

Department of Human Services
Bureau of Human Service Licensing

April 25, 2022

[REDACTED]
COLUMBIA WEGMAN TOWAMENCIN LLC
[REDACTED]
[REDACTED]

RE: THE LANDING AT TOWAMENCIN
900 TOWAMENCIN AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14533

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2022 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 AT TOWAMENCIN* License #: *14533* License Expiration: *01/21/2023*
Address: *900 TOWAMENCIN AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-353-5203* Email: [REDACTED]

Legal Entity

Name: *COLUMBIA WEGMAN TOWAMENCIN LLC*
Address: *999 3RD AVE, SUITE 4550, SEATTLE, WA, 98104*
Phone: *2153535203* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *72* Total Daily Staff: *182* Waking Staff: *137*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/09/2022*

Inspection Dates and Department Representative

02/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *144* Residents Served: *72*

Secured Dementia Care Unit

In Home: *Yes* Area: *First floor - Opal* Capacity: *59* Residents Served: *30*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

02/09/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2022*

04/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2022*

Inspections / Reviews (*continued*)

04/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

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

Description of Violation

Resident #1 went into a rage because the home was unable to accommodate [REDACTED]. Resident #1 was cursing, throwing furniture, destroying property and became physically aggressive with another resident. Resident #2 stated that resident #1 pulled them off the elevator and punched them. Resident #2 was coming off the elevator and resident #1 snatched resident #2's walker, then went on the elevator and physically assaulted resident #2. Resident #2 stated the incident was very scary.

Resident #1 has a history of having outburst, cursing, and getting physically aggressive. The week prior to the above incident, resident #1 assaulted Staff Person A.

Plan of Correction**Directed**

Resident #1 was hospitalized following the incident and did not return to the community.

Representatives from the home office have provided additional training for the administrator (General Manager/GM) and Health and Wellness Director (HWD) regarding standards for post-incident investigations, assessments and the use of temporary care plans to identify interventions and monitor their effectiveness through resolution or enact a new service plan if the situation does not appear to be temporary.

The GM and HWD have been scheduled to receive electronic notices of completed incident reports and are responsible for investigating incidents within 24 hours and enacting changes to service plans. This monitoring and intervention will help prevent residents from being subjected to intimidation, physical or verbal abuse from other residents.

DPOC - SP - 04-11-2022

Within 15 calendar days receipt of this POC the administrator or designated person will conduct a resident rights training with staff. Training will be focused on abuse and neglect. Documentation of staff education will be provided for Department review within 15 days receipt of POC.

Completion Date:

Document Submission**Implemented**

Attached are the education sign in sheets which included resident rights.

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

From 1/1/22 through 1/21/22, resident #1 refused to take a scheduled dose of Clonazepam at bedtime. The home did not report to the prescriber that resident #1 refused the medication.

187c - Refusal of Medication (continued)**Plan of Correction****Accept**

Representatives from the home office have provided additional training for community staff responsible for supervising and providing medication services. Staff providing medication services will document medication refusals in the eMAR and notify the HWD. The HWD will report recurring refusals or refusals that pose an imminent danger to the resident's health care practitioner and/or responsible party. If the Health and Wellness Director is not available for consultation, the staff person responsible for medication services at that time will notify the physician of the omission.

The HWD or designee is responsible for reviewing the eMAR dashboard daily and taking appropriate action to address medication refusals. The GM is responsible for reviewing the eMAR dashboard weekly to identify trends or concerns that require operational consideration.

Completion Date: 04/11/2022

Document Submission**Implemented**

This is an ongoing correction.

201 - Positive Interventions**1. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

The home did not implement positive interventions to modify or eliminate resident #1's behavior. [REDACTED], resident #1 went into a rage. Resident #1 was cursing, throwing furniture, destroying property and physically assaulted another resident.

Resident #1 has a history of having outburst, cursing, and getting physically aggressive. The week prior to the above incident, on 1/28/22 resident #1 physically assaulted staff person A.

Additionally, there were three documented incidents of resident #1 displaying aggressive / problematic behaviors on 10/19/21, 12/2/21 and 12/16/21.

Plan of Correction**Directed**

Representatives from the home office have provided additional training for the GM and HWD regarding standards for post-incident investigations, assessments and the use of temporary care plans to identify interventions and monitor effectiveness through resolution or enact a new service plan if the situation does appear to be temporary.

The GM and HWD have been scheduled to receive electronic notices of completed incident reports and are responsible for investigating incidents with 24 hours and enacting changes to service plans, including identifying specific antecedents that may trigger behaviors, positive interventions staff are to employ to prevent behavior escalations and promote appropriate behaviors, and additional interventions to deescalate incidents.

201 - Positive Interventions (continued)

Should monitoring indicate that the community is unable to identify/establish safe management techniques that are effective, the GM may issue the resident wither a 30-day or immediate termination notice in accordance with Section 228b and the community's resident-home contract.

DPOC - SP - 04-11-2022

Within 15 calendar days receipt of this POC the administrator or designated person will conduct a positive intervention training with staff. Documentation of staff education will be provided for Department review within 15 days receipt of POC.

Completion Date:

Document Submission

Implemented

Attached is the education sign in sheet for the positive interventions training.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment was complete on [REDACTED]. The home did not update resident #1's assessment to include their aggressive behavior or cognitive need.

Plan of Correction

Accept

Representatives from the home office have provided additional training to the GM and HWD regarding circumstances that would indicate the need for an additional assessment, including documentation identifies the need for gradual or consistent interventions outside of those that are identified in the existing assessment/service plan, as well as specific incidents that indicate a significant change of condition.

Direct care staff have received additional training regarding use of the community's integrated electronic service plan/task assignment platform to document the provision of unanticipated services and interventions that may indicate a need for reassessment. The HWD or designee is responsible for reviewing the electronic dashboards on a daily basis and taking action to address variances to the service plan. The GM is responsible for monitoring dashboards on a weekly basis to identify trends or concerns that require operational consideration.

Completion Date: 04/30/2022

Document Submission

Implemented

This is still taking place will submit by the 30th. Please let me know who to email this to? I was unable to submit without putting in a completion date and it would not let me use the 30th of April 2022.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

252 - Record Content (continued)

4. Language or means of communication spoken or used by the resident.

Description of Violation

Resident #1's record does not include a photograph of the resident.

Plan of Correction**Accept**

An audit will be completed by the General Manager to ensure pictures of current residents are in the charts and are no more than 2 years old.

Moving forward the HWD will ensure the picture is being taken at admission and out on the chart. The HWD will schedule a recurring task to ensure resident pictures are not more than 2 years old.

Completion Date: 04/30/2022

Document Submission**Implemented**

Attached is the picture audit of all current residents.