



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

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

RE: Woodland Vista at the Williamsport Home  
License #: 210380

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: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A hired on [redacted] 11 did not receive training in Fire Safety completed by a fire safety expert during the July 2015 through June 2016 Training year.

**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.

2600.65(g)

- 1. Annual Fire Safety training by a fire safety expert ensures that all staff who works in the home is reminded of the home's emergency requirements.
- 2. This regulation was violated due to employee "A" not attending required Annual Fire Safety Training which was held in October of 2015.
- 3. Moving forward all staff will be mandated to attend our Annual Fire Safety Training, which is scheduled July 12, 2016 and July 13, 2016. Anyone who was not able to attend shall notify the Staff Development person and will be required to attend make-up training.
- 4. The Staff Development person will track the training and verify if all staff attended; in the event that a staff person did not attend the Staff Development person will report to the Administrator. Make-up training will be scheduled by the Staff Development person for anyone who did not attend the training. Staff Development will provide Administrator a copy of all trainings.
- 5. Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
- 6. The Administrator shall monitor and assure ongoing compliance

*Empl. A. will make up missed fire safety training from 2015.*  
*OP 9-3-16*

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

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

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

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

The above plan of correction is approved as of 9-3-16 (Date)

Plan of correction implementation status as of 9-3-16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The facility's record of training for direct care staff person B does not indicate the source of the Fire Safety training that was completed on 10/27/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.65(i)


1. Having the Source of Training on the training sign-in sheet is important; it provides evidence of successful training completion.
2. This regulation was violated due to not having the name of the Source on our training sheet; however, we did provide a letter from the Source with attached signature sheet at the time of inspection.
3. Moving forward all records of training will include: staff persons trained, date, source, content, length of time each course and copies of any certificates received. Staff will be reminded that they must attend all mandatory trainings.
4. The Staff Development person will monitor all training records and make sure all required information is included. Staff Development person will provide Administrator with a copy of all training.
5. Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ivonne Laubach PCMA, LPM*

|   |                      |
|---|----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Ivonne Laubach</i> | Date: <i>7-28-16</i> |
|---|----------------------|

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Violation Report: 21038 - 07/08/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 Resident room 6B does not have a source of bedside lighting.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.101(j)(7)


1. Having a bed side light provides a resident with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.
2. This regulation was violated due to resident 6B moving lamp from the bedside table to the stand near chair. The lamp was placed back on the night stand at the time of inspection. It was explained to the resident the importance of leaving the lamp on the night stand; staff provided another lamp to the resident that can be kept near chair.
3. Moving forward all rooms will be checked for lamps at bedside by L.P.N weekly for 4 weeks then monthly.
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.

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

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

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Violation Report: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident room 6. The bathroom located in the room is a shared bathroom. Hand towels and wash clothes were noted within the shared bathroom. The towels as well as the towel bars were not labeled. It was unable to be determined if residents are aware of which hand towel and or wash cloth belongs to which resident.

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

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2600.102(k)

1. Having the towel racks properly identified with each residents name will help prevent the spread of disease.
2. This regulation was violated due to the towel racks were not identified with the resident's name.
3. Moving forward, each towel rack was marked to identify each Resident. Residents were made aware of the markings and asked not to remove them.
4. The L.P.N. will do weekly check of the suite for compliance.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administrator 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, LPW*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Yvonne Laubach*

Date *7-28-16*

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*[Signature]*  
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Violation Report: 21038 - 07/08/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

**1. REGULATION 55 Pa.Code §2600**

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

**2a. DESCRIPTION OF VIOLATION**

The exit door leading to the stairwell is locked with a magnetic locking mechanism and a coded keypad. The elevator is also operated with a coded keypad. The code is posted at the stairwell however the code is not posted at the elevator. Department Representatives determined through staff and resident interviews that residents of the facility are unable to operate the keypad mechanisms to exit the building without assistance.

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

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2600.121(b)

1. A locked door prevents immediate egress.
2. This regulation was violated due to having the stairwell door equipped with a key pad and the residents not understanding how to use the key pad even though the code is posted.
3. Moving forward the locks will be removed from both the elevator and the stairwell door (scheduled for July 29, 2016).
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):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Yvonne Laubach* PCHA, LPW

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Yvonne Laubach*

Date *7-28-16*

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Violation Report: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives observed the designated smoking area of the facility. Located in the area was a chair with a cloth like seated area that was not constructed of fire resistant fabric.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.144(c) (1)

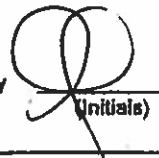
1. Combustible material can be ignited by a heat source causing injury to residents or damage to the home.
2. This regulation was violated due to having a cloth chair located in the smoke area.
3. Moving forward the chair was placed back to the non-smoking area. We are looking into ordering nonflammable furniture for the entire porch.
4. The Staff will monitor the porch each shift to make sure all chairs are in the proper place. The L.P.N. will monitor weekly.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administrator 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, LPW*

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

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Violation Report: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

- 1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed to have the resident's Blood Glucose Level (BGL) tested every Monday two times daily. The resident's Medication Administration Record (MAR) indicates that the resident's (BGL) was tested to be 140 on 7/4/16 at 4:00pm, however the resident's glucometer indicates that a test was not completed on this date and time.

Resident #2 is prescribed to have the resident's Blood Glucose Level (BGL) tested on Monday, Wednesday, and Friday, two times daily. The resident's Medication Administration Record (MAR) indicates that the resident's (BGL) was tested to be 138 on 7/4/16 at 4:00pm, however the resident's glucometer indicates that a test was not completed on this date and time.

The facility is inaccurately documenting readings on each resident's (MAR) which were not actually completed.


- 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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- 2600.187(a)
1. Glucometers store BS readings that are transcribed onto the MAR's which are used to track all medication a resident receives and to ensure all medications are administered as prescribed.
  2. This regulation was violated due to there was no evidence of the measurement of a BS for residents #1 and #2.
  3. Moving forward, the staff person involved resigned her position; all other staff will be educated in the importance of obtaining a BS, only using the glucometer assigned to that resident, and recording the results onto the MAR.
  4. L.P.N. will monitor glucometers weekly for 4 weeks then monthly and report any issues to Administrator.
  5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
  6. The Administrator 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, UPW*

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

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Violation Report: 21038 - 07/06/2016 - Hummel, Jesse  
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed to have the resident's Blood Glucose Level (BGL) tested every Monday two times daily. The resident's Medication Administration Record (MAR) indicates that the residents (BGL) was tested to be 140 on 7/4/16 at 4:00pm, however the resident's glucometer indicates that a test was not completed on this date and time.  
 Resident #2 is prescribed to have the resident's Blood Glucose Level (BGL) tested on Monday, Wednesday, and Friday, two times daily. The resident's Medication-Administration Record (MAR) indicates that the resident's (BGL) was tested to be 138 on 7/4/16 at 4:00pm, however the resident's glucometer indicates that a test was not completed on this date and time.  
 The facility is not following the orders of the prescriber regarding the testing of each of these resident's (BGL).

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(d)

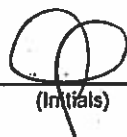
1. Following physician orders ensures that residents receive medication and treatments as ordered.
2. This regulation was violated due to not following physician orders of measuring BS.
3. Moving forward, the staff person involved resigned her position; all other staff will be educated in the importance of obtaining a BS, only using the glucometer assigned to that resident, and recording the results onto the MAR and to always follow physician orders.
4. L.P.N. will monitor MAR's and glucometers weekly for 4 weeks then monthly and report any issues 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.

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| 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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