

Department of Human Services  
Bureau of Human Service Licensing

June 28, 2021

██████████ PRESIDENT  
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

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 **Licen e #:** 22660 **Licen e Expiration Date:** 05/15/2021  
**Adde :** 1251 RURAL AVENUE, WILLIAMSPORT, PA 17701  
**County:** LYCOMING **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 5703221125 **Email:** [REDACTED]

**Legal Entity**

**Name:** WILLIAMSPORT AID II OPCO LLC  
**Address:** 330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611  
**Phone:** 5703221125 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/28/2002 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 29 **Waking Staff:** 22

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Rea on:** Renewal **Exit Conference Date:** 03/24/2021

**Inspection Dates and Department Representative**

03/24/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 65 **Residents Served:** 25

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 24  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 4 **Have Physical Disability:** 1

## Inspections / Reviews

03/24/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/03/2021*

5/11/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2021*

6/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*The home did not have the License Inspection Summary (LIS) report dated 3/13/2020 posted as required.*

#### Plan of Correction

**Accept**

1. *The License Inspection Summary for 03/13/2020 was posted in the community on 03/24/21 by Executive Director*
2. *Education was provided by the Regional Director of Care Services on 03/25/21 regarding 2600.3.c. (see Attachment A)*
3. *The Executive Director and/or designee will perform observational audit of community to ensure current license inspection summary is posted as required weekly for 4 weeks, biweekly for four weeks, then monthly for one month. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

**Completion Date:** 03/25/2021

#### Document Submission

**Implemented**

1. *The License Inspection Summary for 03/13/2020 was posted in the community on 03/24/21 by Executive Director.*
2. *Education was provided by the Regional Director of Care Services on 03/25/21 regarding 2600.3.c.*
3. *The Executive Director and/or designee performed an observational audit of community to ensure current license inspection summary was posted as required weekly for 4 weeks, biweekly for four weeks, then monthly for one month. Audit results were reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

### 105g Lint Removal and Duct Cleaning

#### 1. Requirements

2600.

- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

#### Description of Violation

*The dryers located in the staff area laundry room and the 3rd floor laundry room had a layer of lint in the lint traps. The home did not have documentation that the ductwork for the dryers was being cleaned regularly according to the manufacturer's instructions. Staff person A who is the maintenance person was unaware if or when the ductwork was being cleaned.*

105g - Lint Removal and Duct Cleaning (*continued*)**Plan of Correction****Accept**

1. Maintenance Tech removed the lint from dryers located in staff area laundry room and the 3rd floor laundry room immediately on 03/24/21
2. Maintenance Tech audited the remainder of the dryers in the community on 03/24/21 for lint and removed any lint as necessary.
3. The Maintenance Tech and housekeeper were educated on 03/25/21 by ED regarding 2600.105.g. (see attachment C) \*
4. The ED and/or designee will check 2 random dryers 4 times a week for four weeks, then twice a week for four weeks, and then weekly for one month to ensure dryers lint traps are free from lint. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 03/25/2021

**Document Submission****Implemented**

- Maintenance Tech removed the lint from dryers located in staff area laundry room and the 3rd floor laundry room immediately on 03/24/21
- Maintenance Tech audited the remainder of the dryers in the community on 03/24/21 for lint and removed any lint as necessary.
- The Maintenance Tech and housekeeper were educated on 03/25/21 by ED regarding 2600.105.g
4. The ED and/or designee will continue to check 2 random dryers 4 times a week for four weeks, then twice a week for four weeks, and then weekly for one month to ensure dryers lint traps are free from lint. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

## 141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
  - 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4 Special health or dietary needs of the resident.
  - 5 Allergies.
  - 6 Immunization history.
  - 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8 Body positioning and movement stimulation for residents, if appropriate.
  - 9 Health status.
  - 10 Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

The documentation of medical evaluation (DME) form for resident #1 dated 12/14/20 was missing the resident's height.

## 141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction****Accept**

1. Resident #1 DME was update on 03/25/21 by Care Services Manager to include resident s current height.
2. On 04/01/2021, Care Services Manager conducted audit of current residents DME s to ensure height was documented as required. Updates made as necessary.
3. On 03/25/21, Executive Director provided education to Care Services Manager on 2600.141.a
4. The CMS and/or designee will conduct audit of 5 residents DME s weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure residents height is documented as required. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

Completion Date 04/01/2021

**Update 05/11/2021**

Please send/Attach proof of staff training.

**Document Submission****Implemented**

Resident #1 DME was update on 03/25/21 by Care Services Manager to include resident's current height. On 04/01/2021, Care Services Manager conducted audit of current residents DME's to ensure height was documented as required. Updates made as necessary.

On 03/25/21, Executive Director provided education to Care Services Manager on 2600.141.a

The CMS and/or designee will conducted audit of 5 residents DME's weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure residents height is documented as required. Audit results were reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

Completion Date: 04/01/2021

## 141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

The DME for resident #2 dated 10/1/20 was completed more than 12 month after the previous DME which was completed on 5/28/2019.

