

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

July 17, 2023

[REDACTED], ADMINISTRATOR
WILLIAMSPORT AID II OPCO LLC
[REDACTED]

RE: LEIGHTON PLACE
1251 RURAL AVENUE
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22660

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/31/2023 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: LEIGHTON PLACE License #: 22660 License Expiration: 05/15/2024
 Address: 1251 RURAL AVENUE, WILLIAMSPORT, PA 17701
 County: LYCOMING Region: NORTHEAST

Administrator

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

Legal Entity

Name: WILLIAMSPORT AID II OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/28/2002 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 05/31/2023

Inspection Dates and Department Representative

05/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 Residents Served: 29

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 1

Inspections / Reviews

05/31/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/30/2023

07/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/14/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/14/2023

Inspections / Reviews *(continued)*

07/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all fossil fuel burning devices have a CO2 detector installed within close proximity. The home's gas hot water heater did not have a CO2 detector installed within close proximity of the unit.

Plan of Correction

Accept ([redacted]) - 07/10/2023)

- During the inspection on 5/31/23, Maintenance Tech (MT) installed a CO2 detector within close proximity of the community's gas hot water heater. (Exhibit 1 – Picture)
- On 6/1/23, Executive Director (ED) re-educated the MT on the requirements set within regulation 2600.18. Documentation of education will be retained within the community. (Exhibit 2 – Inservice)
- Starting the week of 6/26/23, MT or designee will check to ensure the CO2 detector is installed and functioning within close proximity of the community's gas hot water heater weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.18. (Exhibit 3 – Audit)
- Starting in July 2023, ED will discuss the 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.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented ([redacted]) - 07/17/2023)

65a FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.

Description of Violation

Staff Member A had their 1st day on [redacted] but did not complete the required 1st day orientation in Staff duties and responsibilities during fire drills, Designated meeting place, smoking safety procedures, evacuation and use of fire extinguishers, or smoke detectors and fire alarms until 12/22/2023.

Plan of Correction

Accept ([redacted]) - 07/10/2023)

- Correction: Staff member A's first day orientation was completed on [redacted]
- On 6/1/23, ED audited current direct care staff files to ensure the employees have completed an orientation in general fire safety and emergency preparedness to be in compliance with regulation 2600.65a. Any identified issues were addressed at the time they were discovered.

65a - FS Orientation 1st Day (continued)

- On 6/1/23, Regional Director of Care Services (RDCS) provided ED with re-education regarding the requirements contained within regulation 65a. (Exhibit 4 – Inservice)
- Starting the week of 6/26/23, ED or designee will audit 2 new employee files weekly x 4 weeks, biweekly x 4 weeks then monthly x 1 to ensure training is completed to maintain compliance with regulation 2600.65a. (Exhibit 5 – Audit Tool)
- Starting in July 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████) - 07/17/2023)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 2 uncovered trash cans in the kitchen that were not being actively used at the time of inspection.

Plan of Correction

Accept (████) - 07/10/2023)

- During the inspection on 5/31/23, ED covered the two trash cans in the kitchen that were not being actively used. (Exhibits 6 and 7 – Pictures)
- On 5/31/23, ED checked all trash cans in the kitchen and bathrooms to ensure they were covered. No other violation of regulation 2600.85d was identified.
- On 5/31/23, Executive Director (ED) re-educated the kitchen staff on the requirements set within regulation 2600.85d. Documentation of education will be retained within the community. (Exhibit 8 – Inservice)
- Starting the week of 6/26/23, ED or designee will check the kitchen and two bathrooms to ensure trash is kept covered weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.85d. (Exhibit 9 – Audit)
- Starting in July 2023, ED will discuss the 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: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████) - 07/17/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 Telephone Numbers (continued)

Description of Violation

There were no emergency numbers posted near the landline telephone in room 220a.

Plan of Correction

Accept ([redacted]) - 07/10/2023)

- During the inspection on 5/31/23, ED posted emergency telephone numbers near the landline telephone in room 220a. (Exhibit 10 Picture)
- On 6/1/23, ED and MT checked each telephone with an outside line to ensure emergency telephone numbers were posted nearby. No other violations of regulation 2600.91 were identified.
- By 6/9/23, Executive Director (ED) re educated current staff on the requirements set within regulation 2600.91. Documentation of education will be retained within the community. (Exhibit 11 Inservice)
- Starting the week of 6/26/23, ED or designee will check two resident rooms to ensure the emergency telephone numbers are posted near the telephone weekly x 4 weeks, bi weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.91. (Exhibit 12 Audit)
- Starting in July 2023, ED will discuss the 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: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented ([redacted]) - 07/17/2023)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer located in the black refrigerator in the home's kitchen.

