



November 1, 2019

Ms. Maureen Carey  
President, Board of Managers  
Williamsport Home, Inc.  
1900 Ravine Road  
Williamsport, Pennsylvania 17701

RE: The Williamsport Home & Apartments  
3<sup>rd</sup> Floor  
License #20063

Dear Ms. Carey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 31, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

**Name:** THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR  
**Address:** 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701  
**County:** LYCOMING **Region:** NORTHEAST

**License Number:** 200630

### Administrator

**Name:** Yvonne Laubach **Phone:** 5703234589 **Email:** ylaubach@thewilliamsporthome.com

### Legal Entity

**Name:** WILLIAMSPORT HOME INC  
**Address:** 1900 RAVINE ROAD, WILLIAMSPORT, PA, 17701

### Certificate(s) of Occupancy

**Type:** C-2 LP **Date:** 10/24/1986 **Issued By:** L&I

### Staffing/Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 18 **Waking Staff:** 14

### Inspection

**Type:** Full **BHA Docket #:** **Notice:** Unannounced  
**Reason:** Renewal, Incident

### Inspection Dates and Department Representative

05/31/2019 - On-Site: Ryan Novak, Amy Deluca

### Resident Demographic Data as of Inspection Dates

#### General Information

**License Capacity:** 124 **Residents Served:** 18

#### Secured Dementia Care Unit

**In Home:** No **Area:** **Capacity:** **Residents Served:**

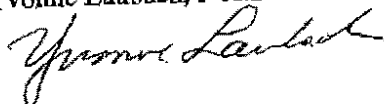
#### Hospice

**Current Residents:** 0

#### Number of Residents Who

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 18  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

Yvonne Laubach, PCHA 7/22/2019



200630

THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home served 18 residents on 5/18/19. From 3pm-11pm no staff member was certified in first aid.

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.)

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Williamsport Home agrees with the allegations and citations listed on the statement of deficiencies. The Williamsport Home maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Williamsport Home's written credible allegation of compliance.

By submitting this plan of correction, The Williamsport Home does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Williamsport Home reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.  
2600.63a

1. This regulation is important because it ensures that staff persons are appropriately trained to respond to an emergency.
2. This regulation was violated due to the neither of the two staff persons on duty were certified in first aid.
3. Moving forwards the administrator will make sure all non-C.N.A.'s are certified in first aide. -One of the two staff persons received her C.N.A and the other resigned. (see Attachment F)
4. The Administrator will audit annually for compliance.
5. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
6. The Administrator will monitor for ongoing compliance.

Legal Entity Representative

*Yvonne Laubach*  
Signature

*Yvonne Laubach RCHA 7-22-19*  
Printed Name and Title Date

DEPARTMENT USE ONLY HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9-9-19 Plan of correction implementation status as of 9-9-19  
(Date) (Date)

The above plan of correction was approved by ag  
(Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Direct care staff member A hired 6/16/15 did not receive training in medication self-administration training for training year July 2017-June 2018.

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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2600.65f

- 1. This regulation is important to ensure that staff persons receive the necessary training to successfully provide essential resident care services.
- 2. This regulation was violated due to the staff person A did not receive medications self-administration training.
- 3. Moving forward, education content will be adjusted so that Personal Care Staff will be educated on medications self-administration. (see attachment A)
- 4. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
- 5. The Administrator shall monitor and assure ongoing compliance by reviewing the content of the inservice material that is presented hire and annually to assure that the education addresses the Medications self-administration.
- 6. In the event non-compliance is noted the staff person will be re-educated and Administrator will monitor for compliance.

Legal Entity Representative

*Yvonne Laubach*  
Signature

*Yvonne Laubach, PCHA 7-22-18*  
Printed Name and Title Date

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THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Direct care staff member A hired 6/16/15 and Ancillary staff member B hired 2/18/82 did not receive training in The Older Adult Protective Services Act for training year July 2017-June 2018.

Plan of Correction (POC)

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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 B 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. (see attachment B)
4. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
5. The Administrator shall monitor and assure ongoing compliance by reviewing the content of the in-service material that is presented by the Staff Education Coordinator or designees 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.

