

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

October 19, 2023

[REDACTED]
CLARKS SUMMIT AID II OPCO LLC
[REDACTED] E,SUITE 3700
[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 09/05/2023 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]

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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/05/2023*

Inspection Dates and Department Representative

09/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *30*

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: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

09/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2023*

10/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/19/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/20/2023*

Inspections / Reviews *(continued)*

10/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A , does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 10/17/2023)

- On 10/3/23, ED audited current direct care staff files to ensure those employees have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. All employee files were found to be in compliance with regulation 2600.54a.
- On 10/3/2023, ED and RWD re-educated on requirements set within regulation 2600.54a. Documentation will be retained within the community. (Exhibit 1 – In-service)
- Starting the week of 10/16/2023, ED or designee will audit 2 new direct care staff person files weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure the employee has a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry to maintain compliance with regulation 2600.54a. Documentation will be retained within the community. (Exhibit 2 – Audit Tool).
- Starting in November 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. Documentation will be retained within the community.

Licensee's Proposed Overall Completion Date: 10/03/2023

Implemented [redacted] - 10/19/2023)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident # 1 was admitted to the home on [redacted]-22; however, the resident's preadmission screening form was completed on [redacted]-22.

Plan of Correction

Accept [redacted] - 10/17/2023)

- On 10/3/2023, ED and RWD re-educated on requirements set within regulation 2600.224a. Documentation will be retained within the community. (Exhibit 1 – In-service)
- Starting the week of 10/3/2023, ED and RWD will audit all new resident charts to ensure the resident charts maintain compliance with regulation 2600.224a.
- Starting in October 2023, ED, RWD or designee will discuss the results of resident charting compliance 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: 10/03/2023

Implemented [redacted] 10/19/2023)

224a - Preadmission Screen Form (*continued*)