

Department of Human Services  
Bureau of Human Service Licensing

December 13, 2021

EXECUTIVE DIRECTOR

RE: THE WILLIAMSPORT HOME &  
APARTMENTS, 3RD FLOOR  
1900 RAVINE ROAD  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 20063

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *THE WILLIAMSPORT HOME & APARTMENTS, 3RD FLOOR* License #: *20063* License Expiration:  
Address: *1900 RAVINE ROAD, WILLIAMSPORT, PA 17701*  
County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED], Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/21/1986* Issued By: *PA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *08/25/2021*

**Inspection Dates and Department Representative**

*08/24/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *124* Residents Served: *15*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/24/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

**Inspection Dates and Department Representative (*continued*)**

08/24/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/19/2021*

08/24/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

Physical Site

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 main kitchen's chest freezer for ice cream did no contain a thermometer.

Plan of Correction

Accept

Corrected on day of inspection. 8/24/2021

- 1. This regulation is important because it ensures that food is stored at safe temp.
- 2. This regulation was violated due to the chest freezer for the ice cream did not contain a thermometer. A new thermometer was put into the freezer on the day of inspection 8/24/2021.
- 3. Moving forwards the Chef will have the dietary staff measure and record the freezer temp daily. Staff were educated on this process 8/26/2021.
- 4. The Chef will audit the freezer temp for compliance monthly.
- 5. The Chef will report compliance to the Quality Assurance Meeting.
- 6. The Chef will monitor for ongoing compliance.

Completion Date: 08/24/2021

Update: 11/15/2021

Please send/Attach proof of staff training. 11-15-2021

Correction

Implemented

Proof of training attached

Completion Date: 08/26/2021

183e - Storing Medications

Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's [redacted] Inhaler medication for [redacted] was dated 6/28/21 when opened. The manufactures directions are to discontinue use after 6 weeks. Inspection date was 8/24/21 and the medication was still in place.

Resident #2's [redacted] inhaler for [redacted] was not dated when opened.

Plan of Correction

Accept

Corrected on day of inspection 8/24/2021

- 1. This regulation is important to ensure medications are stored in a manor to prevent damage or loss.
- 2. This regulation was violated by not placing an open date on the Breo Ellipta Inhaler. 3. Both inhalers were discarded and a new ones were put in place on 8/24/2021. The open date was placed on the both inhalers..
- 4. Staff were instructed to place open dates on Breo.

Medications (continued)

- 5. Either the Resident Care Coordinator or the Administrator will audit monthly for compliance.
- 6. The Administrator will report to the Quality Assurance Meeting for ongoing compliance.

Completion Date: 08/24/2021

Update: 11/15/2021

Please send/Attach proof of staff training. 11-15-2021 MM

Correction

Implemented

training attached

Completion Date: 11/19/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 did not receive their 2:00PM [REDACTED] medication on 8/17/21. The home is not following the direction of the prescriber.

Plan of Correction

Accept

- 1. This regulation is important to ensure residents receive medications and treatments as ordered by physician.
- 2. This regulation was violated by Resident #1 not receiving the 2:00pm [REDACTED] medication on 8/17/2021 due to being away from the building and the physician was not informed of the missed dose.
- 3. Moving forwards all miss dose of medications will be offered to the resident upon return to the building. If unable to give the miss dose due to the timing being too close to the next scheduled dose it will be reported to the Resident, the family and the physician.
- 4. Staff educated to administer the missed dose upon return to the building providing the timing permits; if unable to administer then the resident , the family, and the physician and the on call nurse needs notified.
- 5. Resident Care Coordinator or Administrator will monitor monthly for compliance.
- 6 Administrator will report to the Quality Assurance Meeting for ongoing compliance.

Completion Date: 10/18/2021

Update: 11/15/2021

Please send/Attach proof of staff training. 11-15-2021 [REDACTED]

Correction

Implemented

training attached

Completion Date: 11/19/2021

188b - Medication Error Reporting

Medications

1. Requirements

### Medications *(continued)*

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

#### Description of Violation

Resident #1 did not receive their 2:00PM [REDACTED] medication on 8/17/21. The medication error was not reported to the resident, the resident's designated person and the prescriber as required.

#### Plan of Correction

**Accept**

1. This regulation is important to ensure medication errors are handled appropriately to avoid resident injury.
2. This regulation was violated by not reporting the missed dose of the Albuterol Inhaler medication to the family and physician.
3. Moving forwards all medication errors will be reported to the resident, family and physician.
4. Staff educated to report medication errors including miss doses to the on call nurse.
5. Resident Care Coordinator or Administrator will monitor monthly for compliance.
- 6 Administrator will report to the Quality Assurance Meeting for ongoing compliance.

**Completion Date:** 10/18/2021

**Update:** 11/15/2021

Please send/Attach proof of staff training. 11-15-2021 [REDACTED]

#### Correction

**Implemented**

training attached

**Completion Date:** 11/19/2021