



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: srichard@enlivant.com**  
**MAILING DATE: June 15, 2020**

Mr. Michael L. Costa  
President and Chief Executive Officer  
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 Mr. Costa:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 11, 2020 and May 12, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *LEIGHTON PLACE*

License Number: 22660

Address: *1251 RURAL AVENUE, WILLIAMSPORT, PA 17701*

County: *LYCOMING*

Region: *NORTHEAST*

### Administrator

Name: *Steve Richard*

Phone: *5703221125*

Email: *srichard@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: *53*

Waking Staff: *40*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*05/11/2020 - Off-Site: Amy Deluca*    *05/12/2020 off-site*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *65*

Residents Served: *48*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *6*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *5*

Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 requires a two person assist for all transfers due to a prior ankle fracture that has made it difficult for her to stand and bear weight. On 5/5/20 staff person A was witnessed by two nearby staff members attempting to transfer resident #1 in the bathroom without a second staff member to assist.

Resident #1's Resident Assessment and Support Plan date 1/2/20 indicates that the resident is to be assisted by two staff persons for all transfers.

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.)

1. Employee was immediately suspended and terminated after the investigation.
2. The current list of two person assists has been reviewed by CSM and are documented appropriately on support plan and task sheets.
3. Care Services Manager (CSM) or designee will review compliance requirements of Residents Support Plan at May 26, 2020 staff meeting. Education will be documented per state requirements.
4. CSM or designee will monitor compliance of two person assists weekly for 4 weeks and monthly x 2.
5. Continued monitoring will be based on sustained compliance and results will be reviewed at monthly QI meetings for 3 months.

Legal Entity Representative

  
Signature

Steven Richard Executive Director 5/22/20  
Printed Name and Title Date

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The above plan of correction is approved as of 6-3-2020 (Date) Plan of correction implementation status as of 6-3-2020 (Date)

The above plan of correction was approved by MM (Initials)  Implemented  Not Implemented

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 requires a two person assist for all transfers. On 5/5/20 staff person A was witnessed by two nearby staff persons attempting to transfer the resident by herself and then yelling at the resident to stand up. When resident #1 told staff person A that she could not stand due to her injured leg staff person A told the resident that was an old excuse. Staff person A was seen leaving resident #1's room and slamming the door after the resident told her to leave.

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.)

1. Staff person A was immediately suspended and terminated after investigation completed.
2. CSM or designee will interview 5 random residents a week for 4 weeks then monthly x 2 to confirm that they are being treated with dignity and respect.
3. Care Service Manager will re-educate staff on resident rights and reporting requirements at May 26, 2020 staff meeting. Education will be documented per state requirements.
4. Continued monitoring will be based on sustained compliance and results will be reviewed at monthly QI meetings for 3 months.

Legal Entity Representative

  
Signature

Stover Richard Executive Director  
Printed Name and Title

5/22/20  
Date

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