

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

September 1, 2026

[REDACTED]
COLUMBIA/WEGMAN SOUTHAMPTON LLC
[REDACTED]
[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 07/15/2026 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: 142

Waking Staff: 107

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 07/15/2026

Inspection Dates and Department Representative

07/15/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 88

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 36

Residents Served: 27

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 88

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 54

Have Physical Disability: 2

Inspections / Reviews

07/15/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/08/2026

Inspections / Reviews (*continued*)

08/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/31/2026

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

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], at 1:18pm, the home became aware of resident [REDACTED] being verbally mistreated by staff person A. The home did not report this incident to the Department.

On [REDACTED], on the 3:00 pm-11:00 pm shift, resident [REDACTED] informed staff person B and staff person C that they received bruising on their body in the morning. The home did not report this incident to the Department.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/07/2026)

On 7/31/2026, before returning to the floor, the Residence Director and Assistant Healthcare Director trained staff persons B & C on the incidents or conditions that need to be reported to the department as per 2600.16c. Documentation shall be maintained.

On 7/29/2026, the Director of Compliance educated the Residence Director, Customer Service Associate and Assistant Healthcare Director on 2600.16c DHS Regulations related to reporting incidents or conditions to the Department's personal care home regional office or the personal care home compliant hotline within 24 hours. Documentation shall be maintained.

By 8/14/2026, the Residence Director or Designee will train current staff on the incidents or conditions that need to be reported to the department as per 2600.16c. Staff will be reminded that incidents or conditions need to be reported to their supervisor immediately including bruises of unknown origins. Documentation shall be maintained.

Starting 8/5/2026, the Residence Director or designee will verify/review any incidents that have occurred during stand up, daily for 2 weeks. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.16c 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires assistance with

23a - Activities of Daily Living Assistance (continued)

physical assistance with toileting, including assistance with hygienic practices surrounding toileting use, secondary to occasionally being incontinent of bowel and bladder. On [REDACTED], the resident did not receive this assistance as required. Interviews with the Agent of the Department revealed that an unknown staff person turned off the resident's call bell because "they were off duty" without assisting the resident with using the bathroom.

Plan of Correction**Accept [REDACTED] - 08/07/2026)**

By 8/3/2026, the Residence Director educated current associates on 2600.23a and providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Documentation shall be maintained.

Starting 8/10/2026, the Health Care Director or designee will review 5 resident support plans weekly and compare it with the care the residents are receiving. Weekly for 4 weeks. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.16c 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)**42c - Treatment of Residents****3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] disclosed that staff person A made a comment that [REDACTED] needs to be a nursing home. Resident [REDACTED] disclosed that the comment made [REDACTED] upset and does not understand why the staff person made the comment.

Resident [REDACTED] disclosed that when staff provide [REDACTED] with assistance they "say come here and grab [REDACTED] by the arms causing bruises to their arms." On [REDACTED], the Agent of the Department observed a bruise on the resident's right arm that measured around 2 inches and was dark in color. Resident [REDACTED] was unable to identify the staff persons that provided assistance with their care.

Plan of Correction**Accept [REDACTED] - 08/07/2026)**

By 8/7/2026, the Residence Director will educate current associates on 2600.42c and treating each resident with dignity and respect. Documentation shall be maintained.

On Saturday, 6/27/2026, family member of resident [REDACTED] made the Residence Director aware (via email) of comments made by staff person A. On Monday, 6/29/2026, Residence Director responded to family member and on Tuesday, 6/30/2026, held an in-person meeting with resident [REDACTED] and family member to gather additional details of the altercation. On Wednesday, 7/1/2026, Residence Director met with staff person A and issued a Written Corrective Action for their actions towards resident [REDACTED]. Residence Director explained to staff person A the importance of treating all residents with dignity and respect. Staff person A also met with resident [REDACTED] to reconcile and apologize for their comments.

42c - Treatment of Residents (continued)

Starting 8/10/2026, the Residence Director or designee will meet with 5 residents weekly for 4 weeks to ensure that residents are being treated with dignity and respect. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.42c 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)

65a - FS Orientation 1st Day**4. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person D, whose first day of work was [REDACTED], did not receive orientation on the following topics:

- *Evacuation procedures.*
- *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
- *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
- *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
- *The location and use of fire extinguishers.*
- *Smoke detectors and fire alarms.*
- *Telephone use and notification of emergency services.*

Plan of Correction

Accept [REDACTED] - 08/07/2026)

Staff person D did receive orientation on first day of work covering all topics outlined in 2600.65a. Staff person D failed to sign orientation paperwork. The missing signatures and unchecked items were documentation oversights and were corrected on 7/16/2026 and emailed directly to Department Representative S.G.

On 7/29/2026, the Director of Compliance educated the Residence Director and Customer Service Associate on 2600.65a DHS Regulation related to providing all direct care staff persons in general fire safety and emergency preparedness topics. Documentation shall be maintained.

65a - FS Orientation 1st Day (continued)

By 7/29/2026, a review of all staff orientation records was completed by the Customer Service Associate, to ensure all required orientation training topics were covered. No additional associates were identified as missing the requirements of 2600.65a. Documentation shall be kept.

