

Department of Human Services
Bureau of Human Service Licensing

December 4, 2020

TRIM TRAN, EXECUTIVE DIRECTOR
CLARKS SUMMIT AID II OPCO LLC
330 N WABASH AVENUE,SUITE 3700
CHICAGO, IL 60611

RE: WILLOWBROOK PLACE
150 EDELLA ROAD
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22659

Dear Mr. Tran,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *WILLOWBROOK PLACE* License #: *22659* License Expiration Date: *01/08/2021*
 Address: *150 EDELLA ROAD, CLARKS SUMMIT, PA 18411*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: *Mark Pisano* Phone: *5705866028* Email:
mpisano@enlivant.com, lindscott@pa.gov,
mmoskalczy@pa.gov

Legal Entity

Name: *CLARKS SUMMIT AID II OPCO LLC*
 Address: *330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611*
 Phone: *5705866028* Email: *LEGALHELP@ENLIVANT.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/10/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/08/2020*

Inspection Dates and Department Representative

07/08/2020 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *2*

Inspections / Reviews

07/08/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *08/07/2020*

8/17/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *08/21/2020*

12/4/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1, who wears a wander guard, was assessed as a high risk for elopement on 5/21/20. The resident also had eloped briefly from the home to the parking lot, unattended, on 6/22/20. The resident again eloped from the home on 7/2/20 at approximately 8pm and walked about a mile from the home before being brought back to the home. The resident's support plan dated 1/27/20 was not updated to reflect the resident's exit seeking behavior on 6/22/20 with a plan to address her added supervision needs.

Plan of Correction**Accept**

Please see Attachment for POC

Plan of Correction:

2600.227d

- 1. On 7/08/2020 Resident #1's Support Plan was updated by CSM, to address exit seeking behavior. (See Attachment A)*
- 2. On 07/08/2020 the CSM reviewed current residents support plans who are at risk for exit seeking behavior, ensuring that the support plan reflects this. (See Attachment B)*
- 3. ED and CSM were educated by RDCS on 07/10/2020 regarding 2600.227.d (See Attachment C)*
- 4. QA committee reviews audits monthly of current resident's support plans with exit seeking behavior and will be completed by CSM, checking for accuracy and making changes as needed: 2 residents weekly x 4, 2 residents biweekly x 2, then 2 residents. Results of audit will be reviewed in monthly QI. Continued auditing will be based on sustained compliance for 3 months. Monitoring will be ongoing. (See Attachment D)*

Plan of correction. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the responded and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Completion Date: 08/07/2020

227d - Support Plan Medical/Dental (continued)

Document Submission**Implemented***Plan of Correction:**2600.227d*

- 1. On 7/08/2020 Resident #1's Support Plan was updated by CSM, to address exit seeking behavior. (See Attachment A)*
- 2. On 07/08/2020 the CSM reviewed current residents support plans who are at risk for exit seeking behavior, ensuring that the support plan reflects this. (See Attachment B)*
- 3. ED and CSM were educated by RDCS on 07/10/2020 regarding 2600.227.d (See Attachment C)*
- 4. QA committee reviews audits monthly of current resident's support plans with exit seeking behavior and will be completed by CSM, checking for accuracy and making changes as needed: 2 residents weekly x 4, 2 residents biweekly x 2, then 2 residents. Results of audit will be reviewed in monthly QI. Continued auditing will be based on sustained compliance for 3 months. Monitoring will be ongoing. (See Attachment D)*

Plan of correction. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the responded and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.