



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Ms. Talya Nevo-Hacohen
Executive Vice President
Chief Investment Officer, and Treasurer
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. Nevo-Hacohen:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 2018 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.

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.

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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #7 fell on 10-13-17 and was sent to the hospital. The resident passed away on [redacted] 17. The home failed to report this fall to the department.

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.

Resident #7 fell on 10/11/2017 and the fall was reported in compliance with 2600.15c. Resident #7 was expected to return to the community. Resident #7 passed away on [redacted] 2017. The passing for resident #7 was not reported until during inspection on 4/4/2018 the community was told to report this outcome.

Immediately & Ongoing:

The administrator will review the incidents required to be reported by 2600.16a with ALL staff. All future incidents will be reported as required.

The administrator shall monitor and be responsible for ongoing compliance.

m 5/17/18

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 *5/4/18*

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

The above plan of correction is approved as of <u>5/17/18</u> (Date)	Plan of correction implementation status as of <u>5/17/18</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

Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1, dated 3-20-18, does not include the resident's temperature.
 The medical evaluation for Resident #2, dated 7-25-17, does not include the resident's height.

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 medical evaluation for Resident #1 was updated to reflect the resident's temperature. The medical evaluation of Resident #2 was updated to reflect the resident's height. Both physician offices were educated on 2600.141 a 2 compliance. Going forward, the Customer Service Manager (CSM) will audit the medical evaluations for thoroughness and completeness bi annually.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 5/17/18

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly Voepel Executive Director* Date *5/4/18*

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 (Date)

Plan of correction implementation status as of 5/17/18
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #3 has a physician's order for Humulin 70/30 kwikpen. The pen was not dated when it was opened.

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.

Resident #3 had a Humulin 70/30 kwikpen that was not dated when it was opened. It was dated on 4/4/2018. Going forward, the LPN will audit medications for date opened (as indicated by type of medication and manufactures instructions) monthly. The CSM will review the monthly audit. The medication technicians will be reeducated on the importance of this action on or by May 11th 2018.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
5/17/18

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 *5/4/18*

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(Initials)

Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy	
PCH Name: LEIGHTON PLACE	
1. REGULATION 55 Pa.Code §2600 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	
2a. DESCRIPTION OF VIOLATION Resident #4 has a physician's order for the OTC medication Vitamin C. The medication was not identified with the residents name.	
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>Resident #4 had a physician's order for the OTC medication of Vitamin C without the proper identification of the resident. Resident #4s name was written on the Vitamin C on 4/4/2018. The medication technicians will be reeducated on the importance of this action on or by May 11th 2018.</p> <p style="font-size: 1.2em; font-family: cursive;">The administrator shall monitor and be responsible for ongoing compliance.</p> <p style="text-align: right; font-size: 1.2em; font-family: cursive;">m 5/17/18</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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) <i>Kelly Vogel Executive Director</i>	Date <i>5/4/18</i>
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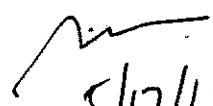
Violation Report: 22860 - 04/04/2018 - Yellenic, Cindy
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #5 has a physician's order for Acetaminophen to be administered as a PRN. The medication was not available.

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.

Resident #5 had an order for PRN Acetaminophen that was unavailable at the time of inspection. Acetaminophen was available PRN for Resident #5 by the end of business on 4/4/2018. Going forward, the LPN will audit medications for the availability of PRNs monthly. The CSM will review the monthly audit.

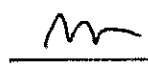
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 5/17/18

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Vogel Executive Director Date 5/17/18

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Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy
 PCH Name: LEIGHTON PLACE

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order to have a blood glucose test administered daily. The glucometer test strips have not been available for two days.
 Resident #6 has a physician's order for a blood glucose test to be administered 2 x daily. On 4/3/18 at 4:00pm the resident did not have a blood glucose test administered.

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.

Resident #3 has a physician order to check glucose daily. Resident #3 test strips were not available for 2 days. The test strips were available on the date of survey 4/4/2018 and have been.
 → The LPN will verify proper supply of glucose test strips in his/her monthly audit. The CSM will ← review the audit monthly. Resident #6 has a physician order to test blood glucose 2 times daily. On 4/3/2018 resident #6 did not have the second test completed at 4pm. Resident #6 was reeducated on the importance of this test. The medication technicians were educated to the necessity of following the directions of the prescriber.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 5/17/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Vogel Executive Director Date 5/4/18

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Violation Report: 22660 - 04/04/2018 - Yellenic, Cindy
 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

The Resident Assessment Support Plan for Resident #7, who was admitted to Hospice on 10-30-17, did not include what hospice services the resident is receiving, what hospice agency, and contact phone numbers.

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 RASP for resident #7, who was admitted on hospice on 10/30/17, did not have the NAME, PHONE NUMBER and CONTACT listed for the hospice provider. The RASP did indicate that the resident was on hospice. The name of the hospice provider and contact information was added to this RASP at the time of inspection on 4/4/2018. Going forward, the CSM will indicate the name and contact information on the RASP for residents with services outlined in 2600.227 d.


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