

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

September 18, 2025

[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 07/16/2025 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:** 04/22/2026

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: I-1	Date: 09/20/2019	Issued By: Upper Southampton Township
Type: I-2	Date: 09/20/2019	Issued By: Upper Southampton Township
Type: Other	Date: 09/20/2019	Issued By: Upper Southampton Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 135 **Waking Staff:** 101

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 07/16/2025

Inspection Dates and Department Representative

07/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106 **Residents Served:** 89

Secured Dementia Care Unit

In Home: Yes **Area:** Reflections **Capacity:** 36 **Residents Served:** 24

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89

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

Have Mobility Need: 46 **Have Physical Disability:** 0

Inspections / Reviews

07/16/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/16/2025

08/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/26/2025

08/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 09/11/2025

09/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff Member A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2024 training year.

Repeat Violation Date: [REDACTED] et al

Plan of Correction**Accept [REDACTED] - 08/26/2025)**

- By 8/22/25, the Health Care Director or designee will train staff member A on the missing topics for 2024. Documentation shall be kept.
- By 8/29/25, current associate 2024 training files audited for compliance by PCHA. By 9/12/25, any associates in need of training shall be trained by the Residence Director or designee. Documentation shall be kept.
- By 8/29/25, the Residence Director shall review the 2025 training plan for inclusion of the required topics.
- By 8/22/25, the Residence Director or designee shall educate the department managers on regulation 2600.65f. Documentation shall be kept.
- Beginning 8/29/25, the Residence Director or designee will audit assigned associate trainings monthly.
- To ensure consistent adherence to Regulation 2600.65f, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.65f.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented [REDACTED] - 09/18/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff Member A did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, or The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during the 2024 training year.

Plan of Correction**Accept [REDACTED] - 08/26/2025)**

- On 8/8/25, the Administrator provided training to staff member A on the missing topics for 2024. Documentation shall be kept.
- By 8/29/25, current associate 2024 training files audited for compliance by PCHA. By 9/12/25, any associates in need of training shall be trained by the Residence Director or designee. Documentation shall be kept.

65g Annual Training Content (continued)

By 8/29/25, the Residence Director shall review the 2025 training plan for inclusion of the required topics. By 8/22/25, the Residence Director or designee shall educate the department managers on regulation 2600.65g. Documentation shall be kept.

Beginning 8/29/25, the Residence Director or designee will audit assigned associate trainings monthly.

To ensure consistent adherence to Regulation 2600.65g, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.65g.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented (████) - 09/18/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident █████ most recent medical evaluation was completed on █████. The resident's previous medical evaluation was completed on █████.

Repeat Violation Date: █████ et al; █████

Plan of Correction

Accept (████) 08/26/2025)

Unable to correct as DME was late; previous Healthcare Director is no longer employed. The current Healthcare Director maintains a tracker to ensure that documentation is current and in compliance with regulation 2600.141b.

By 8/22/25, the Residence Director or designee shall educate the Healthcare Director and Memory Care Director on regulation 2600.141b1. Documentation shall be kept.

By 9/5/25, the Healthcare Director will conduct an audit to ensure that files missing 2024 medical evaluations have notations indicating that an audit was completed to identify non compliance & establish ongoing compliance.

Beginning 9/5/25, the Healthcare Director or designee will review the tracker weekly and update as needed.

To ensure consistent adherence to Regulation 2600.141b1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.141b1.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented (████) - 09/18/2025)

183e - Storing Medications

4. Requirements

2600. 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.

183e Storing Medications (continued)

Description of Violation

On [redacted] at 2:50pm, one round white loose pill was located in the first floor medication cart.

Resident [redacted] is prescribed [redacted] instill one drop into both eyes twice daily for dry eyes. This medication was opened on [redacted]. Per manufacturer's instructions, Refresh Tears eye drops should be discarded 90 days after opening. On [redacted] the medication was still present in the medication cart.

Resident [redacted] is prescribed [redacted] instill one drop into both eyes every morning for glaucoma. This medication was opened on [redacted]. Per manufacturer's instructions, Timolol eye drops should be discarded 28 days after opening. On [redacted], the medication was still present in the medication cart.

Resident [redacted] is prescribed [redacted] instill one drop into both eyes twice daily for dry eyes. This medication was opened on [redacted]. Per manufacturer's instructions, Refresh Tears eye drops should be discarded 90 days after opening. On [redacted] the medication was still present in the medication cart.

Resident [redacted] is prescribed [redacted]. The eyedrops were opened on [redacted]. Per manufacturer's instructions, these drops should be discarded six weeks after opening. On [redacted], the medication was still present in the medication cart.

