

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

January 22, 2025

[REDACTED]
WILLIAMSPORT HOME, INC.
[REDACTED]
[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 10/10/2024 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: 09/19/2025
 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: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 10/10/2024

Inspection Dates and Department Representative

10/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 124 Residents Served: 22
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/10/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2024

11/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/18/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2024

Inspections / Reviews *(continued)*

11/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/28/2024

01/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

1. The contract for resident [REDACTED] was signed on [REDACTED]
2. An audit of all current resident contracts was conducted by Administrator or designee to ensure they have signatures on 11/06/2024
3. An education will be conducted by the Executive Director to the Administrator and Resident Care Coordinator on the requirement of signed contracts by 11/08/2024.
4. All future admissions will be audited by the Administrator or designee to ensure Resident signatures have been obtained. All results will be taken to Quality Assurance for review.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

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

On [REDACTED] at approximately 2:55pm Resident [REDACTED] bed enabler was observed uncovered. The openings measure 17x5 inches and presented as a possible entrapment hazard.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

1. A new enabler bar with cover was purchased for resident [REDACTED] and will be installed by 10/31/2024.
2. An audit of all enabler bars will be conducted by the administrator or designee to ensure covers are present.
3. An education will be conducted by the Administrator or designee to personal care staff and personal care housekeeping staff regarding the requirement of covers by 11/8/2024.
4. An audit will be conducted of enabler bar covering by administrator or designee weekly x 4 and then monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] - 01/22/2025)

103e Left Overs

3. Requirements

2600.

103e Left Overs (continued)

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

On [REDACTED] at approximately 4:00pm, in the walk in refrigerator located in the kitchen was a container with 2 pieces of bacon in a container that was not dated.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

1. The bacon was discarded from the area immediately.
2. Staff will be re educated by the Administrator or designee on the requirement of leftover food items and regulation 103e by 11/8/2024.
3. An audit will be conducted in the kitchen by the Administrator or designee to ensure food items are properly labeled and dated weekly x 4 and monthly x 2. All results will be report in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] 22/2025)

103i - Outdated Food**4. Requirements**

2600.

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

Description of Violation

On [REDACTED], at approximately 4:00pm, located in the dry storage area, were 2 #10 cans, one of corn and one of peach pie filling. Both cans had large dents in the sides of the cans.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

1. The cans that were identified were immediately discarded.
2. The dry storage area was audited and there were no other dented cans identified.
3. An education will be conducted by the Administrator or designee to dining services about dented cans per 103i by 11/8/2024.
4. An audit will be conducted in the kitchen by the Administrator or designee to monitor for any dented cans weekly x 4 and monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] - 01/22/2025)

132c - Fire Drill Records**5. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On [REDACTED] the home's fire drill log did not indicate the number of residents in the home at the time of the alarm or the number of residents evacuated.

132c - Fire Drill Records (continued)

Plan of Correction

Accept [redacted] - 11/21/2024)

1. The facility is not able to go back and change the documentation for fire drills.
2. An audit of the past 12-month fire drills was conducted by the Administrator to ensure all required documentation was complete 11/07/2024
3. An education will be conducted by the Executive Director to the Administrator on required documentation of fire drills on 11/06/2024
4. An audit will be conducted monthly x 2 of fire drills and results will be report to Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/22/2025)

141a - Medical Evaluation

6. 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.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. As of [redacted], the home did not have a Medical Evaluation completed for the resident.

Plan of Correction

Accept [redacted] - 11/21/2024)

1. The medical evaluation was completed on 11/08/2024
2. A full sweep of resident medical evaluation dates was completed to ensure compliance on 10/30/2024, 11/06/2024, 11/13/2024
3. An education was conducted by the Executive Director or designee to the Administrator and Resident Care Coordinator on the requirements for medical evaluations by 11/8/2024.
4. An audit will be conducted by the administrator or designee on compliance of medical evaluations weekly x 4 and monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/22/2025)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

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

Description of Violation

At time of inspection on [redacted], Resident [redacted] most recent medical evaluation, was completed on [redacted].

