

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

April 11, 2024

[REDACTED]
WILLIAMSPORT HOME, INC.
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2024, 03/05/2024 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: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *19* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

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

Reason: *Complaint, Incident* Exit Conference Date: *02/26/2024*

Inspection Dates and Department Representative

02/13/2024 - Off-Site: [REDACTED]

03/05/2024 - 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: *1*

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: *0* Have Physical Disability: *1*

Inspections / Reviews

02/13/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2024*

Inspections / Reviews (*continued*)

03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/27/2024

04/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

04/11/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home failed to report that on [REDACTED], Resident informed staff that they had fallen the previous day. They were unable to ambulate on their right side and received 2 meals in bed due to pain before being sent to the ER for an evaluation.

Plan of Correction

Accept [REDACTED] - 03/27/2024)

- Re-education provided to the Personal Care Home Administrator (PCHA) regarding Reportable Incidents, definitions, and timeframes for reporting by the Executive Director [REDACTED]
- Personal Care Home staff will be educated regarding reportable incidents and timely notification of the PCHA for follow-up and reportable submission to BHSL by the PCHA by [REDACTED]
- Incident reports will be submitted to DHS within 24 hours of an incident.
- Executive Director will audit incidents monthly x 3 months for reporting compliance and report results in the monthly Q/A meetings to determine resolution or need for continuation of audit process.

Licensee's Proposed Overall Completion Date: [REDACTED]

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/11/2024)

57a - Designee Present/Age

2. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [REDACTED] and [REDACTED] direct care staff was not present in the home for a period of approximately 20 minutes.

Plan of Correction

Accept [REDACTED] - 03/27/2024)

- Effective [REDACTED], the PCHA has adjusted the facility schedule to ensure at least one direct care staff person has been present in the home at all times on all shifts.
- Personal Care staff were educated regarding not leaving the home to provide care to others on campus unless another staff member is present to monitor the residents on [REDACTED]
- Effective [REDACTED], PCHA verifies 2-3 days before that two direct care staff persons are on duty if a campus security employee is not scheduled for upcoming dates to work to ensure staff presence is consistently available to the residents of the home.
- Executive Director will review the Personal Care schedule monthly x 3 months to ensure the presence of at least one staff person present in the home. Audit results will be reviewed in the monthly Q/A meeting to determine process effectiveness or need for continued audits.

Licensee's Proposed Overall Completion Date: 04/30/2024

57a - Designee Present/Age (continued)

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] 04/11/2024)

227d - Support Plan Medical/Dental

3. 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

Resident sustained falls in the home on [REDACTED], [REDACTED] and [REDACTED]. The most recent RASP dated [REDACTED], was not updated to reflect this recent fall history.

Plan of Correction

Accept [REDACTED] - 03/27/2024)

- PCHA was re-educated regarding change in condition (s) appropriate for RASP updates/revisions by the Executive Director on [REDACTED].
- Current in-house resident RASPs will be reviewed for changes in condition and RASPs will be updated/revised as needed by [REDACTED].
- Executive Director will audit three current in-house resident RASPs monthly to ensure changes in condition are appropriately captured on the RASP with updates/revisions. Audit results will be reported at the monthly Q/A meeting to determine resolution or need for continuation of audit process.

Licensee's Proposed Overall Completion Date: 04/30/2024

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/11/2024)