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

July 13, 2026

[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 05/14/2026 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**: *04/22/2027*

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 Twp.*
Type: *I-2*	**Date**: *09/20/2019*	**Issued By**: *Upper Southampton Twp.*
Type: *Other*	**Date**: *09/20/2019*	**Issued By**: *Upper Southampton Twp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *144* **Waking Staff**: *108*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* **Residents Served**: *91*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Carson* **Capacity**: *36* **Residents Served**: *32*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *91*

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

Have Mobility Need: *53* **Have Physical Disability**: *1*

Inspections / Reviews

05/14/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/21/2026*

Inspections / Reviews *(continued)*

06/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/30/2026*

07/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

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] who resides in memory care was exit seeking after their family had dropped them off. The memory care consists of 28 residents with four exits. Staff person A, assigned to memory care left at approximately 10:30 pm before the end of their shift without informing management. Staff person B left the building at approximately 10:38 pm, leaving staff person C as the only staff present in the memory care.
At approximately 10:46 pm, resident [redacted] opened the vestibule door activating the alarm. Staff person C observed resident [redacted] near the exit and redirected the resident to the common area. Staff person C then went to the front entrance of the memory care and started calling for help from staff in personal care with no success. At approximately 10:48 pm, the noise of the alarm caused more residents of memory care to come out of their rooms. There were 9 residents in the common area asking if it was a fire. Staff person C reassured residents everything was ok and there was no fire. Staff person C then called staff person B on the phone but could not reach them.
Staff person B returned to memory care at approximately 10:55 pm; however the alarm had been turned off by staff on the overnight shift. Staff person B stated statement that they had left the building to go to Popeyes and they had the key to reset the alarm with them. At approximately 10:50 pm, resident [redacted] opened the door again and left the facility. At approximately 11:04 pm, resident [redacted] was found by a police officer at Applebee's, which is located about .3 miles away from the home. Resident [redacted] had to crossed a major road of 4 lanes, as Applebee's is located on the other side of the road. The police officers returned the resident to the home at approximately 11:23 pm. The home was not aware that the resident had left the building. Per the home's document, resident [redacted] was not injured. The resident was wearing blue jeans, a t-shirt, and sneakers at the time of the elopement.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 06/22/2026)***

On 4/24/2026, 11:30PM, resident evaluated upon return by Med Tech and all vitals were normal. Notified family and resident's physician. Documentation shall be kept in the resident record.

On 4/25/2026, the Residence Director suspended staff person A and staff person B. Both team members were terminated on 4/30/2026.

On 4/25/2026, 12:30AM, upon notification, Residence Director initiated a count of the SDCU residents and all SDCU current residents were accounted for. Doors evaluated and working as designed.

As of 4/28/2026, the Residence Director educated current associates on 42b along with the elopement and elopement policy. Documentation to be maintained.

By 6/30/2026, the Residence Director or designee, shall conduct an elopement drill. A drill will be held by the Residence Director monthly for 3 months, one on each shift. Documentation shall be maintained.

On 6/15/2026, the Residence Director or designee, will review the above findings for 2600.42b during the

42b Abuse (continued)

community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] 07/13/2026)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at approximately 10:00 am, resident [redacted] enabler was not attached to the bed frame and uncovered. The measurement of the opening was 24 inches long by 6 inches in height from the mattress to the top of the enabler.

Plan of Correction ***Accept[redacted] 06/22/2026)***

On 5/14/2026, bed enabler was removed by the family from resident's bed. Family had placed it on the bed without the community being made aware.

On 6/10/2026, a written communication was distributed to all residents and families reminding them of Pennsylvania Personal Care Home regulations regarding bed enablers, bed rails, and similar devices. The notice instructed families to immediately remove any unapproved devices and advised that the community would remove any remaining unauthorized devices during room inspections to ensure resident safety and regulatory compliance.

By 6/19/2026, the Residence Director, educated caregivers, maintenance staff, and leadership on 2600.81b, and the requirements for resident mobility assist devices, including proper installation, maintenance, and ongoing monitoring to ensure devices remain secure, in good repair, and free of hazards.

By 6/22/2026, the Residence Director or designee, will conduct an audit of all resident rooms to identify and remove any unauthorized or improperly installed bed enablers and similar devices. Documentation will be maintained.

Beginning 6/22/2026, the Residence Director, or designee, will conduct weekly audits of 15 resident rooms weekly for two weeks to verify compliance. Any identified concerns will be corrected immediately. Documentation shall be maintained.

On 6/15/2026, the Residence Director or designee, will review the above findings for 2600.81b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 07/13/2026)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted], at approximately 10:00 am, resident [redacted] bathroom cabinet was opened and contained toothpaste and mouthwash, including Sensodyne, Crest Scope, and Colgate Total mouthwash, which had a manufacturer's label stating, "Contact Poison Control Unit if swallowed." The cabinet was unlocked, unattended, and accessible to residents, including resident [redacted] Not all the residents of the home, including resident [redacted] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] 06/22/2026)***

On 5/14/2026, upon notification by surveyor, the Residence Director secured the toothpaste and mouthwash in the residents locking cabinet.

By 6/19/2026, the Health Care Director, or designee, will train current staff on 2600.82c. Documentation shall be kept.

Beginning 6/15/2026, the Residence Director or designee shall audit 10 resident rooms for compliance with 2600.82c weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.

On 6/15/2026, the Residence Director or designee, will review the above findings for 2600.82c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] 07/13/2026)