

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

January 18, 2023

[REDACTED], ADMINISTRATOR  
PRESBYTERIAN HOMES INC  
[REDACTED]  
[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 12/05/2022 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:** 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]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 08/27/1981      **Issued By:** Pa. Dept. of L & I

**Staffing Hours**

**Resident Support Staff:** 26      **Total Daily Staff:** 52      **Waking Staff:** 39

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 12/05/2022

**Inspection Dates and Department Representative**

12/05/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 27      **Residents Served:** 26

**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:** 26  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 2

**Inspections / Reviews**

12/05/2022 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/18/2022

01/17/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/18/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 01/20/2023

Inspections / Reviews *(continued)*

01/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187b Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [redacted] mg to be taken every eight hours as needed (PRN). Maximum of 3 tablets daily. On 9/11/22, staff person "A" signed resident #1's Controlled Drug Record to indicate the medication was taken at [redacted]. However, staff person "A" failed to date and time the administration of the medication in resident #1's electronic medication administration record (MAR) on [redacted]. Staff person "A" further failed to sign his/her name or initial(s) on the electronic MAR to indicate the time the medication was administered.

Plan of Correction

Accept [redacted] - 01/17/2023)

Citation 187B

2600.187(b) – The information in 2600.187(a) (13) and 2600.187 (a) (14) shall be recorded at the time the medication is administered

- 1. Resident A had no harm from the medication not being documented.
- 2. Audits were completed on all residents with narcotics and no additional discrepancies found
- 3. Staff education was given regarding narcotic count down sheets and documentation of prn dose administration.
- 4. A audit was put in place to monitor narcotic count by the LPN/Personal Care Home Administrator once a week x one month and then once a month x three months.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [redacted] - 01/18/2023)