Legal Entity Representative

*Yvonne Leubach*  
Signature

*Yvonne Leubach, RHA* 7-22-19  
Printed Name and Title Date

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THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A cup of sherbert ice cream was located in the freezer of the kitchen area without a covering on it.

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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2600.103g

1. Corrected at time of inspection 5/31/2019.
2. This regulation is important to ensure that food is stored safely.
3. This regulation was violated due to a dish of sherbet being left in the freezer, uncovered and undated.
4. Moving forwards the Executive Chef will make sure all education content will be adjusted so that Dietary Staff will be educated on proper food storage. (See attachment G)
5. The Executive Chef will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
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 Executive Chef will monitor for compliance.

Legal Entity Representative

*Yvonne Laabach*  
Signature

Yvonne Laabach RHA 7-22-19  
Printed Name and Title Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department did not indicate the capacity of the home.

Plan of Correction (POC)

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2600.124

1. This regulation is important for the fire company to have advance knowledge of the layout of the home and the needs of the residents in the event of a fire or emergency in which residents need evacuated quickly.
2. This regulation was violated due to the home not having the capacity of the home in the body of the letter.
3. Moving forwards, the local fire co will receive the required letter and floor plans. (See attachment "C", "D", & "E")
4. The Administrator will audit annually.
5. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
6. The Administrator will monitor for ongoing compliance.

Legal Entity Representative

*Yvonne Laubach*  
Signature

*Yvonne Laubach RCHA* 7-22-19  
Printed Name and Title Date

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*ag*

(Initials)

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THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

183d - Prescription Current

Regulations:

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's 100u Novolog vial of insulin was opened on 4/21/19, the medication expires 28 days after opening the vial.

Plan of Correction (POC)

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2600.183d

1. Corrected at Time of Inspection 5/31/2019
2. This regulation is important because it ensures the home does not keep medications that have expired.
3. This regulation was violated due to the insulin being used passed the suggested expiration date.
4. Moving forwards, staff will apply an "open date" and "expire date" sticker on each bottle of insulin on the day it was first opened.
5. The LPN will perform weekly medication cart audits for ongoing compliance.
6. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
7. In the event non-compliance is noted the staff person will be re-educated and the Administrator will monitor for compliance.

Legal Entity Representative

*Yvonne Laubach*  
Signature

*Yvonne Laubach PCAA*  
Printed Name and Title

*7-22-19*  
Date

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THE WILLIAMSPORT HOME & APARTMENTS 3RD FLOOR

200630

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2's mupiricin gel did not have a pharmacy label attached.

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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2600.184a

1. This regulation is important because it reduces the possibility that medication will be administered to the wrong resident or improperly administered.
2. This regulation was violated due to the mupirocin gel was on in the original labeled package.
3. Moving forwards, staff will be educated to keep all Rx medications in the original labeled package.
4. The LPN will perform weekly medication cart audits for ongoing compliance.
5. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
6. In the event non-compliance is noted the staff person will be re-educated and the Administrator will monitor for compliance.

Legal Entity Representative

*Yvonne Leabach*  
Signature

*Yvonne Leabach PCHA* 7-22-19  
Printed Name and Title Date

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200630

184b Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #2's vitafusion multi gummies did not include the residents name.

Plan of Correction (POC)

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2600.184b

1. Corrected at Time of Inspection 5/31/2019
2. This regulation is important because it will be clear to the staff persons as to whom the OTC medication belongs.
3. This regulation was violated due to the OTC medication not having the residents name on the package.
4. Moving forwards, staff will make sure all OTC medications have the residents name on the package.
5. The LPN will perform weekly medication cart audits for ongoing compliance.
6. The Administrator will report if meeting regulatory compliance at the Quality Assurance Committee Meeting.
7. In the event non-compliance is noted the staff person will be re-educated and the Administrator will monitor for compliance.

Legal Entity Representative

*Yvonne Laubach*  
Signature

*Yvonne Laubach PCNA 7-22-19*  
Printed Name and Title Date

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