

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 1, 2023

[REDACTED]
COLUMBIA WEGMAN TOWAMENCIN LLC
[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 02/09/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE LANDING AT TOWAMENCIN* License #: *14533* License Expiration: *01/21/2024*
 Address: *900 TOWAMENCIN AVENUE, LANSDALE, PA 19446*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *COLUMBIA WEGMAN TOWAMENCIN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *01/14/2020* Issued By: *Towamencin Township*
 Type: *1 2* Date: *01/14/2020* Issued By: *Towamencin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/09/2023*

Inspection Dates and Department Representative

02/09/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *144* Residents Served: *71*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Opal* Capacity: *59* Residents Served: *30*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *41* Have Physical Disability: *1*

Inspections / Reviews

02/09/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2023*

03/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2023*

Inspections / Reviews *(continued)*

04/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/17/2023

05/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/23, resident #1 was talking to another resident during dinner about resident #2 hitting resident #1 in the arm. This conversation was overheard by a server who notified staff person A, the General Manager. This incident was reported to the Department on [REDACTED]/2023. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [REDACTED] - 03/22/2023)

- On 03/03/23, the home's Corporate Compliance Director provided training to the General Manager regarding the home's Suspected Abuse Reporting Agency List specifying the agencies, including the local area on aging, which shall be notified of alleged abuse in accordance with the provisions of the Older Adult Protective Services Act.
- The General Manager will provide training to all current community staff regarding the availability of the Reporting Agency List on the community's SharePoint platform. Training will be completed by 3/17/2023.
- On an ongoing basis, the General Manager is responsible for reviewing the training/orientation for all new employees using the Onboarding Checklist developed for the home during the weekly 1:1 meetings with each Department Head/hiring manager.
- Allegations of suspected abuse are to be flagged as sentinel events in the community's incident reporting platform. The General Manager/designee and Health & Wellness Director are notified immediately of sentinel event incidents and must investigate/report immediately. Documentation of reporting will serve as the means to monitor whether the correct agencies have been notified and are included as part of the community's ongoing monthly Quality Management reviews. In accordance with Pennsylvania QM requirements, the monthly review will also include reviews of licensing violations and compliance with the community's Plan of Correction(s).

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented [REDACTED] - 05/01/2023)

16b - Incident Policies

2. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

- The home's written policy on reportable incidents does not address prevention, reporting, notification, investigation and management of reportable incidents.

- The home did not complete an investigation following the incident reported to the Department on [REDACTED]/23.

Plan of Correction

Accept [REDACTED] - 03/22/2023)

- The home's written policy does include prevention, reporting, notification investigation and management of reportable incidents. The General Manager was not present at the time of the investigation and on-site staff may not have provided the proper written policy. The General Manager has provided training to all staff regarding the

16b - Incident Policies (continued)

provisions of the policy which include the following:

Non Employee Incident Report Policy

Leisure Care managed communities are committed to documenting and reporting events that have the potential to impact the health and welfare of residents, guests and visitors to the community in accordance with company policies and applicable federal, state and local laws.

After community staff have determined that any dangerous, urgent or criminal situations have been reasonably addressed and verbally reported to the General Manager or designee as required, staff will document occurrences impacting residents, guest or visitors.

Reportable Incidents

Incidents that shall be documented include accidents with or without an injury and unusual occurrences. Refer to Policy Resource RM-5 Reportable Incidents for supplemental information regarding incidents employees would be required to document and report.

Incident reports will be completed in accordance with community policies regarding documentation and confidentiality standards and will be maintained for a minimum of two years, unless otherwise required by law.

The General Manager or designee will take immediate action related to incident reports that are categorized as sentinel events, including state reporting if applicable. Other incident reports will be reviewed by the General Manager or designee within 24 hours to determine whether further investigation and/or action is required.

A sentinel event is any unanticipated event that results in death or serious physical or psychological injury to a resident, not related to the natural course of the resident's condition, including unexpected death, attempted suicide, aggressive behaviors, sexual behaviors and/or suspected, alleged or known abuse (felony crimes committed by or against a resident).

Communities with Eldermark

Incidents related to residents, guests, visitors and building systems will be documented electronically in Eldermark using either the Medication Incident Report or Resident Incident/Accident Report.

- *Should a staff member not have access to the Eldermark platform, he/she shall document the occurrence using the Non Employee Incident Report (form RM-5), ensuring it is either provided to the General Manager or designee to review in 24 hours or entered into Eldermark promptly for GM review within the 24 hour time frame.*
- *Staff with Eldermark access shall be trained to ensure occurrences are properly categorized as building, guest, or licensed/unlicensed resident incidents.*

In conjunction with the General Manager, the Health and Wellness Leader will conduct and document the investigative, reporting/communication and resolution processes in Eldermark for occurrences related to licensed apartments and events that have the potential to impact residents in licensed apartments.

Reporting Requirements

The community may be required to report certain types of occurrences to various entities including, but not limited to, the local fire marshal, law enforcement, health department, and licensing authority, depending on the nature of the occurrence. The General Manager is responsible for ensuring verbal and written reports are submitted in accordance with company policies and applicable law.

In general, any health related event that warrants completion of an incident report for a resident in a licensed apartment must be reported to the resident (if he or she may be unaware of the occurrence), the resident's emergency contact(s), and health care practitioner.*

** State laws may identify a resident's right to prohibit or restrict staff from contacting an emergency contact, family representative, and/or health care practitioner or may not be required to provide contact information as a condition of move-in.*

- *The home did not complete an investigation in accordance with the requirements for Personal Care Homes or the home's policies, but the home enacted interventions promptly during and immediately following the 02/09/23*

16b - Incident Policies (continued)

inspection process.

