

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

February 21, 2023

[REDACTED], ADMINISTRATOR
WILLIAMSPORT HOME, INC.
1900 RAVINE ROAD
WILLIAMSPORT, PA, 17701

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 08/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WILLIAMSPORT HOME & APARTMENTS, 3RD FLOOR **License #:** 20063 **License Expiration:** 09/19/2023

Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701

County: LYCOMING **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: WILLIAMSPORT HOME, INC.

Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA, 17701

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 10/24/1986 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 2 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 08/25/2022

Inspection Dates and Department Representative

08/25/2022 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 **Residents Served:** 21

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:** 21

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

08/25/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/19/2022

Inspections / Reviews (*continued*)

10/17/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/24/2022

11/30/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/07/2022

01/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/10/2023

02/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #1, dated [REDACTED], was not signed by the resident. The contract was signed by the resident's payor only. There was no indication that the resident was offered to sign the contract and refused or was unable to sign.

POC Submission

Accept [REDACTED] - 10/17/2022)

Corrected 8/26/22

1. This regulation is important because signing the contract constitutes a pledge by both parties to abide by the specific terms.
2. This regulation was violated due to there was no indication that the resident was offered to sign the contract and chose not to sign.
3. Moving forwards if a resident chooses not to sign, is unable to sign or refuses to sign it will be documented that the offer was made.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/09/2022

Implemented [REDACTED] - 01/03/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 utilizes an enabler bar attached to their bed. The enabler bar was not covered at time of inspection, posing a possible limb entrapment risk to the resident.

POC Submission

Directed [REDACTED] - 10/17/2022)

Corrected at time of inspection.

1. This regulation is important because assistive devices that are in good repair are less likely to cause injury to a resident.
2. The regulation was violated due to an enabler bar attached to a bed was not covered.
3. Moving forwards a cover such as a pillow case will be placed over the bed enabler bar.
4. Staff and Residents will be educated in the importance of having the bed enabler covered.
5. Administator will report compliance to the Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administer will monitor for ongoing compliance.

Directed Plan of Correction:

Please ensure pillowcases are adapted to ensure a snug fit to ensure safety and prevent injury or entrapment. Please submit staff training on this matter.

[REDACTED] 10-17-22

81b Resident Personal Equipment (continued)

Directed Completion Date: 09/30/2022

Implemented () - 02/21/2023

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The blood sugar monitor for Resident #3 had a dried red substance on the front of the monitor that appeared to be blood.

POC Submission

Accept () - 10/17/2022

Corrected at the time of inspection.

1. This regulation is important to greatly minimize the risk of resident illness.
2. This regulation was violated by having a dried red substance on the front of the monitor.
3. Moving forwards staff will clean glucometers after each use.
4. Staff will be educated in the cleaning process of glucometers.
5. Administrator will report compliance to the Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented () - 02/21/2023

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The temperature of the hot water in Resident #4's bathroom measured 120.8 degrees Fahrenheit at time of inspection.

POC Submission

Accept () - 10/17/2022

I respectfully request to have this violation removed. According to the RCG 2600.89b, a variance of 2 degree is permitted; however, encouraged to be lower.

1. This regulation is important to protect residents from accidental scalding.
2. I respectfully decline that this regulation was violated.
3. Moving forward Maintenance will measure and record the hot water temps daily to assure it does not exceed 120 degrees. In the event if non compliance is noted maintenance will adjust the setting on the boiler to meet compliance.
4. Administrator will report regulatory compliance at the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/10/2022

Implemented () - 02/21/2023

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit door located on the first floor East End was difficult to open and required excess force to open after multiple attempts.

POC Submission

Accept (█ - 10/17/2022)

Corrected 8/26/2022 The thresh hold on the door needed readjusted. It now opens very easily.

- 1. This regulation is important so people can escape in the event of an emergency.*
- 2. This Regulation was violated due to an exit door was difficult to open.*
- 3. Moving forwards exit door will be tested for ease in opening.*
- 4. Staff will be educated to report if any egress routes are obstructed or difficult to open.*
- 5. Administrator will report regulatory compliance to Quality Assurance Meeting.*
- 6. Administrator will monitor for ongoing compliance.*

Licensee's Plan Completion Date: 09/30/2022

Implemented (█ - 02/21/2023)

181c - Self-administration Assessment**6. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4's prescription antifungal powder is stored in the resident's apartment; however, Resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

POC Submission

Directed (█ - 10/17/2022)

Corrected 8/26/2022.

