

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

October 17, 2024

[REDACTED], ADMINISTRATOR  
NIPPENOSE VALLEY VILLAGE INC  
7190 SOUTH STATE ROUTE 44 HWY  
WILLIAMSPORT, PA, 17701

RE: NIPPENOSE VALLEY VILLAGE  
7190 SOUTH STATE ROUTE 44 HWY  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 22670

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: NIPPENOSE VALLEY VILLAGE License #: 22670 License Expiration: 06/03/2025  
 Address: 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701  
 County: LYCOMING Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED]

**Legal Entity**

Name: NIPPENOSE VALLEY VILLAGE INC  
 Address: 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA, 17701  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 10/16/2015 Issued By: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/01/2024

**Inspection Dates and Department Representative**

08/01/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 59 Residents Served: 43

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

**Hospice**  
 Current Residents: 2

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

08/01/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024

09/12/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/04/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2024

Inspections / Reviews *(continued)*

09/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2024

10/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] the home had a census of 43 residents and is required to have at least one staff certified in First Aid and CPR at all times.

On [redacted] there was no First Aid certified staff working from [redacted] and then again from [redacted].

On [redacted] there was no First Aid certified staff working from [redacted], and then from [redacted].

Plan of Correction

Accept ([redacted] - 09/26/2024)

This regulation is important as it ensures that staff are appropriately trained to respond to emergencies. The Administrator/designee is responsible for maintaining training compliance. First aid trainings were conducted on 8/1/24 and 8/11/24 for direct care staff. The facility requires all direct care staff be trained in CPR and First aid. The Administrator/designee will track trainings of new and current employees and schedule training dates prior to the expiration of current trainings to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 10/07/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has a half bed rail attached to the bed. The opening are 4 inches by 8 inches. Resident #2 has a bed enabler with an opening of 19 inches by 9 inches. The bed rail and the bed enabler were not cover causing a threat of entrapment of limbs, potentially causing injury or death.

Plan of Correction

Accept ([redacted] - 09/26/2024)

This regulation is important as it ensures assistive devices are in good repair and are less likely to cause harm. The Administrator/designee is responsible for ensuring bed mobility devices are covered. On 8/2/24 Resident#1's half bed rail and resident #8's bed enabler were covered to prevent a threat of entrapment of limbs, potentially causing injury or death. Resident #2 does not have bed rails or an enabler on the bed. Staff training was conducted on this topic on 8/22/24. On 8/2/24 all residents' beds with bed rails/bed mobility devices that did not have appropriate covering were covered. The Administrator/designee will monitor weekly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted] - 10/07/2024)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On [REDACTED], Resident #3's glucometer had blood on it.

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

This regulation is important as it greatly minimizes the risk of resident illness. The Administrator/designee is responsible for ensuring DCS are trained and maintaining sanitary conditions. All glucometers were cleaned on 8/1/24. Glucometers are to be cleaned after each use and as needed on a daily basis. Training provided to staff on this topic on 8/22/24. The Administrator/designee will monitor/audit weekly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED] - 10/07/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms 9 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

This regulation is important as it provides residents with sufficient light to move safely around their room in the dark reducing the risk of falls and injury. The Maintenance Director is responsible for ensuring bedside lighting is available and functional. The lamp was plugged into the wrong outlet that connects to the wall switch at the resident's bedside. On 8/1/24 the lamp was plugged into the receptacle that is connected to the light switch and is now operable from the bed. All rooms were inspected on 8/2/24 to ensure bed side lighting was available and operational. Administrator/designee will monitor monthly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED] - 10/07/2024)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Located in the dry food storage area was a bag of pancake mix and a 25# bag of salt. Both bags were not securely closed.

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

This regulation is important as it ensures that food is stored safely and protected from spoilage or infestation of insects and rodents. The Dietary Manager is responsible for ensuring that foods are stored in sealed or closed containers. The food observed was immediately on 8/1/24 stored in containers that close securely. The dietary manager on 8/2/24 inventoried all dried goods to ensure they were sealed and stored properly. The Dietary Manager/designee will monitor weekly for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

103g Storing Food (continued)

Implemented ( ) - 10/07/2024)

103i Outdated Food

6. Requirements

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

Description of Violation

Located in the dry food storage area was a #10 can with a large dent in the top of the seal.

Plan of Correction

Accept ( ) - 09/26/2024)

This regulation is important as it ensures food is safe for use. The dietary manager is responsible for ensuring dented or outdate cans are disposed of properly. The dented can was disposed of immediately on 8/1/24. On 8/2/24 the dietary manager inventoried all canned goods to ensure no dented cans remained. The Dietary Manager/designee will ensure that dented cans are disposed of upon food delivery each week. The Administrator/designee will monitor monthly for continued compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

109b Rabies Vaccination

7. Requirements

- 2600.
- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

Visiting pet Barley, rabies vaccination expired 2-10-24.

