



Sent via e-mail to: rengel@psl.org
MAILING DATE: June 4, 2019

Ms. Renna Engel
Administrator
Presbyterian Homes Inc.
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17919

RE: Presbyterian Home at Williamsport
810 Louisa Street
Williamsport, Pennsylvania 17701
License #: 200540

Dear Ms. Engel:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 14, 2020 and April 15, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style with a large initial "A".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *PRESBYTERIAN HOME AT WILLIAMSPORT*
Address: *810 LOUISA STREET, WILLIAMSPORT, PA 17701*
County: *LYCOMING* Region: *NORTHEAST*

License Number: *20054*

Administrator

Name: *Renee Engel* Phone: *5706018350* Email: *RENGEL@PSL.ORG*

Legal Entity

Name: *PRESBYTERIAN HOMES INC*
Address: *ONE TRINITY DR EAST, SUITE 201, DILLSBURG, PA, 17019*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

04/15/2020 - Off-Site: Gerald Dumas
04/14/2020 - Off-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *21*

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: *21*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *2*

57a - Designee Present/Age

Regulations

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 2/20/20 at approximately 11:30 p.m., resident # 1 pushed the call bell button for assistance to use the bathroom. There was only staff on duty - staff person "A." Staff went outside of the building and was not present for any of the resident's needs for 2 hours and 20 minutes as recorded by a video camera.

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.)

Regulation 2600: 57A. The goal of the Presbyterian Home at Williamsport is to provide a safe and secure environment for all residents who live within the community. At all times one or more residents are present in the home-a direct care person will be present in the home. All events are thoroughly investigated immediately. The direct care person that went outside of the building was immediately terminated.

All staff members have been re-educated on procedure. No staff member may leave the building without authorization of the administrator or designee.

The administrator or designee will monitor the staff within the community to promote the safety and wellbeing of residents served and that call bells are answered promptly. Cholin Company-Security Surveillance System to monitor the exterior exits of the community.

The administrator or designee will complete daily Security Surveillance System checks x 90 days, then weekly checks for 90 days.

The administrator or designee will make ongoing periodical on the spot visits/checks during each shift at varied times and varied days of the week.

Legal Entity Representative

Renna' Engel, PCUA
Signature

Renna' Engel, Administrator 4/21/20
Printed Name and Title Date

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The above plan of correction is approved as of 6-1-20
(Date)

Plan of correction implementation status as of 6-1-20
(Date)

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

Implemented
 Not Implemented