

Department of Human Services
Bureau of Human Service Licensing

March 18, 2021

[REDACTED] 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021, 01/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: [REDACTED] **Phone:** 4848541600 **Email:** [REDACTED]

Legal Entity

Name: COLUMBIA/WEGMAN COLLEGEVILLE LLC
Address: 999 THIRD AVENUE, SUITE 4550, ATTN DEBORAH ROBERTS, SEATTLE, WA, 98104
Phone: 4848541600 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/30/2016 **Issued By:** Upper Providence TWP

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 72 **Working Staff:** 54

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/27/2021

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]
01/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 55

Secured Dementia Care Unit

In Home: Yes **Area:** Opal **Capacity:** 30 **Residents Served:** 16

Hospice

Current Resident: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *02/13/2021*

2/16/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/05/2021*

3/18/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 01/26/2021 at 12:30 PM, the home's 1st floor med room was unlocked, unattended, and accessible by anyone. The screen of the tablet with the home's resident care system was on top of the med cart, unlocked and clearly displaying a resident's medication schedule.

Plan of Correction

Accept

The locked med cart was located in the foyer to the nurses' station with the open tablet on top. The tablet was closed immediately upon the General Manager and the surveyor entering the room.

The nurse on duty was educated the same day on the need to close the tablet prior to assisting residents.

The topic of privacy regarding tablet use will be added to the monthly agenda for all nursing staff meetings to be completed by 2/28/21.

The Health and Wellness Director will monitor ongoing compliance and address as needed.

Completion Date: 02/28/2021

Document Submission

Implemented

re education submitted

25b Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 10/01/2020, for resident #1 was not signed by the administrator or a designee or by the resident.

Plan of Correction

Accept

The Business Office Manager has reviewed the agreement again with the resident and obtained the needed signature.

The Resident Agreement will be signed by the community, resident or resident's designated person prior to or day of move in. The Business Office Manager will review all new resident paperwork within 2 business days of move in to verify all necessary documents are signed.

Completion Date: 02/12/2021

Document Submission

Implemented

copy of signed agreement attached

41e - Signed Statement

1. Requirements

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 subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

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.

Plan of Correction

Accept

The Business Office Manager has reviewed the agreement and information required by subsection (d) again with the resident and obtained the needed signature.

The Resident Agreement will be signed by the community, resident or resident's designated person prior to or day of move in. The Business Office Manager will review all new resident paperwork within 2 business days of move in to verify all necessary documents are signed.

Completion Date: 02/12/2021

Document Submission

Implemented

copy of signed agreement attached

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 Repeat Violation

Staff A, hired [REDACTED], has no criminal background check record on file.

Repeat Violation: 06/19/2019 et al

Plan of Correction

Accept

The initial criminal background check for Staff A was retained in the previous management company files, and is not in the community. The Business Office Manager ran an additional background check on Wednesday, 02/09/2021.

New employee background checks will be run prior to the employee's first day by the Business Office Manager. Quarterly audits will be conducted on employee files to ensure ongoing compliance.

Completion Date: 02/09/2021

Document Submission

Implemented

background check attached

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the common area of the memory care unit or the telephone in the home's 1st floor med room .

Plan of Correction

Accept

The emergency phone sheets had been removed from the wellness offices in both Personal Care and Memory Care neighborhoods.

Emergency numbers were re-posted on the staff office phones.

Staff will be re-educated about their use at their monthly staff meetings.

Ongoing compliance will be added the night shift supervisor rounds.

Completion Date: 02/28/2021

Document Submission

Implemented

photo of phone list attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The residents in room [redacted] and [redacted] do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Residents in room [redacted] and [redacted] requested the relocation of their lights to allow for more space on their bedside tables.

Touch lights were purchased and are being installed to allow for access from the bed.

The housekeeping team has been re-educated on the required items and placement in resident apartments, and will audit rooms weekly for compliance.

Completion Date: 02/28/2021

Document Submission

Implemented

Purchase invoice of lighting attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's medical evaluation dated 12/15/2020 did not include special health or dietary needs and health status.

Plan of Correction

Accept

Resident #2 has been scheduled with the physician for a review and update of the incomplete DME. All new DMEs will be audited by the Health and Wellness Director prior to being filed in the resident chart. Quarterly audits of resident files by the Health and Wellness Director will ensure ongoing compliance.

Completion Date: 02/28/2021

Document Submission

Implemented

training documents attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Repeat Violation

On 01/27/2021, two blister packs of Acetaminophen 500 mg prescribed for resident #3 on an as needed basis (PRN) were in the home's med cart; however, the medication is not on [redacted] current medication order.

