

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

August 17, 2023

[REDACTED], DIRECTOR OF OPERATIONS
COLUMBIA/WEGMAN COLLEGEVILLE LLC
[REDACTED]
[REDACTED]

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 07/19/2023 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 OF COLLEGEVILLE License #: 14261 License Expiration: 06/14/2024
 Address: 1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426
 County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: COLUMBIA/WEGMAN COLLEGEVILLE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I 1 Date: 06/30/2016 Issued By: Upper Providence Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 114 Waking Staff: 86

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/19/2023

Inspection Dates and Department Representative

07/19/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 110 Residents Served: 75

Secured Dementia Care Unit
 In Home: Yes Area: Opal Capacity: 35 Residents Served: 23

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

07/19/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2023

08/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/17/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/18/2023

Inspections / Reviews *(continued)*

08/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/23, staff member A witnessed staff member B speaking to resident #1 in an unkind manner. Staff member B refused the resident coffee stating, "you don't get coffee, that's all we need is for you to be peeing" and "That is not your daughter stop saying that... now sit here and be quiet.". The home did not report this incident to the Department until 07/11/23.

Plan of Correction

Accept [REDACTED] - 08/15/2023)

On 7/11/23 education was provided by the General Manager to the staff member reporting regarding mandatory reporting expectations. [REDACTED] reviewed that a phone call should be given to the General Manager, to confirm the message has been delivered. On 7/14/23 education was given to the Opal team on resident rights by the Opal Manager. On 7/27/23 education on mandatory reporting and resident rights was given to all staff by the General Manager. On 7/27/23 an operational audit was conducted by the General Manager and Business Office Manager to ensure that training on resident rights and mandatory reporting was a part of annual training and new hire training. Monthly Quality Management reviews will be conducted by the General Manager for three months to determine if there are any continued reports of late reporting.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [REDACTED] - 08/17/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED]/23, staff member A witnessed staff member B speaking to resident #1 in an unkind manner. Staff member B refused the resident coffee stating, "you don't get coffee, that's all we need is for you to be peeing" and "That is not your daughter stop saying that... now sit here and be quiet."

Plan of Correction

Accept [REDACTED] - 08/15/2023)

On 7/11/23 when this was reported to the General Manager staff member B was removed from the schedule and placed on administrative leave, pending the investigation. On 7/14/23 education was given to the Opal team on resident rights by the Opal Manager. On 7/27/23 education on mandatory reporting and resident rights was given to all staff by the General Manager. On 7/27/23 an operational audit was conducted by the General Manager and Business Office Manager to ensure that training on resident rights and mandatory reporting was a part of annual training and new hire training. Monthly Quality Management reviews will be conducted by the General Manager for three months to determine if there are any continued concerns with the treatment of residents.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [REDACTED] 08/17/2023)

42c - Treatment of Residents (continued)

227g -Support Plan Signatures

3. 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 plans on [redacted]/21 and [redacted]/22. However, the resident did not sign the support plans.

Repeat Violation: 09/15/22.

Plan of Correction

Accept [redacted] - 08/15/2023)

7/19/23 Opal Manager reviewed the support plan with Resident #1 and had [redacted] sign [redacted] support plan. 7/20/23 Opal Manager & Health & Wellness Director conducted an audit of all the support plans to ensure that signatures are on all support plans and found no additional missing signatures. August 1, 2023 and moving forward the Health & Wellness Coordinator will be conducting monthly chart audits to ensure that signatures are in place for all residents and their support plans and will record her findings for three months.

Monthly Quality Management reviews will be conducted by the General Manager for three months to review signatures on all support plans completed that month.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [redacted] - 08/17/2023)