- 1. This regulation is important to ensure that residents who wish to self-administer medication are able to do so safely.*
- 2. This regulation was violated due not being assessed regarding the ability to self-administer medication including the OTC Antifungal powder.*
- 3. Moving forwards only resident who are assessed to self-administer medications will be permitted to have OTC and Prescription Medications in their apartments.*
- 4. Staff will be educated.*
- 5. Administer will report compliance to the Quality Assurance Meeting.*
- 6. Resident Care Coordinator and / or Administer will monitor for ongoing compliance.*

Directed Plan of Correction:

There will be a need for a prescriber order and patient education regarding securing their Rx and OTC as well as all of the above steps in order to be in full compliance.

181c Self administration Assessment (continued)

Please include training evidence in Step 2 and the above information for any resident that had begun to self medicate since the renewal inspection.

█, 10 17 22

Directed Completion Date: 09/30/2022

Implemented (A █ - 01/03/2023)

183b - Meds and Syringes Locked**7. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #5 is assessed to self administer medications to include █, █. These medications are stored unlocked in the resident's bedroom, and the resident stated they do not lock their bedroom door when they leave their bedroom.

POC Submission

Accept (█ - 10/17/2022)

Corrected 8/26/2022

1. This regulation is important to prevent another resident from harming him/her self.
2. This regulation was violated due to a Resident not locking their door upon leaving the apartment.
3. Moving forwards residents who self administer medications will be educated on locking their apartments when not home.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Resident Care Coordinator and/or Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented (█ - 01/03/2023)

184a - Resident's Meds Labeled**8. 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 #6's █ does not include the correct directions. The medication label states to administer the medication twice daily. The current order states to administer the medication once daily.

POC Submission

Accept (█ - 10/17/2022)

Corrected at time of inspection.

1. This regulation is important to reduce the possibility that medication will be administered improperly.
2. This regulation was violated due to the Gabapentin did not have "Direction Change" label placed on the bottle.
3. Moving forward all staff will be educated to verify that the medication label has a "Direction Change" label applied if the medication bottle instructions are different from the MAR.
4. Resident Care Coordinator will monitor the med cart weekly to verify compliance.

184a - Resident's Meds Labeled (continued)

5. Administrator will report compliance to the Quality Assurance Meeting.
6. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented () - 01/03/2023)

184b - Labeling OTC/CAM**9. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #6's over-the-counter [REDACTED] paste was not labeled with the resident's name.

POC Submission

Accept () - 10/17/2022)

Corrected at time of inspection.

1. This regulation is important so it is clear to staff who the medications belongs to.
2. This regulation was violated due to not having both the first and last name on the item.
3. Moving forwards all medications will have the residents first and last name on the container.
4. Staff will be educated.
5. Administrator will report compliance to Quality Assurance Meeting.
6. Resident Care Coordinator and / or Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented () - 01/03/2023)

185a - Implement Storage Procedures**10. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's glucometer is not calibrated for the correct date and time. The reading that occurred on [REDACTED] appears in the glucometer as occurring on [REDACTED]

POC Submission

Accept () - 10/17/2022)

Corrected 8/26/2022.

1. This regulation is important to prevent misuse of the equipment.
2. This regulation was violated by the glucometer not being calibrated for the correct date and time.
3. Moving forwards all glucometers will be calibrated for the correct date and time.
4. Staff will be educate to verify the correct date and time on the glucometer.
5. Administrator will report compliance to the Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administrator will monitor ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented () - 01/03/2023)

187a - Medication Record

11. 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 #6 is prescribed [redacted]. The [redacted] dosage of the medication was not recorded on the medication administration record (MAR).

Resident #6 receives blood sugar readings once daily. On [redacted] and [redacted], Resident #6 did not receive a blood sugar reading. However, Resident #6's medication administration record (MAR) has blood sugar readings of [redacted] documented on [redacted] and [redacted] documented on [redacted].

Resident #7 receives blood sugar readings twice daily at [redacted] and [redacted]. On [redacted], Resident #7 did not receive a blood sugar reading at [redacted]. However, Resident #7's medication administration record (MAR) had a blood sugar reading of [redacted] documented on [redacted].

