

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

November 8, 2023

[REDACTED]  
WILLIAMSPORT HOME, INC.  
1900 RAVINE ROAD  
WILLIAMSPORT, PA, 17701

RE: THE WILLIAMSPORT HOME &  
APARTMENTS, 3RD FLOOR  
1900 RAVINE ROAD  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 20063

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023 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: *THE WILLIAMSPORT HOME & APARTMENTS, 3RD FLOOR* License #: *20063* License Expiration: *09/19/2024*

Address: *1900 RAVINE ROAD, WILLIAMSPORT, PA 17701*

County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *WILLIAMSPORT HOME, INC.*

Address: *1900 RAVINE ROAD, WILLIAMSPORT, PA, 17701*

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/24/1986* Issued By: *L and I*

Type: *Other* Date: Issued By:

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal, Incident* Exit Conference Date: *09/21/2023*

**Inspection Dates and Department Representative**

09/21/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *124* Residents Served: *21*

**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: *21*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

09/21/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2023*

Inspections / Reviews (*continued*)

## 10/12/2023 - POC Submission

Submitted By: [REDACTED] h

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/18/2023

## 11/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 65e - 12 Hours Annual Training

**1. Requirements**

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

**Description of Violation**

*The administrator could not provide the annual training for staff person A. Only 9 hours of annual training were able to be found for the year 2022.*

**Plan of Correction**

Accept [REDACTED] - 10/12/2023)

1. This regulation is important because it ensures that staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care.
2. Unable to locate all education records for staff person "A" after a second sweep of records.
3. Review of current in-house training records will be completed to ensure 2023 training hours are being completed per the training plan. Moving forward, the administrator will maintain a copy of the training records in addition to the Staff Development employee.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

**Licensee's Proposed Overall Completion Date: 10/31/2023**

Implemented [REDACTED] 11/08/2023)

## 65f - Training Topics

**2. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

**Description of Violation**

*The administrator could not provide the 2022 annual training for staff member A. [REDACTED] reported the records were misplaced when the prior training coordinator left the position.*

**Plan of Correction**

Accept [REDACTED] - 10/12/2023)

1. This regulation is important because it ensures that staff receive the necessary training to successfully provide essential resident care and services.
2. Unable to locate all education records for staff person "A" after a second sweep of records.
3. Review of current in-house records will be completed to ensure 2023 training hours are being completed per the training plan. Moving forwards, the administrator will maintain a copy of the training records in addition to the Staff Development employee.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

**Licensee's Proposed Overall Completion Date: 10/31/2023**

Implemented [REDACTED] - 11/08/2023)

## 65g - Annual Training Content

**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (*continued*)**Description of Violation**

The administrator could not provide the 2022 annual training for staff member A. [REDACTED] reported the records were misplaced when the prior training coordinator left the position.

**Plan of Correction**

Accept ([REDACTED] - 10/12/2023)

1. This regulation is important because it ensures the staff receive education regarding the home's emergency procedures and mandated reporting requirements.
2. Unable to locate all educations records for staff person "A" after a second sweep of records.
3. Review of current in-house training records will be completed to ensure 2023 training hours are being completed per the training plan. Moving forwards, the administrator will maintain a copy of the training records in addition to the Staff Development employee.
4. Administrator will report compliance to the Quality Assurance Meeting.
5. Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([REDACTED] 11/08/2023)

## 103i - Outdated Food

**4. Requirements**

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

There was an unlabeled, undated package of tator tots in the kitchen freezer.

**Plan of Correction**

Accept ([REDACTED] - 10/12/2023)

1. This regulation is important because it ensures that food is safe for use.
2. Violation of the regulation was due to an item in an unmarked, undated package located in the kitchen freezer.
3. Current in-house Food Service staff will be re-educated regarding the importance of dating food by the Executive Chef.
4. Executive Chef will monitor for ongoing compliance by completing random audits to ensure food is appropriately labeled, dated, and stored and will re-educate staff as needed.
5. Executive Chef will report compliance to administrator.
6. Administrator will report compliance to Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([REDACTED] - 11/08/2023)

## 183d - Prescription Current

**5. Requirements**

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

Resident #1's medication of Tusin DM expired on 5/23 and the residents Preparation H was not listed on the resident's medication administration record.

183d - Prescription Current (*continued*)**Plan of Correction****Accept (█ - 10/12/2023)**

1. *This regulation is important because it ensures the home does not keep expired or discontinued medications.*
2. *Violation of the regulation was due to a medication, Tussin DM, expired on 5/23 and a medication, Preparation H, not listed on the resident's medication administration record.*
3. *Expired medication was removed from the medication cart. Resident record reviewed to reveal Preparation H had been discontinued and was also removed from the medications cart on 9/21/2023. Medication Technician staff will be re-educated to remove expired or discontinued medications from the medications cart.*
4. *Resident Care Coordinator will complete weekly medication cart audits for presence of expired/discontinued medications and will re-educate staff as needed.*
5. *Resident Care Coordinator will report on-going compliance to administrator.*
6. *Administrator will report compliance to Quality Assurance Meeting.*

**Licensee's Proposed Overall Completion Date:** 10/31/2023**Implemented (█ - 11/08/2023)**