

Department of Human Services
Bureau of Human Service Licensing

August 19, 2022

[REDACTED]
CLARKS SUMMIT AID II OPCO LLC
[REDACTED]
[REDACTED]

RE: WILLOWBROOK PLACE
150 EDELLA ROAD
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22659

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2022 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: *WILLOWBROOK PLACE* License #: *22659* License Expiration: *01/08/2023*
Address: *150 EDELLA ROAD, CLARKS SUMMIT, PA 18411*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CLARKS SUMMIT AID II OPCO LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *06/10/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Working Staff: *30*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Incident* Exit Conference Date: *04/28/2022*

Inspection Dates and Department Representative

04/28/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *29*

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

04/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/05/2022*

Inspections / Reviews *(continued)*

06/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2022*

08/19/2022 - 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

Around the end of [redacted] 2022 Resident #1 told Direct care staff member A that an agency staff member had yelled at the resident and was mean when the resident asked for help. An incident report was not submitted to the Department until [redacted]/22.

Plan of Correction

Accept

On 3/31/22, as soon as the Executive Director (ED) became aware of the allegation, direct care staff member A was placed on administrative leave pending the outcome of the investigation. [redacted] was subsequently terminated

On 3/31/22, as soon as the ED became aware of the allegation, an incident report was submitted. An ACT 13 report was submitted on 4/1/22

On 3/31/22, as soon as the ED became aware of the allegation, Care Service Manager (CSM) evaluated resident #1, who suffered no ill effects from this incident, MD and family were notified

On 3/31/22, ED interviewed residents as well as staff and no other incidents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.16c Exhibit 1 In-service ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x 4 weeks to ensured continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during the monthly QI meetings. QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 06/30/2022

Update: 06/24/2022

The completed sign in sheet for the training must be submitted in Step 2.

AG, 6-24-22

Document Submission

Implemented

On 3/31/22, as soon as the Executive Director (ED) became aware of the allegation, direct care staff member A was placed on administrative leave pending the outcome of the investigation. [redacted] was subsequently terminated

On 3/31/22, as soon as the ED became aware of the allegation, an incident report was submitted. An ACT 13

16c - Written Incident Report (continued)

report was submitted on 4/1/22

On 3/31/22, as soon as the ED became aware of the allegation, Care Service Manager (CSM) evaluated resident #1, who suffered no ill effects from this incident, MD and family were notified

On 3/31/22, ED interviewed residents as well as staff and no other incidents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.16c Exhibit 1 In-service ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x 4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during the monthly QI meetings. QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Update: 08/19/2022

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On the [REDACTED] shift on [REDACTED] 22 Agency staff member B pulled Resident #2's arm and squeezed the residents hand. The staff member pushed the resident onto the toilet causing the resident to hit the back of the toilet seat. Resident #2 had bruising on the residents left hand and back as a result of the staff members actions.

Plan of Correction**Accept**

On [REDACTED] /22, as soon as the ED became aware of the allegation, agency staff member B was placed on administrative leave pending the outcome of the investigation. [REDACTED] was subsequently terminated. An incident report was submitted as well as an ACT 13 report

On [REDACTED] /22, CSM assessed resident #2 and no other injuries were noted, and no other complaints were voiced. MD and family were notified

On [REDACTED] /22, ED interviewed residents as well as staff and no other residents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.42b Exhibit 1

ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x 4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

42b - Abuse (continued)

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based off of 3 consecutive months of compliance

Completion Date: 06/30/2022

Update: 06/24/2022

The completed sign in sheet for the training must be submitted in Step 2.

6-24-22

Document Submission

Implemented

On /22, as soon as the ED became aware of the allegation, agency staff member B was placed on administrative leave pending the outcome of the investigation. was subsequently terminated. An incident report was submitted as well as an ACT 13 report

On /22, CSM assessed resident #2 and no other injuries were noted, and no other complaints were voiced. MD and family were notified

On /22, ED interviewed residents as well as staff and no other residents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.42b Exhibit 1

ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x 4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based off of 3 consecutive months of compliance

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Around 2022 Agency staff member B yelled at Resident #1 and was mean to the resident when the resident asked for help. The staff member did not treat Resident #1 with dignity and respect.

