



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

Ms. Laurie Burkholder, President, Board of Managers
Williamsport Home, Inc.
1900 Ravine Road
Williamsport, Pennsylvania 17701

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

Dear Ms. Burkholder:

As a result of the Department of Human Services' annual licensing inspection on July 6, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR		License Number: 20063
Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701		County: Lycoming
Administrator: Yvonne Laubach		Region: NORTHEAST
Legal Entity Name: WILLIAMSPORT HOME INC		
Legal Entity Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy C-2 10/24/1986 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 23 Waking Staff: 17		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2016: Hummel, Jesse; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 23 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Yvonne Laubach

*Yvonne Laubach PCHA/CPH
7-28-16*

Violation Report: 20063 - 07/06/2016 - Hummel, Jesse
PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit located in the third floor Medication Room does not include adhesive bandages.

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.

2600.96A

1. Having all required items in the first aid kit ensures that the home will have all that is needed to provide first aid in the event of an injury.
2. This regulation was violated due to not having the Adhesive bandages in the kit. The adhesive bandages were inserted into the kit at the time of inspection.
3. Moving forward all staff will be educated that all required items need to be in the first aid kit at all times and if an item is used it will be replaced.
4. L.P.N. will monitor the first aid kit weekly to insure all required items are present and report to Administrator.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administer shall monitor and assure ongoing compliance.

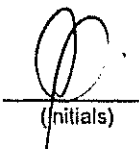
See Attachment "A" "B"

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Yvonne Laubach	Date 7-28-16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-3-16</u> (Date)	Plan of correction implementation status as of <u>9-3-16</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 20063 - 07/06/2016 - Hummel, Jesse
 PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Vitamin D3 - 2 tablets daily. The medication label incorrectly indicates to administer one tab daily.

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.

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2600.184(a)

Having the proper instructions on the medication reduces the possibility that a medication will be administered improperly.

1. This regulation was violated due to the Vit D3 bottle did not have a "direction change" label placed on the bottle. This was corrected at the time of inspection.
2. Moving forward all staff will be educated regarding proper process of checking in medications and checking labels with each medication pass to verify we have the proper label and if needed to use the "direction change" labels.
3. L.P.N. will monitor the medication cart weekly to insure all medication labels are correct and report to Administrator.
4. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
5. The Administer shall monitor and assure ongoing compliance.

see attachment "A" "C"


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Yvonne Laubach PCHIA, LPN
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Yvonne Laubach	7-28-16

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The above plan of correction is approved as of 8-3-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-3-16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20063 - 07/06/2016 - Hummel, Jesse
 PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Sodium Chloride 5% - 1 drop into right eye two times daily. Resident #2 refused this medication on 7/1/16 at 9:00pm. The facility failed to notify the prescribing physician of this medication refusal.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.187(c)

1. Reporting medication refusals ensures resident safety and protects the home if the refusal can lead to a health complication.
2. This regulation was violated due to not reporting a refusal of an eye drop to the physician.
3. Moving forward all staff will be educated regarding the proper process of reporting medication refusals. Staff will complete the medication refusal form and fax the physician the same day as the medication refusal.
4. L.P.N. will monitor the MAR's weekly to see if any medications were refused and report to Administrator.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administer shall monitor and assure ongoing compliance.

See attachment "A" "D" "E"

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Yvonne Laubach PCHA, LPN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Yvonne Laubach Date 7-28-16

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Violation Report: 20063 - 07/08/2016 - Hummel, Jesse
 PCH Name: THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

1. REGULATION 55 Pa.Code §2600.
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed correction fluid on the Medical Evaluation completed on 10/20/15 for resident #2. The resident record shall remain permanent.

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.

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2600.251(b)

Not using white-out or correction tape in a residents record that are permanent helps to ensure that information stored in the residents records is accurate, and unaltered.

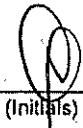
1. This regulation was violated due to a physician's office using white-out on a medical evaluation form.
2. Moving forward, the physician offices will be made aware that we cannot accept a form if white-out or correction tape has been used,
3. All medical records received shall be review to make sure no white-out or correction tape is used.
4. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
5. The Administer shall monitor and assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Yvonne Laubach PCHA, LPA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Yvonne Laubach Date 7-28-16

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