**Plan of Correction****Accept**

1. Resident #2 medical record reflects current DME
2. On 4/28/21 Care Service Manager completed an audit of current resident's medical evaluations. Corrections made as necessary. (Attachment E)
3. Community Leadership team Educated on regulation 2600.141.b.1 on 04/09/2021 by RDCS. (Attachment F)
4. ED and/or Designee to audit 5 residents Medical Evaluations weekly for 4 weeks, biweekly for four weeks, then monthly for one month to ensure residents medical evaluation are completed at least annually. Audit Results will be reviewed monthly in QI meetings and QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

Completion Date: 04/28/2021

**Update - 05/11/2021**

Please send/Attach proof of staff training.

141b1 - Annual Medical Evaluation (*continued*)**Document Submission****Implemented**

*Resident #2 medical record reflects current DME*

*On 4/28/21 Care Service Manager completed an audit of current resident's medical evaluations. Corrections made as necessary. (Attachment E)*

*Community Leadership team Educated on regulation 2600.141.b.1 on 04/09/2021 by RDCS.*

*4. ED and/or Designee continue to audit 5 residents Medical Evaluations weekly for 4 weeks, biweekly for four weeks, then monthly for one month to ensure residents medical evaluation are completed at least annually. Audit Results are reviewed monthly in QI meetings and QI Committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 182b - Prescription Medication

**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person B is a medication technician. Staff person B's last annual practicum was completed and documented as 12/2019. The form was not signed by the trainer who certified that the practicum was completed. Staff person B's annual practicum was overdue as of the date of the inspection.*

**Plan of Correction****Accept**

*1. Staff person B annual practicum completed on 03/25/21*

*2. The CSM and/or designee will audit current medication technicians records to ensure annual practicum is current by 05/10/21 Findings will be reviewed with the Executive Director.*

*3. On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.182.b*

*4. ED and/or designee will perform audits of 5 current medication technicians records weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure annual practicum is current. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

**Completion Date:** 05/10/2021

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

**Document Submission****Implemented**

*Staff person B annual practicum completed on 03/25/21*

*The CSM and/or designee audited current medication technicians records to ensure annual practicum was current by 05/10/21 Findings were reviewed with the Executive Director.*

*3. On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.182.b*

*4. ED and/or designee will continue to audit 5 current medication technicians records weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure annual practicum is current. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 184a - Labeling OTC/CAM

**1. Requirements**

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident #3 has an order for Fluocinolon Acetonide to be administered as needed. The pharmacy label on the medication indicates the medication is to be taken every other day.*

**Plan of Correction****Accept**

1. Resident # 3 pharmacy label was corrected on 03/25/21
2. An audit of current residents' medications was conducted by CSM on 04/28/21 to ensure pharmacy labels were correct. Results reviewed with pharmacy as necessary.
3. On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.184.a
4. A medication audit will be conducted by CSM and/or designee on 5 residents weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure pharmacy labels are correct. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

**Completion Date:** 05/17/2021

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

**Document Submission****Implemented**

*Resident # 3 pharmacy label was corrected on 03/25/21*  
*An audit of current residents' medications was conducted by CSM on 04/28/21 to ensure pharmacy labels were correct. Results reviewed with pharmacy as necessary.*  
*On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.184.a*  
*A medication audit is conducted by CSM and/or designee on 5 residents weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure pharmacy labels are correct. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #3 has a PRN order for Tylenol. The home did not have the medication on hand in the medication cart.*

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

1. Resident # 3 PRN medication was delivered to community on 03/25/21.
2. On 04/28/21, Care Services Manager conducted audit of current resident medications orders to ensure medications were available as ordered. Medications delivered as necessary.
3. On 03/25/21 Executive Director provided education to Care Services Manager on regulation 2600.185.a
4. ED and/or designee will perform audits of 5 residents medications weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure medications are available as ordered. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

**Completion Date:** 04/28/2021

**Update - 05/11/2021**

Please send/Attach proof of staff training.

**Document Submission****Implemented**

- Resident # 3 PRN medication was delivered to community on 03/25/21.
- On 04/28/21, Care Services Manager conducted an audit of current resident medications orders to ensure medications were available as ordered. Medications delivered as necessary.
3. On 03/25/21 Executive Director provided education to Care Services Manager on regulation 2600.185.a
  4. ED and/or designee perform audits of 5 residents medications weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure medications are available as ordered. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #4 has an order for blood glucose monitoring twice per day, in the morning and in the afternoon. An audit of the resident's glucometer indicated that readings are only taken in the morning. The medication administration record had readings documented both in the morning and in the evening. Resident #4 was not receiving blood glucose monitoring twice per day from 3/15/21 to 3/23/21.