Plan of Correction

Accept

On /22, as soon as the ED became aware of the allegation, direct care staff member A was placed on administrative leaving pending the outcome of the investigation. was subsequently terminated

On /22, as soon as the ED became aware of the allegation, an incident report was submitted. An ACT 13 was submitted on 22

On /22, as soon as the ED became aware of the allegation, CSM evaluated resident #1, who suffered no ill effects from this incident, MD and family were notified

On 22, ED interviewed residents as well as staff and no other incidents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.42c Exhibit 1

ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 06/30/2022

Update: 06/24/2022

The completed sign in sheet for the training must be submitted in Step 2.

6 24 22

42c - Treatment of Residents (continued)

Document Submission

Implemented

On [redacted]/22, as soon as the ED became aware of the allegation, direct care staff member A was placed on administrative leaving pending the outcome of the investigation. [redacted] was subsequently terminated

On [redacted]/22, as soon as the ED became aware of the allegation, an incident report was submitted. An ACT 13 was submitted on 4/1/22

On [redacted]/22, as soon as the ED became aware of the allegation, CSM evaluated resident #1, who suffered no ill effects from this incident, MD and family were notified

On [redacted]/22, ED interviewed residents as well as staff and no other incidents were noted which had not been reported

On 4/14/22, staff was educated by ED on the requirements set within regulation 2600.42c Exhibit 1

ED or designee will interview 2 residents and 2 employees twice weekly x4 weeks, once weekly x4 weeks, and bi-weekly x4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Agency staff member B hired [redacted]/20 did not receive training in the 1st day fire safety orientation.

Plan of Correction

Accept

Staff member B no longer provides services to community

On 4/4/22 ED audited employee files to ensure direct care staff persons including ancillary staff persons, substitute personnel and volunteers had orientation in general fire safety and emergency preparedness as listed in regulation 2600.65a prior to or during the first work day. All files were found to be in compliance with this regulation

On 4/1/22, ED was educated by the Regional Director of Care Services RDCS on the requirements set within regulation 2600.65a Exhibit 2 In-service

ED or designee will audit new direct care staff persons files weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure they meet the requirements of this regulation Exhibit 4 Audit tool

Results of the audit will be discussed during monthly QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 04/04/2022

Update: 06/24/2022

The completed sign in sheet for the training must be submitted in Step 2.

[redacted] 6-24-22

65a - FS Orientation 1st Day (continued)

The completed tracking sheet with findings, and steps taken, if warranted must be submitted in Step 2.

█, 6-24-22

Document Submission

Implemented

Staff member B no longer provides services to community

On 4/4/22 ED audited employee files to ensure direct care staff persons including ancillary staff persons, substitute personnel and volunteers had orientation in general fire safety and emergency preparedness as listed in regulation 2600.65a prior to or during the first work day. All files were found to be in compliance with this regulation

On 4/1/22, ED was educated by the Regional Director of Care Services RDCS on the requirements set within regulation 2600.65a Exhibit 2 In-service

ED or designee will audit new direct care staff persons files weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure they meet the requirements of this regulation Exhibit 4 Audit tool

Results of the audit will be discussed during monthly QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Agency staff member B hired █/20 did not receive training in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions.

Plan of Correction

Accept

Staff member B no longer provides services to community

On 4/4/22, ED audited employee files to ensure direct care staff persons, ancillary staff persons, substitute personnel and volunteers had the orientation in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable

incidents and conditions as listed in regulation 2600.65b within 40 scheduled working hours. All files were found to be in compliance with this regulation

On 4/1/22, ED was educated by RDCS on the requirements set within regulation 2600.65b Exhibit 3

ED or designee will audit new direct care staff persons files weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure they meet the requirements of this regulation Exhibit 4

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 04/04/2022

Update: 06/24/2022

The completed sign in sheet for the training must be submitted in Step 2.

█, 6-24-22

The completed tracking sheet with findings, and steps taken, if warranted must be submitted in Step 2.

█, 6-24-22

Document Submission

Implemented

Staff member B no longer provides services to community

On 4/4/22, ED audited employee files to ensure direct care staff persons, ancillary staff persons, substitute

65b - Rights/Abuse 40 Hours (continued)

personnel and volunteers had the orientation in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable

incidents and conditions as listed in regulation 2600.65b within 40 scheduled working hours. All files were found to be in compliance with this regulation

On 4/1/22, ED was educated by RDCS on the requirements set within regulation 2600.65b Exhibit 3

ED or designee will audit new direct care staff persons files weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure they meet the requirements of this regulation Exhibit 4

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance