

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

January 17, 2023

[REDACTED], ADMINISTRATOR  
CLARKS SUMMIT AID II OPCO LLC  
[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 12/21/2022, 12/22/2022 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: *WILLOWBROOK PLACE* License #: *22659* License Expiration: *01/08/2024*  
 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]  
 [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/10/1996* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *12/22/2022*

## Inspection Dates and Department Representative

12/21/2022 - On-Site: [REDACTED]  
 12/22/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *80* Residents Served: *33*

## 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: *33*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *12* Have Physical Disability: *0*

## Inspections / Reviews

12/21/2022 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/15/2023*

01/13/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/17/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2023*

Inspections / Reviews *(continued)*

01/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 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

Staff person A, date of hire [REDACTED], did not receive initial training in the topics of Emergency Medical Plan or Reporting of reportable incidents and conditions.

## Plan of Correction

Accept [REDACTED] - 01/13/2023)

- On 1/9/2023, Executive Director (ED) trained staff person A on the Emergency Medical Plan and reporting of reportable incidents and conditions.
- On 1/9/2023, ED reviewed current staffing records to ensure orientation was provided on Resident Rights, Emergency Medical Plan, Mandatory reporting of abuse and neglect under Older Adult Protective Services Act (OAPSA) and reporting of reportable incidents and conditions. No other issues were identified.
- On 1/9/23, Regional Director of Care Services (RDCS) re-educated ED on the requirements set within regulation 2600.65b. (Exhibit 1 – In-service)
- Starting 1/9/23, ED or designee will review 2 new hire employee records weekly x 4 weeks, bi-weekly x 4 weeks, monthly x 1 month to ensure continued compliance with regulation 2600.65b. (Exhibit 2 – Audit Tool)
- ED will discuss results of the audit during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 1/9/23
- Training and Audit attached

Licensee's Proposed Overall Completion Date: 01/12/2023

Implemented [REDACTED] - 01/17/2023)

## 187a - Medication Record

## 2. 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 is prescribed [REDACTED]. The medication administration record (MAR) states to "administer 2 caps by mouth after 1st loose bowel movement. If diarrhea continues, take 1 cap by mouth after each loose bowel movement. Not to exceed 6 pills in 24 hours." The medication label states to "administer 1 tablet by mouth as needed for diarrhea, max daily dose 16mg per day." The medication label is correct.

Resident #2 is prescribed [REDACTED]. The MAR states to administer 1 75mg tablet once daily. The medication label states to administer 3 25mg tablets once daily. The medication label is correct.

## Plan of Correction

Accept [REDACTED] - 01/13/2023)

- On 12/22/22, Care Services Manager (CSM) verified resident # 1's [REDACTED] order and resident # 2's [REDACTED]

**187a Medication Record (continued)**

order with each resident's primary care physician then the MAR for resident #1's Loperamide and resident # 2's [REDACTED] were updated accordingly.

- On 12/22/22, CSM and Support Nurse audited the medication cart, medication orders and medication administration records (MARs) and no other medication orders were found to be out of compliance with regulation 2600.187a.
- On 1/9/23, RDCS re educated the Support Nurses and Medication Technicians (MTs) on the requirements set within regulation 2600.187a. (Exhibit 3 In service).
- Starting 1/9/23, Support Nurse and/or designee will audit the medication cart, medications orders and MARs weekly x 12 weeks to confirm compliance with regulation 2600.187a (Exhibit 4 Audit Form).
- ED will discuss results of the audit during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 1/9/23

Licensee's Proposed Overall Completion Date: 01/12/2023

Implemented ( [REDACTED] - 01/17/2023)