

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

June 21, 2023

[REDACTED]
PRESBYTERIAN HOMES INC
[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 05/16/2023 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]
Human Services Licensing Supervisor

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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 08/19/1981 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 05/16/2023

Inspection Dates and Department Representative

05/16/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 27 Residents Served: 24

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 24		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

05/16/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/16/2023

06/16/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/20/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/21/2023

Inspections / Reviews *(continued)*

06/21/2023 - Document Submission

Submitted By [REDACTED]

Date Submitted: 06/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Department representative arrived at home at 9:00am. Staff A was not available at the time of Departments arrival. Staff B could not give Department representative access to records in a reasonable time frame. Department representative was given access to records at 10:45am. Staff A arrived at 11:15am.

Plan of Correction

Accept (████) - 06/16/2023)

#1 IT support created surveyor username and access at the time of the survey

#2 Surveyor account is now set up and available to be activated with a phone call to IT.

#3 Personal Care Administrator and Nurse were educated on how to provide computer access and given written instructions

#4 Personal Care Home Administrator will test surveyor access with the IT department monthly x 3 months.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (████) - 06/21/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's most recent medical evaluation was completed on █████/22. However, the second page of the medical evaluation states to see attached medication list. A medication list in not included with the evaluation.

Plan of Correction

Accept (████) - 06/16/2023)

1. Resident #1 was no longer a resident at time of the survey.

2. PCHA audited all residents charts DME's. Upon completing, noted that some did not have medication list attached to DME. Med List was found with same date as DME in other attachment area. Printed Medication List was rescanned with the DME to be entered as one document.

3. PCHA and LPN educated on the appropriate filling out of the documentation medical evaluation form. Educated on the importance of writing "see attached" and assuring that attached documents are scanned with DME to be included as one document.

141a 1-10 Medical Evaluation Information (continued)

4. PCHA & LPN will continue to monitor and review DME's every time a new one is completed. PCHA will complete an audit on all resident's DME after return from appointment and nurse notifies that document is scanned into Matrix Care.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (████) - 06/21/2023)

141b2 Medical Evaluation Changes**3. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

A new medical evaluation was not completed for resident #1 to indicate a change in medical condition ██████████
 ██████████ When resident returned to the home, Resident was ██████████, whereas they did not
 use ██████████ prior ██████████.

Plan of Correction

Accept (████) 06/16/2023)

1. Resident #1 was no longer a resident at time of the survey.
2. PCHA audited all charts DME's to assure completion was for any significant changes that were reported within the last year. Noted that one resident recently had a fall and needed to be seen so significant change DME was completed with Dr. Appointment. Updated DME and med list scanned into electronic chart.
3. PCHA and LPN education on the need to be alert to hospital visits/hospitalizations needing to have follow up with Dr. to have a DME completed if noted to have a new diagnosis or significant change.
4. PCHA will continue to monitor hospital visits and hospitalizations follow up with MD and assure the significant change DME is completed when new findings are identified.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (████) - 06/21/2023)

225c - Additional Assessment**4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The Assessment and support plan was completed on ██████████/22. The resident went to the hospital on ██████████/22. Resident returned on ██████████/22 ██████████. A significant change Assessment and support plan was not completed.

Plan of Correction

Accept (████) - 06/16/2023)

- Resident #1 no longer a resident at time of survey.
2. Home Administrator audited charts for up to date RASP dates. No other residents were outside of assessment time.
3. LPN and Administrator provided education to follow the regulations to assure when Documented Medical Evaluation is completed that the RASP also gets updated. Any change in condition or services evaluations also need

225c - Additional Assessment (continued)

to be updated

4. Home Administrator will monitor evaluations and service plans monthly with known annual assessments to assure that assessments are updated appropriately x 3 months.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented () - 06/21/2023

227d - Support Plan Medical/Dental

5. Requirements

2600.

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

On /22, /22, /23, /23, and 23 resident had falls. The assessment and support plan were not documented with the steps the home was taking to ensure the residents safety.

Plan of Correction

Accept () - 06/16/2023

- 1. Resident #1 no longer a resident at time of survey.
- 2. Administrator audited charts for up to date RASP updates. Noted other residents that needed addendums were scanned in after staff signed off on the update of what plan was put in place to help reduce the fall risk.
- 3. LPN and Administrator reviewed and education provided to follow the regulations, to assure that when a fall or a significant change occurs the RASP gets updated. Any change in condition or services is also updated on service plan.
- 4. Home Administrator will monitor evaluations and service plans monthly with known annual assessments of 5 random residents to assure that RASP are updated appropriately for falls, significant changes, etc x 3 months.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented () - 06/21/2023

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of the support plan on /22. However, the resident did not sign the support plan.

Plan of Correction

Accept () - 06/16/2023

- 1. Resident #1 no longer a resident at time of survey.
- 2. PCHA audited chart to assure compliance with signature on all RASP was completed. No others found at this time.
- 3. PCHA and LPN reviewed and education provided to follow the regulations of signature on support plan by the resident and responsible party if available.
- 4. PCHA will monitor evaluation and support plans monthly with known annual and significant change

227g -Support Plan Signatures (continued)

assessments of 5 random charts to assure signature is in suit with document of RASP x 3 months.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ([REDACTED] - 06/21/2023)