

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

December 4, 2024

[REDACTED]
COLUMBIA/WEGMAN SOUTHAMPTON,LLC
[REDACTED]

RE: THE PROVINCE OF SOUTHAMPTON
1160 STREET ROAD
SOUTHAMPTON, PA, 18966
LICENSE/COC#: 14538

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2024 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 PROVINCE OF SOUTHAMPTON **License #:** 14538 **License Expiration:** 07/17/2025

Address: 1160 STREET ROAD, SOUTHAMPTON, PA 18966

County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: COLUMBIA/WEGMAN SOUTHAMPTON,LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: 1 1 **Date:** 10/10/2019 **Issued By:** Upper Southampton Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 117 **Waking Staff:** 88

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 09/09/2024

Inspection Dates and Department Representative

09/09/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** Reflections **Capacity:** 36 **Residents Served:** 18

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 67

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 49 **Have Physical Disability:** 2

Inspections / Reviews

09/09/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/13/2024

Inspections / Reviews *(continued)*

10/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/30/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

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

On [REDACTED] Resident [REDACTED] after 8:00 P.M., eloped from the home's secured dementia care unit (SDCU), by entering the posted code on the magnetic door locks. Resident # [REDACTED] exited through the main doors and left the building through the first exit, proceeded through the parking lot and made a left onto Street Road, a four lane busy road, with a speed limit of 45 miles per hour, and no guard rails to protect pedestrians from traffic. Resident # [REDACTED] continued on the sidewalk for about 1/4 of a mile until the next light and entered the 7-11 parking lot. An employee of the 7-11 called the police at approximately 9:00 P.M. Resident # [REDACTED] was returned to the home by the police by about 9:15 P.M. without injury. At the time of the elopement, the outdoor temperature was approximately 78 degrees Fahrenheit. Resident # [REDACTED] was wearing a t-shirt and shorts, sneakers, and glasses.

Plan of Correction

Accept ([REDACTED] - 10/17/2024)

Resident [REDACTED] eloped from the secured memory care unit sometime between 8 p.m. and 9 p.m. on 6/23/24. At 9 p.m., Resident [REDACTED] was observed at the 7-11 store near the community, and the store employees called the police for assistance. Resident #1 was returned to the community at 9:15 p.m. without injury. Resident [REDACTED] said they had a visit from their family that day and wanted to go to their house.

Upon returning to the community on 6/23/24, Resident [REDACTED] was placed on a one-to-one with the home's direct care staff. The Maintenance Director changed the access codes to the secured dementia care unit (SDCU) on [REDACTED]. They placed an audible door alarm on the exit door that entered the personal care unit, from which the resident eloped.

At the time of the inspection on 9/9/24, Resident [REDACTED] did not reside in the home.

Beginning 10/14/24, the Administrator/designee will interview at least 10% of residents in the secured dementia unit weekly to ensure residents do not feel neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way, as indicated by Regulation 2600.42(b). By 10/15/24, all secured dementia unit residents will be assessed for their ability to operate the magnetic door locks, and additional support will be placed if warranted.

All residents and staff will receive re-education on Regulation 42b, Abuse, by the Administrator/designee by 10/25/24.

Adherence to 2600.42b, Abuse, will be monitored during our regularly scheduled Quality Assurance meetings for three months, beginning 10/25/24. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

The home will keep documentation of completed audits and staff education available for review by the Department.

Proposed Overall Completion Date: 10/28/2024

42b Abuse (continued)

Licensee's Proposed Overall Completion Date: 10/28/2024

Implemented [redacted] - 12/04/2024)

227g -Support Plan Signatures

2. Requirements

2600.

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

Description of Violation

The resident assessment and support plan dated [redacted] for Resident [redacted] was not signed by the resident. It did not include any indication whether Resident # [redacted] was unwilling or unable to participate in the care plan.

Plan of Correction

Accept [redacted] - 10/17/2024)

At the time of inspection, Resident [redacted] signature was not attainable as the resident did not reside in the community. On 10/7/24, the Regional Director of Operations completed an initial audit of all secured dementia care unit residents' assessment and support plans to ensure all signatures had been obtained. No additional issues were identified.

On 10/11/24, the Regional Director of Operations re educated the Healthcare Director/designee on Regulation 227g, Support Plan Signatures.

Beginning 10/11/24, the Administrator/designee will review any new or changed resident assessment and support plans upon completion to ensure signatures have been obtained.

The home will keep documentation of completed audits and staff education available for review by the Department.

Proposed Overall Completion Date: 10/28/2024

Licensee's Proposed Overall Completion Date: 10/28/2024

Implemented [redacted] - 12/04/2024)