

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

September 25, 2024

CATHERINE SWEENEY, ADMINISTRATOR  
WILLIAMSPORT AID II OPCO LLC  
1781 SLIGHT WAY  
TUFTIN, CA, 92782

RE: LEIGHTON PLACE  
1251 RURAL AVENUE  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 22660

Dear Catherine Sweeney,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2024 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,  
Ryan Yankowy  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *LEIGHTON PLACE* License #: *22660* License Expiration: *05/15/2025*  
 Address: *1251 RURAL AVENUE, WILLIAMSPORT, PA 17701*  
 County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

Name: *Catherine Sweeney* Phone: *570-322-1125* Email: *csweeney@inspiritseniorliving.com*

**Legal Entity**

Name: *WILLIAMSPORT AID II OPCO LLC*  
 Address: *1781 SLIGHT WAY, TUFTIN, CA, 92782*  
 Phone: *5703221125* Email: *LHOCKENBROCK@INSPIRITSENIORLIVING.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/02/2002* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *08/20/2024*

**Inspection Dates and Department Representative**

*08/20/2024 - On-Site: Megan Baronitis, Julienne Rushin*

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *40*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

**Inspections / Reviews**

**08/20/2024 - Partial**  
 Lead Inspector: *Megan Baronitis* Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2024*

**09/06/2024 - POC Submission**  
 Submitted By: *Catherine Sweeney* Date Submitted: *09/23/2024*  
 Reviewer: *Ryan Yankowy* Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2024*

Inspections / Reviews (*continued*)

## 09/18/2024 - POC Submission

Submitted By: *Catherine Sweeney*Date Submitted: *09/23/2024*Reviewer: *Ryan Yankowy*Follow-Up Type: *Document Submission* Follow-Up Date: *09/20/2024*

## 09/25/2024 - Document Submission

Submitted By: *Catherine Sweeney*Date Submitted: *09/23/2024*Reviewer: *Ryan Yankowy*Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A large partially used bag of yellow cake mix was observed in the pantry of the home. The cake mix was not dated to indicate when it was opened.

Plan of Correction

Accept (RY - 09/18/2024)

On 08/21/24, the Executive Director will implement a plan, and examine the pantry and kitchen area, along with the Dietary manager on a daily basis to ensure that leftover food will be labeled and dated. Kitchen staff was immediately informed of the regulations, and on 8/29/24, a staff meeting was held to educate staff regarding this plan of correction. Leftover food will be labeled with the name of the food and stored properly in its original packaging. Kitchen manager will check food daily for proper storage, packing, and dates to prevent cross contamination of food and the use of expired food items. All kitchen staff will be educated immediately on the proper food storage procedures.

Licensee's Proposed Overall Completion Date: 07/15/202. Executive Director and Dietary Manager will enforce long-term compliance of these regulations effective 8/21/24.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (RY - 09/25/2024)

103g - Storing Food

2. Requirements

2600.

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

Description of Violation

A partially used bag of elbow noodles which was not sealed was found in the home's pantry.

Plan of Correction

Accept (RY - 09/18/2024)

Executive Director will examine the pantry and kitchen area, along with the Dietary manager on a daily basis to ensure that all food shall be stored in closed sealed containers, and all leftover food will be labeled and dated. As stated above, on 08/21/24, the Executive Director implemented a plan, and will examine the pantry and kitchen area, along with the Dietary manager on a daily basis to ensure that leftover food will be labeled and dated. Kitchen staff was immediately informed of the regulations, and on 8/29/24, a staff meeting was held to educate staff regarding this plan of correction. Leftover food will be labeled with the name of the food and stored properly in its original

packaging. Kitchen manager will check food daily for proper storage, packing, and dates to prevent cross contamination.

## 103g - Storing Food (continued)

contamination of food and the use of expired food items. All kitchen staff will be educated immediately on the proper food storage procedures. Leftover food will be labeled with the name of the food and stored properly in its original

packaging. Kitchen manager will check food daily for proper storage, packing, and dates to prevent cross contamination of food and the use of expired food items. All kitchen staff will be educated on proper food storage procedures.

Licensee's Proposed Overall Completion Date: 07/15/2022

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (RY - 09/25/2024)

## 141a 1-10 Medical Evaluation Information

## 3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

*The Initial Documentation of Medical Evaluation for Resident #1, admitted 6/28/24, is not dated to indicate when the resident was evaluated or when the form was completed.*

*The Initial Documentation of Medical Evaluation for Resident #2 dated 7/2/24 is missing the following information: the resident's blood pressure, height, weight, pulse rate, temperature, and the need for body positioning if any.*

*The most recent Documentation of Medical Evaluation for Resident #3, dated 11/16/23, does not indicate the need for body positioning if any.*

*The most recent Documentation of Medical Evaluation for Resident #4, dated 10/09/23, does not indicate the need for body positioning if any.*

## 141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction****Accept (RY - 09/18/2024)**

On 09/01/24, Director of Wellness completed resident 1, resident2, resident 3, resident 4 Medical Evaluation Information after obtaining all information from the doctor and/or the appropriate parties. Director of Wellness completed all the corrections and initialed all corrections. Executive Director will ensure along with the Director of Wellness Nurse, that Medical Evaluations are dated to indicate when the resident was evaluated and/or when the form was completed. The Executive Director, and Director of Wellness Nurse, added the resident's blood pressure, height, weight, pulse rate, hair color, and eye color to eliminate missing information. In addition, documentation was updated to indicate all of the above, and the need for body positioning if any. Executive Director and Director of Wellness will enforce long-term compliance of these regulations effective 8/21/24.

Licensee's Proposed Overall Completion Date: 09/12/2024

**Implemented (RY - 09/25/2024)**

## 224a - Preadmission Screen Form

**4. 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**

The preadmission screening for Resident #2 completed 6-28-24 did not note the amount of time the resident was living at their current residence.

The preadmission screening for Resident #1 completed on 6-27-24 did not note the reason for leaving their current residence.

The preadmission screening for Resident #3 dated 7-17-23 was not signed by the person making the assessment.

**Plan of Correction****Accept (RY - 09/18/2024)**

On 8-21-24, resident 1 preadmission screen form was corrected by Director of Wellness, and corrections were initialed by the Director of Wellness. On 8/24/24 resident 2 Preadmission form was corrected by the Director of Wellness, and on 9/1/24, resident #3 Preadmission form was corrected by the Director of Wellness and all corrections were initialed by the Director of Wellness. The preadmission screening shall be completed by the Executive Director, or the Director of Wellness Nurse noting the amount of time the resident was living at their current residence, noting the reason for leaving their current residence, and signed by the person making the assessment. Executive Director and Director of Wellness Nurse will review the assessment to ensure that that the needs of the resident can be met by the services provided by the facility. Executive Director and Director of Wellness will monitor and enforce long-term compliance of these regulations effective 8/21/24.

Licensee's Proposed Overall Completion Date: 09/12/2024

**Implemented (RY - 09/25/2024)**