**Plan of Correction****Accept**

1. Resident #4 blood glucose monitoring was reviewed with the resident's physician and Care Managers 04/01/21.
2. On 04/05/21, Care Services Manager conducted audit of current residents with orders for glucose monitoring to ensure glucose monitoring is completed as ordered. Results reviewed with resident's physician as necessary.
3. On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.187.d
4. CSM and/or designee will conduct audit of 5 residents with glucose monitoring orders weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure glucose monitoring completed as ordered. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing

**Completion Date:** 04/05/2021

187d - Follow Prescriber's Orders (*continued*)

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

**Document Submission**

**Implemented**

*Resident #4 blood glucose monitoring was reviewed with the resident's physician and Care Managers 04/01/21.*

*On 04/05/21, Care Services Manager conducted audit of current residents with orders for glucose monitoring to ensure glucose monitoring is completed as ordered. Results reviewed with resident's physician as necessary.*

*3. On 03/25/21, Executive Director provided education to Care Services Manager on regulation 2600.187.d*

*4. CSM and/or designee conduct audit of 5 residents with glucose monitoring orders weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure glucose monitoring completed as ordered. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

*Resident #5's support plan was completed 08/18/2020. The previous support plan was completed on 6/25/2019, more than 12 months prior to the current support plan.*

*Resident #2's support plan was completed 10/1/2020. The previous support plan was completed on 6/6/2019, more than 12 months prior to the current support plan.*

**Plan of Correction**

**Accept**

*1. Resident #2 and #5 have current support plans in their medical records.*

*2. An audit of current residents support plans will be completed on 05/10/21 by CSM to ensure support plans completed at least annually. Results will be reviewed with the ED.*

*3. CSM was educated on 03/25/21 by ED regarding regulation 2600 225c (see attachment P)*

*4. ED and/or designee will perform audit of 5 residents support plans weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure support plans are completed at least annually. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

**Completion Date:** 05/10/2021

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

225c - Additional Assessment (*continued*)**Document Submission****Implemented**

*Resident #2 and #5 have current support plans in their medical records.*

*An audit of current residents support plans was completed on 05/10/21 by CSM to ensure support plans completed at least annually. Results were reviewed with the ED.*

*3. CSM was educated on 03/25/21 by ED regarding regulation 2600 225c*

*4. ED and/or designee are performing audits of 5 residents support plans weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure support plans are completed at least annually. Audit results are reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 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 has a bed cane attached to ■■■ bed to assist in turning and positioning in bed. The use of the bed cane is not addressed in the resident's support plan dated 2/22/2021.*

**Plan of Correction****Accept**

*1. Resident #1 support plan updated on 04/01/21, by Care Services Manager to reflect current use of bed cane to assist in turning and positioning in bed.*

*2. An audit of current resident's support plans who use bed canes will be completed on 05/10/21 by CSM to ensure support plans reflect bed cane use. Support plans will be updated as necessary.*

*3. CSM was educated on 03/25/21 by ED regarding regulation 2600 227.d. (see attachment R)*

*4. ED and/or designee will conduct audit of 5 residents who use bed canes to ensure bed cane use is reflected on support plans weekly for four weeks, biweekly for four weeks, then monthly for one month. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

**Completion Date:** 05/10/2021

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

## 227d - Support Plan Medical/Dental (continued)

**Document Submission****Implemented**

*Resident #1 support plan updated on 04/01/21, by Care Services Manager to reflect current use of bed cane to assist in turning and positioning in bed.*

*An audit of current resident's support plans who use bed canes was completed on 05/10/21 by CSM to ensure support plans reflect bed cane use. Support plans will be updated as necessary.*

*3. CSM was educated on 03/25/21 by ED regarding regulation 2600 227.d.*

*4. ED and/or designee continue to conduct audits of 5 residents who use bed canes to ensure bed cane use is reflected on support plans weekly for four weeks, biweekly for four weeks, then monthly for one month. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

## 251b - Record Entries Legible

**1. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*Correction fluid was used on the DME dated 02/9/2021 for resident #5's weight and pulse.*

**Plan of Correction****Accept**

*1. Resident #5 DME reviewed with physician on 04/02/21*

*2. An audit of current residents' medical evaluations will be completed on 05/10/21 by CSM to ensure correction fluid was not used. Results reviewed with ED.*

*3. CSM was educated on 03/25/21 by ED regarding regulation 2600 251.b (see attachment V)*

*4. ED and/or designee will conduct audit of 5 residents medical evaluations weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure entries are permanent and correction fluid is not used. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*

**Completion Date:** 04/02/2021

**Update - 05/11/2021**

*Please send/Attach proof of staff training.*

**Document Submission****Implemented**

*An audit of current residents' medical evaluations was completed on 05/10/21 by CSM to ensure correction fluid was not used. Results reviewed with ED.*

*CSM was educated on 03/25/21 by ED regarding regulation 2600 251.b*

*ED and/or designee have conducted audit of 5 residents medical evaluations weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure entries are permanent and correction fluid is not used. Audit results are reviewed monthly in QI meetings and QI committee to determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing*