



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WILLIAMSPORT AID II OPCO LLC
LEGAL ENTITY

To operate LEIGHTON PLACE
NAME OF FACILITY OR AGENCY

Located at 1251 RURAL AVENUE, WILLIAMSPORT, PA 17701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 15, 2017 until May 15, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226600**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 15 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 Mr. Guill:

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Daniel Guill

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE


1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home does not have a carbon monoxide detector located within 15 feet of the kitchen's gas operated stove.
 The home does not have a carbon monoxide detector located within 15 of the gas water heaters.
 The home does not have a carbon monoxide detector located within 15 of the gas commercial dry located in the home's main laundry room.

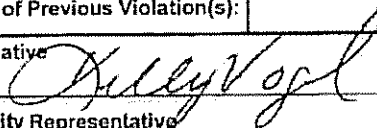
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

On April 11, 2017 the carbon monoxide detectors were installed. In compliance with Federal, State and local laws, ordinances and regulations carbon monoxide detectors are now within 15 feet of the gas operated stove, the gas operated water heater and the gas commercial dryer located in the homes main laundry room. These detectors are integrated into our emergency alarm system and will be checked monthly by the Maintenance Technician.


The administrator shall monitor and assure ongoing compliance.

 5/9/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vogel, Executive Director	Date 5/3/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/9/17</u> (Date)	Plan of correction implementation status as of <u>5/9/17</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: 22660 - 04/06/2017 - O'Haire, Anne
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The contracts located in the records of resident # 1 and # 2 dated [redacted] 2017 and [redacted] /2016 were not signed by the residents.

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.

On April 6, 2017

The contracts for residents 1 and 2 were signed, please see attachment A. The Executive Director has verified that all current resident contracts have been signed by the resident. The Executive Director or designee will review each new admission record for the resident's signature prior to filing the record.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kelly Vogel</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	5/3/17
Kelly Vogel, Executive Director			

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Violation Report: 22560 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

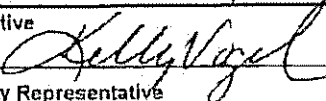
2a. DESCRIPTION OF VIOLATION
 The contracts located in the records of resident #2 and # 3 dated [redacted] 2016 did not contain the home's fee schedule.

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.

On April 7, 2017 the Executive Director reviewed the fee schedule with residents 2 and 3 and put the fee schedule in the file.

The Executive Director has verified that resident records include the fee schedule. The Executive Director or designee will review new admission records to verify the fee schedule is included prior to filing the chart. The Executive Director or designee will audit this bi annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vogel, Executive Director	Date 5/3/2017
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Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

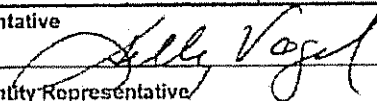
Resident room # 227 phone did not have the following required emergency phone number posted near the resident's phone. Nearest hospital, police, fire, ambulance, poison control, local EMS, poison and the personal care home complaint hot line.

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 designee placed a phone tag on 227's phone on 4/6/17. Phones in the home were verified to have the appropriate tag on 4/7/2017. The Executive Director or designee will audit each phone in the home bi annually to ensure that each phone in accordance with regulation 2600.91 has telephone numbers for the nearest hospital, police department, fire dept, ambulance, poison control, local emergency management and personal care home complaint hotline posted by or on each telephone with an outside line.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vogel, Executive Director	Date 5/3/2017
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Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

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
 On 4/6/2017 at 9:40am approximately 10 cigarette butts were located on the grounds of the home near the resident designated smoking area.

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 cigarette butts were cleaned up immediately on 4/6/17. All staff were educated and the 2 residents who choose to smoke were also educated on fire safety when smoking and proper extinguishing procedures and disposal of cigarettes by the Executive Director. The Maintenance Technician and housekeeping department will ensure ongoing proper safeguards inside and outside the home to prevent fire hazards involved in smoking. This will include visual verification of use of provided fireproof receptacles and ashtrays as well as cleaning up butts as needed daily.

The administrator shall monitor for ongoing compliance.
m
5/9/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vogel*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Vogel, Executive Director Date 5/3/2017

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Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

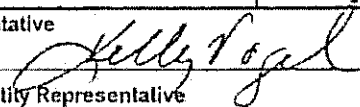
Staff person "A" DOH [REDACTED] 16 medication administration training was incomplete. Staff person "A" medication administration training contained a student certification form dated [REDACTED] 15 for their initial training date. No collaborating information was available reflecting that staff person "A" had his/her annual medication pass observations and MAR reviews completed for training year 2016. Staff person "A" was trained at another facility and the home did not have the medication administration trainer's certification.

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.

On 4/7/2017 the Executive Director observed the medication pass of employee A and reviewed the MAR for March 2017 and staff person A was able to demonstrate proper and thorough knowledge without requiring remediation of any sort. Going forward, the Executive Director or designee will ensure that employees with medication administration training provide collaborating information that reflects the staff person has had his/her annual medication pass observations and MAR reviews for the full year as well as the trainers certification.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Vogel, Executive Director

Date 5/3/2017

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Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.


2a. DESCRIPTION OF VIOLATION
 The contract of resident # 2 (dated [redacted] 16) and the contract in the record of resident #3 (dated [redacted] 16) did not indicate the residents' right to question or refuse medication if the resident believes there may be a medication error.

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 has educated residents on the right to question or refuse a medication by posting in a public place notification of that right. The Executive Director or designee will audit charts bi annually to ensure that residents have been educated on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education will be kept in the residents' file. On 4/10/17 the Executive Director verbally educated resident 2 and 3 regarding their right to refuse medication if he/she believes there may be a medication error. Both residents expressed understanding.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vogel, Executive Director	Date 5/3/2017
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Violation Report: 22650 - 04/06/2017 - O'Haire, Anne PCH Name: LEIGHTON PLACE	
<p>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.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident # 5's resident assessment support plan (RASP) dated 3/1/02017 does not address the resident's need for occupational therapy.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>The RASP of resident 5 was amended on 4/6/17 to include the need for occupational therapy. The Executive Director and designee has audited resident RASPs to ensure that documentation includes medical, vision, dental, hearing, mental health, or other behavioral care services that will be made available to the resident. The RASP will also include any referrals for the resident to outside services, if the residents' physician, physician's assistant or certified registered nurse practitioner determines the necessity of these services. Going forward, newly completed RASPs will be reviewed by the ED prior to implementation.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/08/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vogel, Executive Director	
Date 5/3/2017	
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Violation Report: 22660 - 04/06/2017 - O'Haire, Anne
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident # 1 and 5 # did not indicate the resident's eye color, hair color and identifying marks, if any.

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.

On 4/7/2017 the record of resident 1 and 5 were amended to reflect eye color, hair color and identifying marks if any. Current resident records were verified to have the resident's eye color, hair color and identifying marks if any by the Executive Director/designee on 4/11/2017. The Executive Director or designee will verify upon admission that the resident has his/her eye color, hair color and any identifying marks if any documented in compliance with 2600.252. This will be audited bi annually to ensure continued compliance.

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

Kelly Vogel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kelly Vogel, Executive Director	5/3/2017

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