POC Submission

Accept [redacted] - 11/30/2022)

1. This regulation is important to ensure that all medications are administered as prescribed.
2. This regulation was violated due to the [redacted] not having the strength written on the MAR and blood sugar reading not obtained.
3. Moving forwards OTC medications will have the strength added to the MAR and only obtained glucose readings will be recorded.
4. Staff will be educated.
5. Administrator will report compliance to the Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administrator will monitor for ongoing compliance.

Regarding No Blood Glucose Reading

1. This regulation is important to ensure that all medications are administered as prescribed.
2. This regulation was violated due to blood sugar reading not obtained, yet blood glucose numbers are documented in the MAR..
3. Moving forwards Only obtained glucose readings will be recorded.
4. Staff person involved in recording a reading that was not obtained was educated. All staff were educated to never falsely document a reading that was not obtained.
5. Administrator will report compliance to the Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 10/21/2022

Implemented [redacted] - 01/03/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

187d - Follow Prescriber's Orders (*continued*)**Description of Violation**

Resident #6 receives blood sugar readings once daily. On [REDACTED] and [REDACTED], Resident #6 did not receive a blood sugar reading.

Resident #7 receives blood sugar readings twice daily at [REDACTED]. On [REDACTED] Resident #7 did not receive a blood sugar reading at [REDACTED]

POC Submission

Accept ([REDACTED] - 10/17/2022)

1. This regulation is important to ensure resident are receiving medications and treatments as ordered by the physician.
2. This regulation was violated due to resident not receiving a blood sugar reading as ordered.
3. Moving forwards all physician orders will be followed.
4. Staff will be educated.
5. Administrator will report compliance to Quality Assurance Meeting.
6. Resident Care Coordinator and/or Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented ([REDACTED] - 01/03/2023)

226a - Mobility Assessment

13. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1 is considered Immobile as the resident requires verbal cueing from staff to be able to evacuate safely in the event of an emergency. Resident #1's assessment and support plan, dated [REDACTED] states that the resident is "Mobile."

POC Submission

Accept ([REDACTED] - 11/30/2022)

Corrected 8/26/2022.

1. This regulation is important to understand the mobility need of the resident in the event of an emergency.
2. This regulation was violated due to the Medical Evaluation indicating needing Moderate verbal cuing to vacate in the event of emergency (Immobile) and Support Plan indicating Limited verbal cuing to vacate in the event of emergency (Mobile).
3. Moving forwards the Medical Evaluation form will be referenced when completing a Support Plan. In the event there is a difference in what we have observed and the DME indicates we will contact the PCP office to update the DME.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 10/21/2022

Implemented ([REDACTED] - 01/03/2023)

227d - Support Plan Medical/Dental

14. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #6 utilizes an enabler bar to assist with transfers in/out of bed. Resident #6's assessment and support plan (RASP) dated [REDACTED], does not include the resident's need for the use of an enabler bar.

POC Submission

Accept ([REDACTED]) - 11/30/2022)

Corrected 8/26/2022

1. This regulation is important to ensure each residents need are met.
2. This regulation was violated due to the RASP was not updated on the need for the enabler bar.
3. Moving forwards Staff, will communicate with the Resident Care Coordinator and or PCHA, verbally and or written in the communication book, regarding changes in status (declines or improvements).
4. Resident Care Coordinator and or PCHA will update care plan and then communicate to staff via the communication book the need to read the updates.
5. Administrator will report compliance to the Quality Assurance Meeting.
6. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 10/21/2022

Implemented ([REDACTED]) - 01/03/2023)

227e - Self Administer Medication**15. Requirements**

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #6 administers some medications. Resident #6's assessment and support plan (RASP) dated [REDACTED] states that the resident cannot self-administer medications.

POC Submission

Accept ([REDACTED]) - 10/17/2022)

Corrected 8/26/2022.

1. This regulation is important to ensure that residents who wish to self-administer medication are able to do so safely.
2. This regulation was violated due the Medical Evaluation indicates the resident is able to self-administer medications and the RASP indicates she cannot.
3. Moving forwards the Medical Evaluation form will be referenced when completing the RASP regarding self-administration of medications.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented ([REDACTED]) - 01/03/2023)