Repeat Violation: 10/01/2019 et al

Plan of Correction

Accept

The resident no longer needs the medication, which was removed and destroyed per protocol. The wellness team will review the violation, intent and procedures at the February staff meeting. The Health and Wellness Director will ensure ongoing compliance through weekly audits

Completion Date: 02/28/2021

Document Submission

Implemented

training documents attached

183e - Storing Medications

1. 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 01/27/2021, Latanoprost Ophthalmic 0.005 % sol prescribed for resident #4 was in the home's memory care unit med cart. It was opened on 12/11/2020. According to the manufacturer's instructions, it should be thrown away 6 weeks after the open date.

Plan of Correction

Accept

The empty bottle of Latanoprost was removed from the cart and discarded at the time of the survey. A new bottle was in place and in use.

Mar-Cart audits are completed weekly by the nursing team. The findings of the survey and the policy for storing medications are reviewed with the staff at staff meeting.

Completion Date: 02/28/2021

Document Submission

Implemented

training documents attached

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #5's blood glucose log and the numbers on the glucometer do not match on following days:

01/25/2021, the log says 124 while the meter reads 145.

01/16/2021, the log says 168 while the meter reads 195.

01/08/2021, the log says 362 while the meter reads 357.

Plan of Correction

Accept

The staff member responsible for the discrepancy was educated re the need to immediately document glucometer readings instead of relying on memory on the return to the med cart.

Glucometer audits have been added to the weekly MAR/ CART audit process and will be reviewed for ongoing compliance.

Completion Date: 02/28/2021

Document Submission

Implemented

training documents attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Alprazolam 0.25 mg as PRN. Alprazolam sign-out sheet shows that one was signed out on 11/18/2020 at 08:16 AM but the resident's medication administration record does not include the initials of the staff person who administered it.

187b - Date/Time of Medication Admin. *(continued)***Plan of Correction****Accept**

The staff member responsible for the discrepancy was educated re the need to complete all documentation at the time of administration.

The weekly MAR/CART audit process has been reviewed with staff to include Narcotic Log/ MAR reviews.

Completion Date: 02/28/2021

Document Submission**Implemented**

training documents attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed Atorvastatin 40 mg, Venlafaxine 75 mg, and Venlafaxine ER 150 mg at 2:00 PM daily. However, the resident was not administered these meds at 02:00 PM on 01/06/2021.

Plan of Correction**Accept**

The staff member responsible for the discrepancy was educated re the need to complete all documentation at the time of administration.

The weekly MAR/CART audit process has been reviewed with staff to include signature review

Completion Date: 02/28/2021

Document Submission**Implemented**

training documents attached

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 10/01/2020, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept**

Resident #1 self administers all medication and was informed of their right to refuse treatment at move in, but failed to sign the resident rights documentation as outlined in 41e.

The Business Office Manager has reviewed the agreement and information required by subsection (d) again with the resident and obtained the needed signature.

The Resident Agreement will be signed by the community, resident or resident s designated person prior to or day of move in. The Business Office Manager will review all new resident paperwork within 2 business days of move in to erify all necessary documents are signed.

Completion Date 02/28/2021

Document Submission**Implemented**

copy of agreement attached

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 s preadmission screening form, dated 12/09/2020, does not answer the Level of Supervision Needed.

Plan of Correction**Accept**

The resident has been assessed as appropriate for services provided by the community.

The pre-admission assessment tool has been reviewed at the staff meeting, and the Health and Wellness Director will review all new screens prior to filing in the resident chart.

Completion Date: 02/28/2021

Document Submission**Implemented**

training documents attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #7's current assessment was completed on 12/28/2020. However, the resident's previous assessment was completed on 01/04/2019.

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

The RASP for resident 7 was not filed in the resident chart at the time of completion.

All RASPs are now completed electronically to ensure documentation is consistently maintained.

Assessments are audited by the Health and Wellness Director monthly to ensure compliance.

Completion Date 02/28/2021

Document Submission**Implemented**

training documents attached

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On the home's monthly fire drill records, the number of residents evacuated was written over in the month of October 2019 and the number of residents in home, the number of residents evacuated, and the number of staff participated were written over in the month of November 2019.

Plan of Correction**Accept**

The October 2019 fire drill record was amended at the time of entry without a date and initial.

All community documents will be considered resident records moving forward and amended with the error notation, correction, date and initials.

Completion Date: 02/28/2021

Document Submission**Implemented**

training documents attached