



Sent via e-mail to: srichard@enlivant.com
MAILING DATE: November 1, 2019

Tri M. Tran
Vice President, Treasurer and Secretary
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 Tri M. Tran:

As a result of the Department's Bureau of Human Services Licensing inspection on July 16, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: LEIGHTON PLACE

License Number: 22660

Address: 1251 RURAL AVENUE,, WILLIAMSPORT, PA 17701

County: LYCOMING

Region: NORTHEAST

Administrator

Name: Steven Richard

Phone: 5703221125

Email: ALCLICENSE@ENLIVANT.COM

Legal Entity

Name: WILLIAMSPORT AID II OPCO LLC

Address: 330 N WABASH AVENUE,SUITE 3700, CHICAGO, IL, 60611

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 49

Waking Staff: 37

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

07/16/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 44

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 44

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 suffered an unwitnessed fall in her bedroom on 11/19/2018. The resident was sent to the hospital and was admitted on 11/19/18 with leg and hip pain. The home did not report the incident to the Department's regional office.

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.)

See attached

Legal Entity Representative

[Handwritten Signature]

Signature

9/20/19 *Stevens Richard ED*

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-30-19
(Date)

Plan of correction implementation status as of 9-30-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

2600 16.c

POC:

The incident regarding resident #1 and the fall in her bedroom which resulted in a hospitalization on 11/19/18 was reported to the Departments regional office on **9/20/2019**.

ED and/or designee completed an audit of current residents that have had incidents within the last 90 days that are considered reportable to the Departments regional office as per 2600.16.a including abuse reporting. Residents identified as needing a report sent to the state was done so by **9/11/19**. See attachment A.

Regional Director of Care Services or designee will re-educate the ED/CSM as to the reportable incidents specified in 2600.16.a and the state requirement of reporting these incidents within 24 hours as per 2600.16.c, including abuse. This training will be completed by **9/27/19**.

ED or CSM will review incident reports weekly x 3 months to ensure that state requirements have been met for abuse reporting. (See Attached tool)

ED and/or CSM educated staff regarding abuse reporting per state regulations at **8/27/2019** staff meeting. See attachment C.

These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance.

9-30-19

MM

25c12 - Bed Hold

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident #1 was admitted to the hospital on 11/19/2018. The resident was on a bed hold from 11/19/2018 to February 9, 2019. The resident was billed for pendant fees of \$15.98 during the months of December, January, and February. The home's contract states that during absences from the home, which includes periods in which the resident is admitted to a skilled facility, the resident is responsible to pay for the basic service fee.

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.)

See attached

Legal Entity Representative



Signature

Steven Richard, ED 9/20/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-30-19
(Date)

Plan of correction implementation status as of 9-30-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

2600.25.c

Resident # 1 was refunded the pendant fees charged from 11/19/2018 to 2/9/2019. Refund occurred in **March 2019**.

A review of current residents that have been absent from the home in the last 90 days will be completed on **9/24/19**. During that review, charges that occurred other than the basic services fees will be refunded to the residents.

ED will be re-educated by the Regional Director of Operations regarding the discontinuation of charges to the resident for holding a bed during hospitalization or other extended absence from the home other than basic services as per Leighton's contract by **9/24/19**.

ED and/or designee will complete an audit on residents absent from the home weekly for 4 weeks then monthly for 2 months to ensure that ancillary charges are discontinued, and the resident is only being charged the basic service fee.

These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance.

9-30-19

MM

182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #1 self-administered all medications except Latanaprost eye drops, which were administered by staff twice daily, in the morning and evening. Through staff interview it was determined that staff would document that the eye drops were administered at the end of the shift when the new med tech was arriving and not at the time that they were administered as required.

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.)

See attached

Legal Entity Representative



Signature

Steve Richard, ED 9/28/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-30-19
(Date)

Plan of correction implementation status as of 9-30-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

2600.182.c

Resident #1 medication administration record was unable to be corrected as not being in community as of **11/19/18**.

Regional Director of Care Services or designee to educate the CSM on 9/27/19 regarding completing documentation after administering medications in accordance to 2600.182.c and 2600.187.

Nurses and Med Techs were re-educated on **07/30/2019** by the CSM on regulation 2600.187.b, medications shall be recorded at the time the medication is administered.

CSM monthly completing a med cart audit to ensure documentation was completed in accordance with 2600.187. Example attached: See attachment D

CSM and/or designee will perform random audits on 5 residents a week for 4 weeks then monthly for 2 months to ensure that medications are being signed for after administration.

These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance.

9-30-19

MM

187a - Medication Record

Regulations

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.

Description of Violation

Resident #1 self-administers all medications except Latanaprost eye drops which are to be administered twice daily. The home did not have Medication Administration Records (MARs) for the months of July through November of 2018 to document that the eye drops were administered.

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.)

SEE ATTACHED...

Legal Entity Representative



Signature

Steve Richard, EO 9/20/19
Printed Name and Title Date

187a - Medication Record *(continued)*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<u>9-30-19</u> (Date)	Plan of correction implementation status as of	<u>9-30-19</u> (Date)
The above plan of correction was approved by	<u>MM</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	

2600.187.a

Resident #1 MARS from July until November 2018 are unable to be located.

CSM will be educated regarding the MARS need to be filed in the chart for the following month after completion and review by Regional Director of Care services or Designee by **09/30/19**.

Filed MAR's in the chart for the last 2 months of current residents will be audited for presence by **09/30/19**.

CSM and/or designee will audit 5 random resident MARS weekly x 4 weeks then monthly x 2 including a discharged resident if possible, to ensure MARS are available for the previous month.

These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance.

9-30-19

MM

251a - Record for Each Resident

Regulations

2600.

251.a. A separate record shall be kept for each resident.

Description of Violation

Resident #1 was admitted to the home on 10/18/2016 and was discharged on 2/9/2019. During the site visit on 7/16/2019 the home was unable to produce a resident record.

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.)

SEE ATTACHED.....

Legal Entity Representative


Signature

Steve Richard, ED 9/20/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-30-19 (Date)

Plan of correction implementation status as of 9-30-19 (Date)

The above plan of correction was approved by MM (Initials)

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

2600.251.a

Resident #1 records from 10/18/2016 until 2/9/2019 are unable to be located.

CSM will be educated regarding record retention by Regional Director of Care services or Designee by 09/27/19.

Resident records for the last 2 months of current residents will be audited for presence by 09/30/19.

CSM and/or designee will audit 5 random resident charts weekly x 4 weeks then monthly x 2 including a discharged resident if possible, to ensure resident records are available.

These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance.

9-30-19

MM