



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE ROBERT PACKER HOSPITAL**
LEGAL ENTITY

To operate **THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **603 WILLIAM STREER, TOWANDA, PA 18848**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **94**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 26, 2024** until **May 26, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **229871**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Sent via email to: [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 26, 2024

[REDACTED]
President/COO
The Robert Packer Hospital
[REDACTED]

RE: The Robert Packer Hospital Personal
Care Home
603 William Street
Towanda, Pennsylvania 18848
License # 229870

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on September 11, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 22987) dated June 14, 2024, to June 14, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued. The license dated June 14, 2024 to June 14, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 26, 2024 to May 26, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing

PH: [REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

[REDACTED]
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED], Office of General Counsel
[REDACTED], Bureau Director
[REDACTED], Director of Operations
[REDACTED], Regional Director

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

Facility Information

Name: *THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME* License #: *22987* License Expiration: *06/14/2025*
Address: *603 WILLIAM STREER, TOWANDA, PA 18848*
County: *BRADFORD* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *THE ROBERT PACKER HOSPITAL*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/07/2021* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/11/2024*

Inspection Dates and Department Representative

09/11/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *83*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

09/11/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2024*

10/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/22/2024

11/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

11/19/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] with the primary diagnoses of [REDACTED] and [REDACTED]. The Pre-Screen (completed on [REDACTED]); Resident Assessment Support Plan (completed on [REDACTED] and Documentation of Medical Evaluation (dated [REDACTED] all indicate that Resident #1 required minimal "oral" assistance to evacuate in an emergency. Staff Person A confirmed that Resident #1 was admitted with their own walker but required contact guard when using it due to unsteadiness and poor balance. It was also reported that Resident #1 required a wheelchair, propelled by staff to ambulate long distances within the home. According to staff interviews, on 8/7/24 at 3:45 pm Resident #1 was seated near the main 2nd floor (ground level) exit doors leading to the parking lot when a fire drill started. Staff inside the home did not observe Resident #1 exiting the building and confirmed there was no staff present in the parking lot where he/she fell off the curb and hit their head on the pavement. Other residents alerted staff and emergency personnel were notified. Resident #1 was evaluated at Robert Packer Hospital where it was determined that he/she sustained a [REDACTED]. Resident #1 died as a result of those injuries. The home failed to provide proper supervision for Resident #1 which put him/ her at risk of injury and subsequent death. According to the death certificate, Resident #1's cause of death was [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/15/2024)

Administrator/ Designee will review all DMEs and RASPs quarterly to ensure the correct documentation is up to date, DMEs and RASPs will be updated when there are significant changes in residents' conditions. Administrator/Designee reviewed DHS regulations regarding fire drills and residents needs when documented residents' mobility. Maintenance department fixed the curb of the sidewalk to ensure a clear safe egress for residents when evacuated. Maintenance on 8/20/24 installed a pavement ramp off of the sidewalk and painted no parking signs in front of 2nd floor main entrance. Staff was educated and a new plan was put in to place on 8/10/24 during fire drills, all med tech staff are required to collect the MARs and evacuate with the residents on each floor and observe while in designated areas, while all PCA/float staff are required to evacuate with the residents that require assistance. All fire drills are now observed by Maintenance and campus security to ensure the safety of all residents.

Licensee's Proposed Overall Completion Date: 10/02/2024

Not Implemented ([REDACTED] - 11/19/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's most recent Resident Assessment Support Plan was completed on [REDACTED]. The resident's previous assessment portion of the Resident Assessment and Support Plan was completed on [REDACTED] greater than 1 year and 15-day requirement.

Plan of Correction

Directed ([REDACTED] - 11/05/2024)

Administrator/ Designee will review all DMEs and RASPs quarterly to ensure the correct documentation is up to

225c - Additional Assessment (continued)

date, DMEs and RASPs will be updated when there are significant changes in residents' conditions. Administrator/ Designee reviewed DHS regulations regarding RASPs and the expected time frame for them to be completed. Initial within 15 days of admission, Annual within 380 days/ 1 year and 15 days, significant change within 5 calendar days of change, and department request within 24 hours.

Proposed Overall Completion Date: 10/21/2024

(Directed)

The Administrator will review all current and new Resident assessments to ensure they are accurate and complete. The administrator will develop an audit tool to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter.

Directed Completion Date: 12/13/2024

Not Implemented [REDACTED] - 11/19/2024)