new plastic containers have been purchased for appropriate storage. Green tape and markers have been placed in storage areas for easy access and use. The evening chef will ensure all items are labeled and dated before releasing staff for the night. The Chef will conduct weekly quality audits to ensure ongoing compliance.

Completion Date: 10/13/2020

Document Submission**Implemented**

New bag clips have been purchased to ensure bags stay closed, and new plastic containers have been purchased for appropriate storage. Green tape and markers have been placed in storage areas for easy access and use. The evening chef will ensure all items are labeled and dated before releasing staff for the night. The Chef will conduct weekly quality audits to ensure ongoing compliance.

Completion Date: 10/13/2020

103i - Outdated Food**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/17/20, at 10:59 am, in the dry storage room, there were two large cans of ketchup that were dented.

On 9/17/20, at 11:01 am, in the dry storage room, observed a small can of heart of palm that was dented.

Plan of Correction**Accept**

Dented cans are kept in a separate area of the kitchen and checked at time of delivery and prior to use. The Chef will conduct weekly quality audits to ensure ongoing compliance

Completion Date: 10/13/2020

103i - Outdated Food (*continued*)**Document Submission****Implemented**

Dented cans are kept in a separate area of the kitchen and checked at time of delivery and prior to use. The Chef will conduct weekly quality audits to ensure ongoing compliance

Completion Date: 10/13/2020