



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [kvogel@enlivant.com](mailto:kvogel@enlivant.com)  
MAILING DATE: August 16, 2017

Mr. Daniel Guill  
Authorized Representative  
Williamsport AID II OPCO LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Leighton Place  
1251 Rural Avenue  
Williamsport, Pennsylvania 17701  
License #: 226600

Dear Ms. Vogel:

As a result of the Department of Human Services' licensing inspection on March 8, 2017 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,

*Anne Graziano*

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> LEIGHTON PLACE		<b>License Number:</b> 22660
<b>Address:</b> 1251 RURAL AVENUE, WILLIAMSPORT, PA 17701		<b>County:</b> Lycoming
<b>Administrator:</b> KELLY VOGEL		<b>Region:</b>
<b>Legal Entity Name:</b> WILLIAMSPORT AID IT OPCO,LLC		
<b>Legal Entity Address:</b> 330 N. WABASH AVENUE, CHICAGO, IL 60611		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 06/08/2005 LABOR AND INDUSTRY		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 57	<b>Waking Staff:</b> 43
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/08/2017: Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 60 <b>Number of Residents Served:</b> 54 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 2 <b>Number of Hospice Residents in past year:</b> 4	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 54 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 3 <b>Have a Physical Disability:</b> 0	

Violation Report: 22660 - 03/08/2017 - Dumas, Gerald  
 PCH Name: LEIGHTON PLACE

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 1's assessment and support plan ( R.A.S.P.) dated 3/31/16 was not updated to include occupational therapy's instructions to use a gait / transfer belt when transferring resident # 1.

**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.*

The Executive Director or designee will audit resident assessments and support plans(RASP) bi annually to ensure ongoing compliance with documentation of any medical, dental, vision, hearing, mental health or behavioral care services that are made available to the resident and referrals for the resident for outside services if the residents physician, physician assistant or certified registered nurse practitioner, determine the necessity of such services. Resident and assessments and support plans will be completed by the Community Service Manager or designee.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) Kelly Vogel

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) Kelly Vogel Executive Director	<b>Date</b> 8/2/2017
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8-15-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 8-15-17  
 (Date)

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