Plan of Correction

Accept ([redacted]) - 07/10/2023)

- During the inspection on 5/31/23, MT installed a thermometer in the black refrigerator in the kitchen. (Exhibit 13 Picture)
- On 5/31/23, ED and MT checked each refrigerator and freezer to ensure it had a thermometer. No other violations of regulation 2600.103f were identified.
- On 5/31/23, Executive Director (ED) re educated kitchen staff on the requirements set within regulation 2600.103f. Documentation of education will be retained within the community. (Exhibit 14 Inservice)
- Starting the week of 6/26/23, ED or designee will check one refrigerator and one freezer to ensure there is a thermometer weekly x 4 weeks, bi weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.103f. (Exhibit 15 Audit)
- Starting in July 2023, ED will discuss the 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: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented ([redacted]) - 07/17/2023)

130e - Hearing Impairment

6. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident 1 is unable to hear the fire alarm. They do not have any signaling device on their bed to alert them that the alarm is going off when they are sleeping.

Plan of Correction

Accepted [REDACTED] 07/10/2023)

- On 6/7/23, MT installed a bed shaker on resident 1's bed. (Exhibit 16 – Picture)
- On 5/31/23, ED and Care Services Manager (CSM) spoke to residents, staff members and audited current resident files to ensure all residents are able to hear the smoke detector or fire alarm system. No other violations of regulation 2600.130e were identified.
- On 6/1/23, Regional Director of Care Services (RDSCS) provided ED and CSM with re-education regarding the requirements contained within regulation 2600.130e. (Exhibit 17 – Inservice)
- Starting the week of 6/26/23, CSM or designee will interview 2 hearing impaired residents and 2 staff members as well as audit 2 those two resident files weekly x 4 weeks, biweekly x 4 weeks then monthly x 1 to ensure compliance with regulation 2600.130e. (Exhibit 18 – Audit Tool)
- Starting in July 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing.
- Completion Date: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented [REDACTED] - 07/17/2023)

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 8/25/2022, the home completed their fire drill evacuation in 10 minutes and 5 seconds. According to their fire safety expert, their maximum evacuation time is 10 minutes and 0 seconds.

Plan of Correction

Accepted [REDACTED] 07/10/2023)

- On 6/1/23, ED reviewed each monthly fire drill conducted since 8/25/22 to ensure they were within the maximum allowable evacuation time. No other violations of regulation 2600.132d were identified.
- On 6/1/23, ED re-educated the MT on the requirements set within regulation 2600.132d. Documentation of education will be retained within the community. (Exhibit 19 – Inservice)
- Starting with the fire drill held in July 2023, ED will review the evacuation time to ensure it is within the maximum allowable evacuation time monthly x 3 to ensure compliance is maintained with regulation 2600.132d. (Exhibit 20 – Audit)

132d - Evacuation (continued)

- Starting in July 2023, ED will discuss the 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: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████) - 07/17/2023)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident 2 is prescribed ██████████ 5 times per day ██████████. On ██████████, they only received ██████████ of ██████████.

Repeat Violation from 4/5/2022.

Plan of Correction

Accept (████) - 07/10/2023)

- On 4/12/23, Medication Technician and CSM conducted a Medication Administration Record (MAR) to Medication Cart audit. No other violations of regulation 2600.187d were identified.
- On 4/12/23, ED and CSM re-educated staff certified to administer medications on proper medication administration, including the requirements set within regulation 2600.187d. Documentation of education will be retained within the community. (Exhibit 21 – Inservice)
- Starting the week of 6/26/23, CSM or Support Nurse will conduct MAR to Medication Cart audits weekly x 12 weeks to ensure compliance is maintained with regulation 2600.187d. (Exhibit 22 – Audit)
- Starting in July 2023, ED will discuss the 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: 6/29/23

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████) - 07/17/2023)