



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE ROBERT PACKER HOSPITAL**
LEGAL ENTITY

To operate **THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **603 WILLIAM STREER, TOWANDA, PA 18848**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **94**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 14, 2021** until **June 14, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **229870**

Jennifer Biderup
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing Date: June 14, 2021

[REDACTED]
President & COO
The Robert Packer Hospital
1 Guthrie Square
Sayre, Pennsylvania 18840

RE: Robert Packer Hospital Personal Care Home
1 Hospital Drive
Towanda, Pennsylvania 18848
License #: 229870

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 1, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

Facility Information

Name: *The Robert Packer Hospital Personal Care Home* License #: 22987 License Expiration Date:
Address: *1 Hospital Drive, Towanda, PA 18848*
County: *BRADFORD* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: 570-268-2426 Email: [REDACTED]
[REDACTED]

Legal Entity

Name: *The Robert Packer Hospital*
Address: *1 Guthrie Square, Sayre, Pa, 18840*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/07/2021* Issued By: *Towanda Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *04/01/2021*

Inspection Dates and Department Representative

04/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *72*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *8*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/01/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/26/2021*

4/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

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

6/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in the hallway next to rooms #203 and #204.

Plan of Correction

Accept

Wall mounted sign holders have been purchased and will be placed at every facility phone. Emergency numbers will be displayed and secured to the wall to ensure compliance with this regulation.

Administrator/designee will completed initial QA to assure compliance and weekly X 4 weeks to assure this plan of correction is effective in keeping emergency numbers at each phone.

Completion Date: 05/07/2021

Update - 04/29/2021

Upon Resubmission of the Plan of Correction via the Portal, the home will submit a digital photo of a sample of a wall mounted sign holder containing the necessary telephone numbers as evidence of compliance.

AG, 4-29-21

Document Submission

Implemented

Pictures of wall mounted document holder with emergency numbers attached

Update - 06/10/2021

Documentation submitted.

AG, 6-10-21

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The refrigerator located next to the home's main dinning room across from the vending machines thermometer was inoperable.

Plan of Correction

Accept

Battery operated digital thermometers have been replaced with regular thermometers to assure accurate temperature can be captured and recorded daily.

Administrator/designee will complete initial QA to assure all digital thermometers have been replaced and are working properly. QA will be completed weekly x 4 weeks and monthly x3 months

Completion Date: 05/07/2021

103f - Refrigerator/Freezer Temps (continued)**Update - 04/29/2021**

Upon Resubmission of the Plan of Correction, the Home will submit either a receipt for the the thermometers or a digital photo of same and a sampling on the temps taken in the Home's refrigerators and freezers as evidence of compliance.

Please submit this documentation via the Portal.

AG, 4-29-21

Document Submission**Implemented**

Pictures of new thermometer and temp record attached

Update - 06/10/2021

Documentation submitted.

AG, 6-10-21