Repeat Violation Date: [redacted] et al; [redacted]

Plan of Correction

Accept [redacted] 08/26/2025)

On 7/16/25 at time of inspection, the loose pill was removed & discarded by the Healthcare Director.

On 7/16/25 at time of inspection, all eye drops identified were discarded and reordered by the 3 11 LPN Supervisor. Medications were received and placed in medication cart by the Med Tech on duty.

By 9/12/25, the Healthcare Director or designee shall educate associates who administer medications on regulation 2600.183e. Documentation shall be kept.

By 8/22/25, Healthcare Director or designee shall audit med carts for loose pills. Any findings on audit shall be immediately corrected.

On 7/21/25, an audit of all eye drops was completed by 3 11 LPN Supervisor. Any further findings corrected at time of audit.

Beginning 8/22/25, the Healthcare Director or designee will audit med carts weekly x 4 with focus on cleanliness of carts, carts being free of loose pills and expiration dates of eye drops. Documentation will be kept on file.

To ensure consistent adherence to Regulation 2600.183e, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.183e

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented [redacted] - 09/18/2025)

183f - Discontinued Medications

5. Requirements

183f - Discontinued Medications (continued)

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

██████████ belonging to Resident ██████████ who was discharged from the home on ██████████ were found being stored in the first floor Reflections laundry room. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept (██████████ - 08/26/2025)

- On 7/17/25, PCHA cleaned out the Reflections Laundry Room and checked the remaining storage areas for discontinued medications.
- By 9/12/25, the Healthcare Director or designee will educate employees who administer medications on regulation 183f. Documentation shall be kept.
- Beginning 7/17/25, the Reflections laundry room and storage areas shall be checked daily on rounds ongoing by Memory Care Manager.
- To ensure consistent adherence to Regulation 2600.183f, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.183f.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented (██████████ - 09/18/2025)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident ██████████ initial medical evaluation dated ██████████ indicates the resident requires a cardiac diet. Resident # ██████████ initial support plan dated ██████████ does not indicate this dietary need or how the need will be met.

Repeat Violation Date: ██████████

Plan of Correction

Accept (██████████ - 08/26/2025)

- On 3/24/25, a new DME was obtained for resident #6 indicating mechanically altered diet. On 3/27/25 a new RASP was completed by the Assistant Healthcare Director to indicate new mechanical soft diet.
- By 9/5/25, the Healthcare Director or designee shall audit current DMEs and RASPs to ensure diet needs on DME are addressed on corresponding RASP.
- By 8/22/25, the Residence Director or designee shall educate the Healthcare Director and Memory Care Director on regulation 2600.227d. Documentation shall be kept.

227d Support Plan Medical/Dental (continued)

Beginning 9/2/25, a diet tracker to be implemented by the Healthcare Director to ensure dietary needs are being met and captured on the RASP. This tracker shall be reviewed as needed with new dietary orders and with new resident move ins.

To ensure consistent adherence to Regulation 2600.227d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.227d.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented ([REDACTED] **09/18/2025)**

234d - Support Plan Revision**7. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident [REDACTED] was completed on [REDACTED] which indicates that this resident has no issues with agitation, aggression or irritability and a moderate issue with judgement.; however, staff report that the resident has issues with aggression, agitation and irritability and requires regular intervention during interactions with other residents.

On [REDACTED] at approximately 4:30pm, Resident [REDACTED] pushed Resident [REDACTED] to the ground in the dining room. Resident [REDACTED] stated [REDACTED] was in my way so I pushed [REDACTED]. Resident [REDACTED] sustained injuries to the head and left arm and was treated in the hospital. The support plan dated [REDACTED] for Resident [REDACTED] was not updated to indicate that Resident [REDACTED] has needs regarding agitation, aggression or irritability nor was it updated to include how the home will meet these needs.

Plan of Correction

Accept [REDACTED] **- 08/26/2025)**

On 7/18/25, Assistant Healthcare Director updated resident [REDACTED] support plan to address agitation.

By 9/5/25, the Healthcare Director or designee shall audit current support plans; support plans requiring updating to be completed at time of audit.

Beginning 8/18/25, residents with a significant change shall be reviewed at daily stand up meeting. The Healthcare Director shall follow up to ensure the support plan is updated.

To ensure consistent adherence to Regulation 2600.234d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/17/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.234d.

Licensee's Proposed Overall Completion Date: 09/10/2025

Implemented [REDACTED] **- 09/18/2025)**