



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

Ms. Maureen Carey
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. Carey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 5, 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: 21038 - 06/05/2018 - Deluca, Amy
 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

Staff person A did not receive annual training in the Older Adult Protective Services Act in 2017 as required by this regulation.

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.

2600.65g

1. This regulation is important to ensure that all staff who works in the home are reminded of the home's emergency procedures and mandated reporting requirements.
2. This regulation was violated due to the staff person A was trained under the Elder Justice Act instead of the Older Adult Protective Services Act.
3. Moving forward, education content will be adjusted so that Personal Care Staff will be educated on the Older Adult Protective Services Act.
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 by reviewing the content of the inservice material that is presented by the Staff Education Coordinator or designee upon hire and annually to assure that the education addresses the Older Adult Protective Services Act.
6. In the event non-compliance is noted the staff person will be re-educated and Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Yvonne Laubach LPN PCHA</u>	Date <u>6-15-18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/18/18
 (Date)

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

Plan of correction implementation status as of 6/18/18
 (Date)

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

Violation Report: 21038 - 06/05/2018 - Deluca, Amy
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The bathroom trash receptacle and toilet seat in resident room #2 had smudges of feces on them and the sink was also dirtied with brown specks.

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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2600.85a

1. This regulation is important because sanitary conditions greatly minimize the risk of resident illness and provide a dignified living condition for residents.
2. This regulation was violated due to smudges of feces were located on the trash can and the toilet seat.
3. The bathroom was cleaned on the same day of inspection. Moving forward staff will check the bathrooms daily for cleanliness.
4. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
5. The Personal Care Home Resident Coordinator will complete random audits of bathrooms for cleanliness to monitor and assure ongoing compliance monthly for the next three months. The Administrator will monitor in her absence.
6. In the event non-compliance is noted the staff person will be asked to clean the area immediately.

The administrator shall monitor and be responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Yvonne Leubach LPN PCHA* Date *6/18/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Yvonne Leubach LPN PCHA* Date *6-15-18*

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 (Date)

Plan of correction implementation status as of 6/18/18
 (Date)

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

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

Violation Report: 21038 - 06/05/2018 - Deluca, Amy
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa. Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's most recent supervised fire drill and fire safety inspection occurred on 5/8/2017. The home did not have a fire drill supervised by a fire safety expert or a fire safety inspection annually as required by this regulation.

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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2600.132b

1. This regulation is important to identifying and correcting unsafe conditions helps prevent fires from occurring.
2. This regulation was violated due to the home not having its annual fire drill supervised by a fire safety expert or a fire safety inspection.
3. Both the fire company crew and the fire safety inspector preformed our annual drill on June 8, 2018. Moving forwards the administrator will notify both the fire company and the fire safe inspector for the need of our annual drill three months in advance.
4. The Administrator will audit annually.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administrator will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Yvonne Laubach LPW PCHA</i>	Date <i>6-15-18</i>
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The above plan of correction is approved as of <u>6/18/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>6/18/18</u> (Date) <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
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Violation Report: 21038 - 06/05/2018 - Deluca, Amy
 PCH Name: WOODLAND VISTA AT THE WILLIAMSPORT HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 5/9/2018 the home conducted a fire drill with a documented evacuation time of 3 minutes and 2 seconds. The home did not have a current fire safety letter written by a fire safety expert to extend the evacuation time.

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

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2600.132d

1. This regulation is important because an evacuation within the maximum evacuation time prevents fire-related death and injury.
2. This regulation was violated due to the expiration of our fire safety letter which indicated 6 minutes to vacate.
3. Moving forwards the administrator will notify both the fire company and the fire safe inspector for the need of our annual drill three months prior to the expiration of current letter
4. The Administrator will audit annually for compliance.
5. The Administrator will report if meeting regulatory compliance at the quarterly Quality Assurance Committee Meeting.
6. The Administrator will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Yvonne Laubach LPN PCHA* Date *6-15-18*

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Violation Report: 21038 - 06/05/2018 - Deluca, Amy
 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 has a prescription order for Prednisone 20 mg tablets. The pharmacy label indicates the medication is to be taken 2 tablets as needed for shortness of breath. The home recorded the medication order on the resident's Medication Administration Record as "take 2 tablets by mouth daily".

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

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2600.187a

1. Corrected at time of inspection 6/5/2018, "Directions Change" sticker was applied to the medication prescription label.
2. This regulation is important to ensure all medications are administered as ordered.
3. This regulation was violated due to the medication prescription label did not match the routine instructions.
4. Moving forwards staff will be re-educated on our Medication Change in Directions Policy by June 20, 2018.
5. Medication cart audits will be conducted monthly by the Personal Care Home Resident Coordinator, in her absence the Administrator will conduct the audit.
6. The Administrator shall monitor and assure ongoing compliance.
7. In the event non-compliance is noted the staff person will be re-educated and Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Johanne Laubach LPN PCHA</i>	Date <i>6-15-18</i>
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