

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

August 23, 2024

[REDACTED], ADMINISTRATOR
PRESBYTERIAN HOMES INC
[REDACTED]
[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 07/11/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PRESBYTERIAN HOME AT WILLIAMSPORT* License #: *20054* License Expiration: *06/22/2025*
 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]@PSL.ORG

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/19/1981* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/11/2024*

Inspection Dates and Department Representative

07/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *27* 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: *0*

Inspections / Reviews

07/11/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2024*

08/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/23/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/23/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage pantry area, there was a can of corn with an expiration date in 2022.

Plan of Correction

Accept ([redacted]) - 08/23/2024)

103i 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

- 1. The can of corn was immediately removed from pantry.*
- 2. Noted to have dietary staff/ head cook complete a sweep of the pantry for dates on all foods on 7/12/2024.*
- 3. Education was given to the dietary departments on 7/21/2024 to assure that all employees in dietary understand their role they play in keeping out dated food out of pantry by the Administrator.*
- 4. LPN and head cook will perform weekly audits x 3 months then quarterly audits will be completed of the whole pantry to assure no reoccurrences happen.*

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented ([redacted]) - 08/23/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

*Resident #1 has an order for Lisinopril HCTZ 20-12.5 MG tablet by mouth daily for hypertension, *hold for Systolic Blood Pressures (SBP) less than 130. On 7-5-24 Resident #1 had a SBP of 124. The Lisinopril HTZ 20-12.5 MG tablet was administered and should have been held.*

Repeat 7-31-23

Plan of Correction

Accept ([redacted]) - 08/23/2024)

187d 2600.187(d) - The home shall follow the directions of the prescriber.

- 1. The deficiency/ medication error for resident 1 was immediately reported to Dr and to DHS.*
- 2. Noted to have two residents on parameter medication, LPN completed an audit immediately on 7/12/2024 of their medical record to assure no other errors occurred.*
- 3. Education to med techs and LPN were completed to assure no reoccurrence on 8/6/2024 by the Administrator. LPN to complete a weekly audit of residents with parameter medications to assure compliance is followed*
- 4. LPN and Administrator will complete audits weekly x 3 months, then monthly for 6 months, then quarterly for a year to assure no other occurrences happen.*

Licensee's Proposed Overall Completion Date: 08/09/2024

187d - Follow Prescriber's Orders (*continued*)

Implemented [REDACTED] - 08/23/2024