

Department of Human Services
Bureau of Human Service Licensing

January 15, 2021

MICHAEL COSTA, PRESIDENT/CHIEF OPERATING OFFICER
WILLIAMSPORT AID II OPCO LLC
330 N WABASH AVENUE,SUITE 3700
CHICAGO, IL 60611

RE: LEIGHTON PLACE
1251 RURAL AVENUE
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22660

Dear Mr. Costa,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2020, 11/19/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *LEIGHTON PLACE* License #: *22660* License Expiration Date: *05/15/2021*
 Address: *1251 RURAL AVENUE, WILLIAMSPORT, PA 17701*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: *Kathy Yahner* Phone: *5703221125* Email:
kyahner@enlivant.com; lindscott@pa.gov;
agraziano@pa.gov

Legal Entity

Name: *WILLIAMSPORT AID II OPCO LLC*
 Address: *330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611*
 Phone: *5703221125* Email: *LEGALHELP@ENLIVANT.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/03/2020*

Inspection Dates and Department Representative

11/17/2020 - On-Site: Ryan Yankowy
11/19/2020 - Off-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

11/17/2020 - Partial

Lead Inspector: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *01/05/2021*

1/13/2021 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *POC Submission*Follow-Up Date: *01/25/2021*

1/14/2021 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *01/25/2021*

1/15/2021 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/21/20 Resident #1 grabbed Resident #2's [REDACTED] while they were in Resident #1's bedroom.

Plan of Correction

Do Not Accept

See attachment with complete POC

Completion Date: 01/05/2021

Plan of Correction

Directed

On 10/21/2020 assessed Resident #1 with no adverse effects noted. On 10/21/2021 CSM had notified Resident #2 physician, no recommendations were provided. On 1/5/2021 RED, BOM, and CSM, conducted audits of current residents to ensure residents were free from neglect, intimidation, physical and verbal abuse, mistreatment, and not subject to corporal punishment or discipline. No residents noted to be affected by these findings. See Attachment #A. On 1/4/2021 CSM, BOM, and RED conducted re-education for current staff regarding resident's rights with focus on abuse and neglect. See attachment #B. The RED and or designee will conduct audit of 4 random resident interviews weekly for one month then biweekly for one month and then monthly for one month to ensure that residents are free from neglect, intimidation, physical and verbal abuse, mistreatment, and not subject to corporal punishment or discipline. See attachment #A will be used for follow up audit. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based off of three consecutive months of compliance

Directed Plan of Correction:

The Home will add one additional resource to the Plan of Correction already submitted on 1-13-21. Page 182 from the Regulatory Compliance Guide (RCG) is a Decision Tree and guides staff in correctly making decisions and acting according to the regulations in protecting residents where alleged abuse is suspected.

The Administrator will provide education and training on the Decision Tree (p 182) from the RCG within one (1) month of this Directed POC and provide verification via signature sheets upon completion.

AG, 1-14-21

Completion Date: 04/01/2021

42b - Abuse (continued)

Document Submission**Implemented**

42b - Abuse 1. Requirements 2600. 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation On 10/21/20 Resident #1 grabbed Resident #2's [REDACTED] while they were in Resident #1's bedroom

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or 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 this allegation by the survey agency.

It is the policy of this facility : . A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

To enhance currently compliant operations and under the direction of the Regional Executive Director, current staff will receive in-service training regarding residents' rights with a focus on neglect and abuse by 1/15/21.

The Regional Executive Director or designee will perform 4 random resident interviews weekly for 1 month then biweekly for a month and then monthly x 1 to ensure that residents are being treated with dignity and respect. (attachment A)

Results of the audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing

Update - 01/15/2021

The Home will retain their Audits, including findings, and actions taken, if any.

AG, 1-15-21