- On 03/03/23, the home's Corporate Compliance Director conducted training with the General Manager to review how the policy for the home aligns with the PCH requirements for incident investigations.
- The General Manager reviewed the policy and regulation with the Health and Wellness Director. Should either the GM or HWD appoint a designee to act on their behalf during an absence, the designee will have documented training in place prior to being identified as the designee.
- The General Manager is responsible for monitoring the home's compliance with comprehensive incident reporting practices on an ongoing, monthly basis through the established QM process and requirements.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented [REDACTED] - 05/01/2023)

42b - Abuse**3. 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 #2 hit resident #1 four times on the left arm. [REDACTED], and the resident records indicate there have been several instances of discord [REDACTED] including screaming, cursing, and threats. The home neglected to separate the residents as a matter of safety for all involved.

Plan of Correction

Accept [REDACTED] - 04/14/2023)

If an employee witnesses physical or sexual abuse, threats of abuse or a resident is in imminent danger, they must call 911 immediately.

If a resident does not appear to be in imminent danger, staff must notify the General Manager or designee immediately to direct the implementation of protective protocols to prevent further potential for abuse, neglect or exploitation. The General Manager will ensure protocols are respectful of the resident's rights and dignity.

After ensuring resident safety, all staff must immediately report any reasonably suspected abuse in accordance with company policy and applicable law.

- The General Manager reviewed the regulation, and the home's Aggressive Resident, Suspected Resident Abuse and Non-Employee Incident Reporting policies with all community staff to ensure staff can identify possible incidents of resident-to-resident abuse and take immediate action to protect the potential victim(s).
- The General Manager is responsible for monitoring the home's compliance with comprehensive incident reporting practices, including instances of alleged resident-to-resident abuse, on an ongoing, monthly basis through the established QM process and requirements.

Status update:

[REDACTED]

They are encouraged to spend time together in public and have been living successfully incident free.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented () - 05/01/2023)

225c Additional Assessment

4. 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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

- Resident #1's current assessment was completed on ()/22. However, the resident's previous assessment was completed on ()/21.

- Resident #2's current assessment was completed on ()/22. However, the resident's previous assessment was completed on ()/21.

- Resident #2's assessment, dated ()/22, does not address resident #2's agitation and aggressive behaviors.

Plan of Correction

Accept () 03/22/2023)

- Both Resident #1 and #2 have had re-assessments completed on 02/09/2023 and 02/09/2023, respectively. Resident #2's re-assessment addresses Resident's agitation and aggressive behaviors.
- The home's Corporate Compliance Director reviewed the Assessment Policy established for the home with the General Manager on 03/03/23. The policy specifies that full re-assessments shall be completed every six months, upon change of condition and as requested/necessary if there are any new or discontinued services. Assessment dates are to be entered into the home's electronic tracking platform. Temporary service plans are also to be developed if a situation is temporary (i.e., infection monitoring) or when immediate interventions are necessary while an investigation is being completed (i.e., root cause analysis is being determined and may warrant a change of condition assessment).
- The home's electronic platform "dashboards," which include re-assessment dates for all residents, is to be reviewed on a daily basis by the Health and Wellness Leader/designee and on a weekly basis by the General Manager. This will begin 03/14/2023.
- The Aggressive Resident and Suspected Resident Abuse training conducted with all staff will ensure staff are able to identify and will complete sentinel event incident reports so the General Manager and Health and Wellness Director can take prompt action to enact temporary service plans and complete re-assessments.
- The General Manager and HWD are to meet on a weekly basis to review the re-assessment schedule and will document action plans using the 1:1 meeting template developed for use at the home. This will begin 03/14/2023.
- Representatives from the home's corporate office conduct periodic clinical and operations audits to review the home's compliance with regulations and policies established for the home.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented () - 05/01/2023)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]/21 and [REDACTED]/22. However, the resident did not sign either of the support plans.

Resident #2 participated in the development of his/her support plan on [REDACTED]/22. However, the resident did not sign the support plan.

Plan of Correction**Accept [REDACTED] 03/22/2023)**

- *Since the support plans have been revised for Resident #1 and #2 based on their respective re-assessments, they will not be asked to sign the support plans developed in 2021 or 2022. A note regarding the deficient practice will be included in each resident's record.*
- *The home will complete an audit of all support plans by 3/20/2023. Should any other residents be affected by this rule violation, the home will take prompt action to obtain a signature or document the resident's inability or refusal to sign in accordance with §227h.*
- *On 03/02/23 the Corporate Compliance Director revised the home's Service Plan Policy that stated the plan must be signed by the resident or authorized representative. For the Commonwealth of Pennsylvania, the policy has been amended to state that individuals who participate in the development of the support plan shall sign and date the plan or, if a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be noted.*
- *On 03/03/23, the Corporate Compliance Director reviewed this revision with the General Manager, who will provide training to current employees responsible for developing support plans by 03/17/23 and is responsible to ensure new team members are oriented to the policy and regulation.*
- *The General Manager and Health and Wellness Director will review new service plans at the weekly 1:1 meeting to ensure all required signatures/documentation is completed.*
- *Representatives from the home's corporate office conduct periodic clinical and operations audits to review the home's compliance with regulations and policies established for the home.*

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented [REDACTED] 05/01/2023)