



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 28 2015

Ms. Elvira Anderson, President, Board of Managers
Williamsport Home, Inc.
1900 Ravine Road
Williamsport, Pennsylvania 17701

RE: The Williamsport Home & Apartments, 3rd Floor
License #: 200630

Dear Ms. Anderson:

As a result of the Department of Human Services' licensing inspection on June 30, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 19, 2015 to September 19, 2016 was issued on June 10, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20063 - 06/30/2015 - O'Haire, Anne
 PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A"s Initial Medication Administration Certification date was completed on 06-16-2014. Staff person "A"s Annual Medication Administration Recertification date was stated as 06/2015. Recertification dates are specific and must occur before or on the anniversary date of the Initial training date.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Preparation and evaluation of the enclosed plan of correction set forth in these documents does not constitute admission or agreement by the provider of the truth of the facts alleged or concluded set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provision of Federal and State law.

2600.190(a)

1. Using the exact date that the staff person successfully completed the Annual Practicum for the Medication Administration Course is important being that it proves the employee had completed the recertification before or on the anniversary date of the initial training.

2. This regulation was violated due to the Medication Trainer using Month-Year, instead of Month-Day-Year at the completion of the Annual Practicum.

3. Moving forward the Medication Trainer will use the exact date that the staff person successfully completed the Annual Practicum this date will be on or before the Anniversary date that the staff person completed initial training.

4. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.

5. The Administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Yvonne Laubach LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Yvonne Laubach LPN, PCHA* Date *7-16-2015*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/17/15</u> (Date)	Plan of correction implementation status as of <u>7/17/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented