

Department of Human Services
Bureau of Human Service Licensing

June 15, 2021

██████████ ADMINISTRATOR
PRESBYTERIAN HOMES INC
ONE TRINITY DR EAST, SUITE 201
DILLSBURG, PA 17019

RE: PRESBYTERIAN HOME AT
WILLIAMSPORT
810 LOUISA STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20054

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021 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: PRESBYTERIAN HOME AT WILLIAMSPORT **Licen e #:** 20054 **Licen e Expiration Date:** 06/22/2021
Addr e : 810 LOUISA STREET, WILLIAMSPORT, PA 17701
County: LYCOMING **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5706018350 **Email:**
[REDACTED]
[REDACTED]

Legal Entity

Name: PRESBYTERIAN HOMES INC
Address: ONE TRINITY DR EAST, SUITE 201, DILLSBURG, PA, 17019
Phone: 5706018350 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/19/1981 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 17 **Waking Staff:** 13

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 05/06/2021

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 **Residents Served:** 17

Secured Dementia Care Unit

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

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

05/06/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *06/04/2021*

6/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/09/2021*

6/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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:

Description of Violation

The pharmacy label for resident # 1's medication of Losartan does not include the dose.

Plan of Correction

Accept

- 1. Resident #1 pill packaging for a combination drug did not list the milligram dosage for both drugs on label.
- 2. The pharmacy will adjusted the label to ensure that both milligram dosages for the medications are displayed on the pill packet.
- 3. The pharmacy will audit all pill packets for the facility to ensure all information required is shown on the pill packet.
- 4. The pharmacy will provide training to all pharmacy technicians, to ensure that they are ensuring all required pharmacy information is printed on the pill packets.

Completion Date: 05/25/2021

Update - 06/02/2021

The Adm of the Home or Designee will oversee that the Pharmacy is doing their job when the Rxs arrive at the home. Some type of Audit or Check list will be required. The Home is still responsible to see that the medication is correct so that licensed staff or med techs can correctly and safely do their jobs according to the regulations.

Please Update your POC to include this information.

Your documentation /verification will have to include an audit tool or checklist that is IN USE to demonstrate compliance.

AG, 6-2-21

Document Submission

Implemented

attached Medicine Shoppe documentation

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Novolog. The resident's medication administration record on 5/3/21 indicated a glucometer check of 18 on resident #2's MAR instead of the actual reading of 185.

187a - Medication Record (continued)

Plan of Correction

Accept

1. The documentation for the glucometer reading for resident #2 was incorrectly documented on the MAR- no medication error occurred. The staff member inputted the correct number to match the glucometer but did so in the wrong manner. Sliding Scale insulin was followed based off the second number inputted, no medication error occurred.
2. Med Tech and LPN will assure with glucometer audits that they are documenting the glucometer readings in the MAR not just the Vital Sign Data document. The correct and new way of audit was implemented immediately and will continue for 10 days daily then weekly x 4 weeks then monthly x 6 months.
3. The IMAR Company updated Administrator who then educated staff on the importance of modifying a number to have it pull over to the MAR. Immediate education provided to staff.

Completion Date: 05/17/2021

Update - 06/02/2021

Upon Resubmission of the Plan of Correction the Adm will send documentation verifying the information that is described in the POC. A copy of the signature sheet from the training and the Audit sheet that is IN USE will be sent via the Portal as evidence of compliance.

AG, 6-2-21

Document Submission

Implemented

Glucometer education and 187a education attached