

Department of Human Services  
Bureau of Human Service Licensing

October 28, 2022

[REDACTED], ADMINISTRATOR  
EQUITY HOUSING CORPORATION  
PO BOX 219  
WILLOW STREET, PA, 17584

RE: WILLOW VIEW HOME  
204 HERRVILLE ROAD  
WILLOW STREET, PA, 17584  
LICENSE/COC#: 32228

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2022 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

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

**Facility Information**

Name: *WILLOW VIEW HOME* License #: *32228* License Expiration: *06/20/2023*  
Address: *204 HERRVILLE ROAD, WILLOW STREET, PA 17584*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *EQUITY HOUSING CORPORATION*  
Address: *PO BOX 219, WILLOW STREET, PA, 17584*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: <i>C-2 LP</i>	Date: <i>02/04/1981</i>	Issued By: <i>Department of Labor &amp; Industry</i>
Type: <i>C-2 LP</i>	Date: <i>07/25/1973</i>	Issued By: <i>Department of Labor &amp; Industry</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/20/2022*

**Inspection Dates and Department Representative**

09/20/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *16*

**Secured Dementia Care Unit**

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>2</i>	Are 60 Years of Age or Older: <i>15</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

## 09/20/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/09/2022*

## 10/13/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/25/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/23/2022*

## 10/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/25/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/28/2022*

## 10/28/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/25/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 103i - Outdated Food

## 1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

On 9/20/22 at approximately 2:00pm a 40oz of bag of Regal Nonpareil Reddy Raw Corn was observed located in the Frigidaire freezer was not labeled with a date.

On 9/20/22 at approximately 2:00pm a 32oz of bag of Lane Cauliflower was observed located in the Frigidaire Freezer was not labeled with a date.

On 9/20/22 at approximately 2:00pm a ½ Gallon of United Golden Strawberry Ice Cream was observed located in the Woods Freezer was not labeled with date.

## POC Submission

Accept (████ - 10/21/2022)

Immediate Action - 9/21/22 All food storage areas were checked for any items not labeled or dated. Any items found missing dates were marked with all appropriate information. This action was performed by PCA on duty and Operations Manager. All items found including items listed above were bought in bulk, the outer packaging was removed when placed in freezer (the use by date was on the outer packaging). To ensure ongoing compliance, effective 9/26/2022, the PCA on duty when groceries are delivered will check all items being delivered to ensure all items are properly labeled and dated prior to being placed in our freezers or storage areas. On 10/3/2022 the administrator ordered large freezer storage bags, labels and date stamper to aid in this process. All items were delivered to the home on 10/5/2022. Effective 10/3/2022 the Operations Manager will check all food storage areas no less than twice a month, with first check occurring by 10/15/2022, to ensure continued compliance. Any issues will be reported to the administrator immediately, all checks will be recorded on a food storage check form - attached.

Licensee's Plan Completion Date: 10/16/2022

Implemented (████ - 10/27/2022)

## 132b - Safety Inspection/Fire Drill

## 2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

## Description of Violation

The annual fire safety inspection and fire drill observed by a fire safety expert was last conducted on 5/19/21.

## POC Submission

Accept (████ - 10/21/2022)

Due to the pandemic and the suspension of regulations during this period - there was some confusion on the timing and period in which we had to come back into compliance. Immediate Action - On 9/21/2022 the Administrator contacted our fire safety expert to see if the annual Fire Safety Inspection and Fire Drill could be expedited the Fire Safety Inspection and Fire Drill was originally scheduled for November 15,2022. The Administrator was able to have the Fire Safety Inspection and Fire Drill completed on 10/5/2022 by ██████████, Certified Fire Inspector. Ongoing- Beginning on 10/5/2022, Administrator will ensure that the Fire Safety Inspection and Fire Drill and all inspections needed on an annual basis are scheduled and completed within designated time periods. Inspection scheduling has been added to our internal scheduling system by the administrator to send alerts for future

132b - Safety Inspection/Fire Drill (continued)

scheduling. This action was taken on 10/5/2022.

Licensee's Plan Completion Date: 10/16/2022

Implemented ( [redacted] ) - 10/27/2022)

185a - Implement Storage Procedures

3. 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 1's [redacted] and [redacted] e Flow Sheet were cross-referenced resulting in the following:

[redacted]

POC Submission

Accept ( [redacted] ) - 10/21/2022)

Immediate Action - On 9/21/2022 our senior Med Tech was responsible to ensure all [redacted] currently in use were labeled with the corresponding residents name on both the [redacted] to ensure proper testing and recording of [redacted]. On 10/5/2022 The administrator held a staff training to address the use and importance of properly documenting all [redacted]. All staff was retrained on the use of our flow sheets and [redacted] forms. On 10/4/2022 the Administrator updated our policy on [redacted]s to include - All residents who require [redacted] (with insurance approval) will use the [redacted] for readings. This system's results are downloadable and will make accurate reporting more efficient. Ongoing - the administrator, operations manager and Senior Med Tech will complete random audits (no less than weekly) on the [redacted] for accurate recording of [redacted]. The first audit was completed on 10/8/2022 by the administrator. The results and actions of these audits will be recorded on the back of our [redacted] flow sheets and reported to administrator when completed.

Licensee's Plan Completion Date: 10/16/2022

Implemented ( [redacted] ) - 10/27/2022)

187a - Medication Record

4. 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 1's MAR does not show a diagnosis listed for the following medications:

187a - Medication Record (continued)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**POC Submission**

**Accept ( [REDACTED] - 10/21/2022)**

*Immediate Action - On 9/22/2022 an audit was performed by our Operations Manager on all MARs to check for accuracy and completion. Any listed medications missing a corresponding diagnosis were corrected on 9/22/2022. A list was composed by the Operations Manager on 9/23/2022 and sent to the resident's physician and the administrator for review and approval of these diagnoses. Upon the physician's approval and signature, the list will then be sent to the corresponding pharmacy to have all MARs updated to include the DX. Ongoing Compliance - The Operations Manager on 9/23/2022, informed all physicians' offices of our policy on medications and that all current and future medications must include the diagnosis when ordered. On 9/23/2022 the administrator called the managing pharmacist that supplies most of Willow View Medication, to review our medication policy and request that all preprinted MARs have the appropriate diagnosis on every medication prior to the MARs being delivered to the facility. On 10/5/2022, the administrator assigned a Med Tech to audit the MARs monthly when they are delivered to ensure all required information is present and to inform the administrator of any missing information so that immediate action can be taken to correct any issue. Beginning 11/1/2022, the MARs will be audited sporadically but no less than twice monthly by the administrator or operations manager for complete and accurate information. The results of this audit will be written on the back of the MAR, any issues found will be logged on a MAR Audit Form.*

**Licensee's Plan Completion Date: 11/01/2022**

**Implemented ( [REDACTED] - 10/27/2022)**