Starting 8/10/2026, the Residence Director or designee shall audit all new staff orientation records for compliance with 2600.65a weekly for 4 weeks. Documentation shall be kept.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.65a 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: 08/31/2026

Implemented [REDACTED] 09/01/2026)

65b - Rights/Abuse 40 Hours**5. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person D completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics:

- *Resident rights.*
- *Emergency medical plan.*
- *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
- *Reporting of reportable incidents and condition*

Plan of Correction

Accept [REDACTED] - 08/07/2026)

Staff person D did receive training on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under OAPSA, and Reporting of Reportable Incidents and Conditions, covering all topics outlined in 2600.65b. Staff person D failed to sign orientation paperwork. The missing signatures and unchecked items were documentation oversights and were corrected on 7/16/2026 and emailed directly to Department Representative S.G.

On 7/29/2026, the Director of Compliance educated the Residence Director and Customer Service Associate on 2600.65b DHS Regulation related to providing all direct care staff persons training on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under OAPSA, and Reporting of Reportable Incidents and Conditions. Documentation shall be maintained.

65b - Rights/Abuse 40 Hours (continued)

By 7/29/2026, a review of all staff orientation records was completed by the Customer Service Associate, to ensure all required Orientation training topics were covered. No additional associates were identified as missing the requirements of 2600.65b. Documentation shall be kept.

Starting 8/10/2026, the Residence Director or designee shall audit all new staff orientation records for compliance with 2600.65b weekly for 4 weeks. Documentation shall be kept.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.65b 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)

85d - Trash Receptacles**6. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED], at 9:51 am, there was a full, uncovered, unattended trash can in the memory care dining area.

Plan of Correction

Accept [REDACTED] - 08/07/2026)

On 7/15/2026, immediately upon discovery of full, uncovered trash can from breakfast service, staff emptied trash can and placed a lid on unattended trash receptacle.

By 8/3/2026, the Residence Director educated current dining associates on 2600.85d and the importance of keeping all trash receptacles covered to prevent the penetration of insects and rodents. Documentation shall be maintained.

Starting 8/10/2026, the Residence Director shall audit dining areas for compliance with 2600.85d twice per week for 2 weeks and then once per week for an additional 2 weeks. Documentation shall be kept.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.85d 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tab take one tablet orally every 6 hours as needed. On [REDACTED] at 3:24 pm the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 08/07/2026)

On 7/16/2026, staff responsible for the errors were re-educated by the Residence Director, or Designee, on proper procedures and expectations related to 2600.185a. Documentation shall be maintained.

By 8/11/2026, the Residence Director, or Designee, will re-educate Healthcare Director, Assistant Healthcare Director and current Medication Technicians on the requirements of 2600.185a. Documentation will be maintained.

Starting 8/11/2026, the Health Care Director or designee will check MAR's daily for 2 weeks for documentation regarding medication being unavailable. Medications will be ordered from the pharmacy right away if any are found. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.185a 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: 08/31/2026

Implemented [REDACTED] - 09/01/2026)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] one puff orally, [REDACTED] tablet one tablet orally, and [REDACTED] tablet one tablet orally every morning at 8:00 am. However, resident [REDACTED] was administered [REDACTED] [REDACTED], and [REDACTED] tab at 10:38 am on [REDACTED], 10:33 am on [REDACTED] and 10:43 am on [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] one tablet twice daily at 8:00 am and 8:00 pm. However, resident [REDACTED] was administered [REDACTED] tab on [REDACTED] at 10:33 am and on [REDACTED] at 10:09 am.

Resident [REDACTED] is prescribed [REDACTED] tablet one tablet every morning at 8:00 am. However, resident [REDACTED] was administered [REDACTED] on [REDACTED] at 10:33 am and on [REDACTED] at 10:09 am.

Resident [REDACTED] is prescribed [REDACTED] one cap orally twice a daily at 8:00 am and 5:00 pm. However, resident [REDACTED] was administered [REDACTED] on [REDACTED] at 10:33 am and on [REDACTED] at 10:09 am.

187d Follow Prescriber's Orders (continued)**Plan of Correction****Accept** [REDACTED] **08/07/2026)**

On 7/16/2026, staff responsible for the errors were re educated by the Residence Director, or Designee, on proper procedures and expectations related to 2600.187d. Documentation shall be maintained.

By 8/11/2026, the Residence Director, or Designee, will re educate Healthcare Director, Assistant Healthcare Director and all Medication Technicians on the requirements of 2600.187d. Documentation will be maintained.

Starting 8/11/2026, the Health Care Director or designee will check MAR's daily for 2 weeks for documentation regarding late administration of medications and following prescriber's orders. Staff found to consistently not following prescriber's orders will receive additional training or corrective action. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.187d 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: 08/31/2026

Implemented [REDACTED] **- 09/01/2026)****9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]. However, this medication was not administered to the resident on [REDACTED] at 7:45 pm and [REDACTED] at 8:36 am because the medication was not available in the home.

Plan of Correction**Accept** [REDACTED] **- 08/07/2026)**

On 7/16/2026, staff responsible for the errors were re educated by the Residence Director, or Designee, on proper procedures and expectations related to 2600.187d. Documentation shall be maintained.

By 8/11/2026, the Residence Director, or Designee, will re educate Healthcare Director, Assistant Healthcare Director and all Medication Technicians on the requirements of 2600.187d. Documentation will be maintained.

Starting 8/11/2026, the Health Care Director or designee will check MAR's daily for 2 weeks for documentation regarding medication being unavailable. Medications will be ordered from the pharmacy right away if any are found. Documentation shall be maintained.

By 8/31/2026, the Residence Director or designee, will review the above findings for 2600.187d 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: 08/31/2026

187d Follow Prescriber's Orders (*continued*)

Implemented [REDACTED] - 09/01/2026)