Plan of Correction

Accept ( ) - 09/26/2024)

This regulation is important as it ensures visiting pets visiting the home are vaccinated and safe. The administrator/designee is responsible for ensuring vaccinations are current. on 8/2/24 all pet records were reviewed, and no others were out of date. Pet owners with vaccinations coming due will be contacted for updated records as needed. The current vaccination record for Barley is attached. Administrator/designee will monitor vaccination records monthly to maintain compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

121a Unobstructed Egress

8. Requirements

- 2600.
- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door closest to the conference room would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

121a - Unobstructed Egress (continued)

Plan of Correction

Accept ( ) - 09/26/2024)

This regulation is important to keep exits unblocked and allow immediate egress in the event of an emergency. The Maintenance Director is responsible for maintaining unobstructed egress and this education was provided to him on 8/1/24. All exit doors were checked by the maintenance director on 8/2/24 to ensure each opened without force. The exit door was adjusted on 8/2/24 so that it opens easily and without force. Maintenance/designee will monitor exits monthly and repair as necessary to maintain compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The facility uses natural gas hot water heaters, located in the garage area. Directly next to where the natural gas pipes entered the room, and less than 1 foot away from the hot water heater, there were 5 cardboard boxes stored, which are combustible and pose a fire hazard.

Plan of Correction

Accept ( ) - 09/26/2024)

This regulation is important as combustible and flammable materials can be ignited by heat sources, leading to explosions and fires. The maintenance director is responsible for ensuring combustible items are not stored near heat sources or hot water heaters. The boxes were removed and disposed of on 8/1/24 and education was provided to the maintenance director on this date. All areas were checked on 8/2/24 to ensure they are clear of flammable materials. The area is to be kept free on these materials by the maintenance department daily. The Administrator/designee will monitor weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Sleeping hours fire drills occurred ( ), ( ), and not yet again to date ( )

Plan of Correction

Accept ( ) - 09/26/2024)

This regulation is important because it is critical to practice response and evacuation while residents are asleep since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours. The Administrator/designee is responsible for ensuring fire drills are completed. A fire drill was completed on 8/9/24 at 4:05 am. The Administrator/designee is to schedule the drill dates and times to maintain compliance and ensure overnight drills are conducted as least every 6 months.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) 10/07/2024)

141b1 Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent DME was completed on [REDACTED] A DME was not completed for 2024 as of the date of the inspection.

Plan of Correction

Accept [REDACTED] - 09/12/2024)

This regulation is important as accurate, updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures residents' medical needs are met. Resident#4 had a medical evaluation on [REDACTED]. The home is waiting on the DME for this resident. An audit of all DME's was conducted on [REDACTED] no additional out of date DME's were found. The Administrator/designee will monitor monthly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [REDACTED] - 10/07/2024)

185a Implement Storage Procedures

12. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's glucometer was not calibrated to the corrected time.

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #5 – At [REDACTED] the reading on the glucometer was [REDACTED] but was incorrectly transcribed as [REDACTED]

Resident # 1 has an order for [REDACTED], 2 tablets by mouth every 4 hours as needed for gastric distress. The facility did not have the medication on site.

Resident # 1 has an order for [REDACTED], instill 2 drops in each eye 4 times a day as needed. The facility did not have the medication on site.

Resident # 6 has an order for [REDACTED] tablet, take one tablet under the tongue every 4 hours as needed. The medication is not available at the facility.

Plan of Correction

Accept [REDACTED] - 09/12/2024)

This regulation is important as it reduces the risk that medications and medical equipment will be misplaced, lost, or misused. The above medications were ordered and delivered on 8/1/24. Training was provided on 8/22/24 to direct care staff regarding these topics. Cart audits are to be competed weekly to ensure medications are available and the MAR is properly maintained with correct transcriptions. Administrator/designee will monitor for continued compliance

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident # 7 has an order for [redacted], [redacted]. Hold if SBP [redacted]. On [redacted], the resident had a BP reading of [redacted]. The medication was incorrectly held because the BP was not under [redacted]

REPEAT 6-1-23

Plan of Correction

Accept ( ) - 09/12/2024)

This regulation is important as it ensures residents receive medications and treatments as ordered by a physician. Training was provided to direct care staff on following prescribers orders on 8/22/24. MARS are to be reviewed weekly by the Administrator/designee to ensure physicians orders are followed. Administrator/designee will monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/07/2024)

227d - Support Plan Medical/Dental

14. 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 #5 and #6 uses a bedside mobility devices. Resident # 1's Assessment Support Plan dated [redacted] and Resident # 2's Assessment Support Plan dated [redacted] not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept ( ) - 09/12/2024)

This regulation is important as it ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firm established. Resident #1 and resident #8s RASP's were updated to reflect the use of the bed mobility device. Resident #2 does not use a bed mobility device. Administrator/designee will complete, monitor and update RASP's as needed to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 10/17/2024)