

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

September 22, 2025

COLUMBIA/WEGMAN SOUTHAMPTON,LLC

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

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2025 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,

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**

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

**Staffing Hours**

**Resident Support Staff:** [REDACTED] **Total Daily Staff:** 137 **Waking Staff:** 103

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 08/11/2025

**Inspection Dates and Department Representative**

08/11/2025 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:** 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:** 91  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 46 **Have Physical Disability:** 1

## Inspections / Reviews

08/11/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2025

09/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/22/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/22/2025

09/22/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/22/2025

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**

Staff person A alleged that on [REDACTED], at approximately 12:00 pm, staff person B slapped the hand of resident [REDACTED] in the Reflections dining room. Staff person A did not report witnessing this until the next day, [REDACTED] at approximately 1pm.

**Plan of Correction**

Accept [REDACTED] - 09/04/2025

-On 8/1/25 Staff person A was suspended by the Residence Director due to failure to report in a timely manner. Staff person A was reinstated 8/19/25 after the investigation was completed per DHS Licensing Representative.

-On 8/1/25 Staff training on Abuse, Abuse Reporting & OAPSA was initiated immediately by the PCHA. By 9/12/25, any associates in need of training shall be trained by the Residence Director or designee. Documentation shall be kept.

- To ensure consistent adherence to Regulation 16c, 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 16c.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented [REDACTED] - 09/22/2025

## 42b - Abuse

**2. 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] at approximately 11:00 am, staff person C entered resident [REDACTED] room and attempted to change the resident's [REDACTED]. The resident, who was unhappy with the manner in which staff person C had performed this task on prior occasions, refused assistance from staff person C. The resident and the staff person were overheard yelling by resident [REDACTED] spouse, until resident [REDACTED] shouted for staff person C to leave the room. A short time later, Resident [REDACTED] asked Staff Person D if someone was coming to assist with changing the colostomy bag. Staff person D completed the colostomy care at this time. Staff person D confronted staff person C to ask why the resident's care was not performed. Staff person C responded that the resident's bag had been changed. Staff Person D responded by saying that they knew it hadn't been changed because they had just completed the task at the resident's request since it had not been done earlier.

Shortly before 1pm, staff person C reentered resident [REDACTED]s apartment and opened the bathroom while resident [REDACTED] was seated on the toilet. Staff person C shouted at resident [REDACTED] "How dare you lie about me?" while pointing a finger in

## 42b - Abuse (continued)

resident [REDACTED] s face. After resident [REDACTED] told staff person C to leave, staff person C then grabbed resident [REDACTED] right arm, causing pain and leaving bruise marks. Staff person C left the bathroom and was then ordered to leave the apartment by resident [REDACTED] 's spouse, after overhearing resident [REDACTED] and staff person C shouting.

Repeat Violation Date: [REDACTED]

## Plan of Correction

Accept [REDACTED] - 09/04/2025

-Upon receiving complaint of alleged abuse by resident [REDACTED] on 8/1/25, Staff person C was advised by HCD that they were being suspended pending investigation. Staff person C advised the HCD of their resignation from their position effective immediately.

-On 8/1/25 Staff training was initiated immediately by the PCHA. By 9/12/25, any associates in need of training shall be trained by the Residence Director or designee. Documentation shall be kept.

-Beginning 9/5/25, the Residence Director or designee will interview 5 residents weekly x 4 weeks to ensure safety.

- To ensure consistent adherence to Regulation 42b, 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 42b.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented [REDACTED] 09/22/2025