

Department of Human Services  
Bureau of Human Service Licensing

August 17, 2022

[REDACTED]  
PRESBYTERIAN HOMES INC  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2022, 04/04/2022, 04/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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* License #: *20054* License Expiration: *06/22/2023*  
Address: *810 LOUISA STREET, WILLIAMSPORT, PA 17701*  
County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *PRESBYTERIAN HOMES INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *08/19/1981* Issued By: *Pa. Dept. of L & I*

**Staffing Hours**

Resident Support Staff: *19* Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/11/2022*

**Inspection Dates and Department Representative**

04/04/2022 Off Site [REDACTED]  
04/04/2022 Off Site [REDACTED]  
04/11/2022 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *19*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *19*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2022*

07/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2022*

08/17/2022 - Document Submission

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

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED] 22 at approximately [REDACTED] PM resident #1 had a fall outside of resident #1's bathroom. Staff responded to resident #1's call bell. Resident #1 was found lying flat on the ground. Resident #1 hit his/her head which caused bruising to the left side of resident #1's forehead. Resident #1 was sent to [REDACTED] Hospital. The provider failed to report this incident to the Department's Northeast Regional Personal Care Home Office as required by this regulation.

## Plan of Correction

Accept

1. - Resident had no ill effects from reporting not completed timely.
2. The administrator went through each current chart, and audited for reportable and assured they were reported within a 24 hour period.
3. Education was provided to LPN's/Administrator related to PSL Personal Care Reportable Incidents. The process was changed to allow the LPN to assist the administrator and review prior to sending to assure accuracy and accurate time frame of completion.
4. A random audit will be completed once a month for three months to assure completion within the 24 hour time frame and documented by LPN/Administrator.

Completion Date: 04/14/2022

Update: 07/17/2022

Please submit a recent along with the verifications of compliance.

[REDACTED] 7-17-22

## Document Submission

Implemented

1. - Resident had no ill effects from reporting not completed timely.
2. The administrator went through each current chart, and audited for reportable and assured they were reported within a 24 hour period.
3. Education was provided to LPN's/Administrator related to PSL Personal Care Reportable Incidents. The process was changed to allow the LPN to assist the administrator and review prior to sending to assure accuracy and accurate time frame of completion.
4. A random audit will be completed once a month for three months to assure completion within the 24 hour time frame and documented by LPN/Administrator.

## 141a 1-10 Medical Evaluation Information

## 1. Requirements

2600.

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

- 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**

*Resident #1's Initial Documentation of Medical Evaluation (DME) dated [REDACTED] 21 is incomplete. Item #1 Height is left blank. Item #10 has two different Mobility needs assessments identified. There is a "X" mark in the Independent ( Mobile ) box and a check mark in the Moderate ( immobile) box. It cannot be determined from this information which is the appropriate mobility needs assessment.*

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

1. *The Dr was notified and request to re-submit a DME with the appropriate box checked off. Completion of the DME was not finished prior to resident being discharge from community related to increase level of needs and transfer to a skilled nursing community.*
2. *PCHA audited all residents charts DME's. Upon completing noted that some did not have medication list signed and went in and completed them by reviewing updated medication list and signing off. Also noted if there was any incomplete areas in the DME that the Dr Office was notified immediately to complete or clarify as necessary.*
3. *PCHA and LPN were educated on the appropriate filling out of Documentation of Medical Evaluation form. Reviewed the first page of the applicable regulations that were listed on DHS form to be completed. The form states what is permitted to be filled out and what is prohibited. LPN was educated on form more thoroughly related to new position but understanding what the completion is expected to be. Physicians will be contacted for incomplete areas or conflicting documentation on this form.*
4. *PCHA and LPN with continue to monitor and review DME's every time a new one is completed. Administrator will complete an audit on all resident's DME after return from appt with*

**Completion Date:** 04/15/2022

**Update:** 07/17/2022

*Please submit a recent along with the verifications of compliance.*

[REDACTED] 7-17-22

**Document Submission****Implemented**

1. *The Dr was notified and request to re-submit a DME with the appropriate box checked off. Completion of the DME was not finished prior to resident being discharge from community related to increase level of needs and transfer to a skilled nursing community.*
2. *PCHA audited all residents charts DME's. Upon completing noted that some did not have medication list signed and went in and completed them by reviewing updated medication list and signing off. Also noted if there was any incomplete areas in the DME that the Dr Office was notified immediately to complete or clarify as necessary.*
3. *PCHA and LPN were educated on the appropriate filling out of Documentation of Medical Evaluation form. Reviewed the first page of the applicable regulations that were listed on DHS form to be completed. The form states what is permitted to be filled out and what is prohibited. LPN was educated on form more thoroughly related to*

141a 1-10 Medical Evaluation Information (continued)

new position but understanding what the completion is expected to be. Physicians will be contacted for incomplete areas or conflicting documentation on this form.

4. PCHA and LPN with continue to monitor and review DME's every time a new one is completed. Administrator will complete an audit on all resident's DME after return from appt with

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

The provider failed to update resident #1 s RASP ( AKA ) Service Plan for falls on [redacted] /21, [redacted] /21, and [redacted] /22 and no updates were completed after resident #1 was last seen by his/her PCP [redacted] on [redacted] /22 and when resident #1 started [redacted] [redacted] in [redacted] 2022.

Plan of Correction

Accept

1. The care plan was updated by writing on the original document with date and PCHA signature, placed in RASP binder for staff to review and sign off on.
2. All resident RASP were audited and compared to incident reports in Matrix to identify any updates that were missed.
3. Education to the LPN and Administrator to assure with readmits, rev ews of DME's from Dr's and any other changes in health care status RASP are updated immediately and other staff are made aware to acknowledge the update of RASP.
4. Administrator will complete a random audit once a month for three months to assure LPN/Administrator are updating RASP in appropriate time frame and manner related to changes in health care status, changes in diagnosis, and/or readmits from the hospital. The audit will be completed in the binder that RASP are stored in for staff to acknowledge and notified of updates.

Completion Date: 04/13/2022

Update: 07/17/2022

Please submit a recent along with the verifications of compliance.

[redacted] 7 17 22

Document Submission

Implemented

1. The care plan was updated by writing on the original document with date and PCHA signature, placed in RASP binder for staff to review and sign off on.
2. All resident RASP were audited and compared to incident reports in Matrix to identify any updates that were missed.
3. Education to the LPN and Administrator to assure with readmits, rev ews of DME's from Dr's and any other changes in health care status RASP are updated immediately and other staff are made aware to acknowledge the update of RASP.
4. Administrator will complete a random audit once a month for three months to assure LPN/Administrator are updating RASP in appropriate time frame and manner related to changes in health care status, changes in diagnosis, and/or readmits from the hospital. The audit will be completed in the binder that RASP are stored in for staff to

142a - Secure Medical Care (continued)

acknowledge and notified of updates.

**Update:** 08/17/2022

*In the future, please submit audit documents or forms that are completed, not blank copies.*

■ 8-17-22