Plan of Correction

Accept ([redacted] - 11/21/2024)

1. A new medical evaluation for resident [redacted] was completed [redacted]

141b1 - Annual Medical Evaluation (continued)

- 2. A review of all current resident DME timeframes has been completed on 11/06/2024
- 3. A new tracking system was implemented to ensure compliance.
- 4. An education will be conducted by the Executive Director or designee to the Administrator and Resident Care Coordinator on the requirements for medical evaluations by 11/25/2024.
- 5. An audit will be conducted by the administrator or designee on compliance of medical evaluations weekly x 4 and monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] 01/22/2025)

183b - Meds and Syringes Locked

8. Requirements

- 2600.
- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A bottle of over-the-counter Advil was found unlocked in resident [REDACTED] room.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

- 1. The medication was immediately removed from resident [REDACTED] room.
- 2. An education will be conducted by the Administrator to the personal care staff on the requirement of 183b by 11/8/2024.
- 3. An audit will be conducted by the administrator or designee on unsecured medications weekly x 4 and then monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] - 01/22/2025)

183d - Prescription Current

9. Requirements

- 2600.
- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [REDACTED] passed away on [REDACTED]. The home was still storing the following medications belonging to Resident [REDACTED]:

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Medications for resident [REDACTED] were immediately disposed on [REDACTED]
- 2. A full house cart audit was conducted to ensure only current resident prescription medications are stored in the cart on 10/11/2024
- 3. A random cart audit will be conducted by the Administrator or designee weekly x 4 and then monthly x 2. All results will be taken to Quality Assurance for review.

183d Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

185a - Implement Storage Procedures

10. 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 [REDACTED] glucometer was not calibrated to the correct date.

Resident [REDACTED] has an order for [REDACTED] to be given once daily, and [REDACTED] to be given once daily. Both medications are not available on the cart.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. PCP was notified to send script in for new glucometer. A new glucometer was obtained on [REDACTED].
- 2. An education was conducted by the Administrator and Resident Care Coordinator to the medication technicians on medication availability and glucometers by 11/8/2024.
- 3. [REDACTED] and [REDACTED] were made available immediately and placed in the cart on 10/10/2024
- 4. A random audit of MARs and glucometers will be conducted by administrator or designee weekly x 4 and monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The following medications for Resident [REDACTED] are not listed on the Medication Administration Record. During staff interviews completed this day, staff states that these medications are the resident's PRN medications, the resident does receive them if requested and that there is a PRN sheet for the Medication Administration Record, but the sheet was not in the file:

[REDACTED]

187a - Medication Record (continued)

Resident [REDACTED] has an order for [REDACTED] to be given twice daily. The Medication Administration Record incorrectly states that the resident is to receive one puff. The prescriber's order and the pharmacy label indicate the resident should receive 2 puffs.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

1. The medication administration record for resident [REDACTED] and [REDACTED] have been updated on 10/10/2024, Change stickers have been added to medication bottle on 10/10/2024
2. A full sweep was conducted by administrator or designee on all current MARs to ensure the proper information is present per regulation 187a on 10/11/2024
3. An education will be conducted by administrator or designee to medication technicians to review the requirements of the regulation by 11/8/2024.
4. An audit will be conducted by the Administrator or designee to ensure medication labels are consistent with the MAR weekly x 4 and monthly x 2. All results will be reported in quality assurance by the administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

187d - Follow Prescriber's Orders

12. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [REDACTED] at 11:00pm, Resident [REDACTED] received another resident [REDACTED] in error instead of the medication prescribed

Plan of Correction

Accept [REDACTED] - 11/21/2024)

1. This medication error was reported immediately by the facility per the regulations on 08/22/2024
2. Staff Member was re-educated on the three checks of medication administration and medication pass monitoring on 08/24/2024- Is there documentation of this education with staff signature?
3. An education will be conducted for all medication technicians by administrator or designee on medication errors per regulation 187d by 11/8/2024.
4. A root cause analysis will be conducted by administrator or designee when a medication error occurs. The results of the root cause will be reported in the quality assurance meeting by the administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

224a - Preadmission Screen Form

13. Requirements

- 2600.

224a - Preadmission Screen Form (continued)

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

Resident [redacted] was admitted to the home on [redacted] however, the resident's preadmission screening has not been completed. as of [redacted].

Plan of Correction

Accept [redacted] - 11/08/2024)

1. The facility is not able to go back and complete a preadmission screen.
2. An audit will be conducted by the administrator or designee on preadmission screens of current residents to determine the form is completed as per regulation by 11/18/2024.
3. An education will be conducted by the Executive Director to the Administrator and Resident Care Coordinator on the requirements of the preadmission screen form by 11/18/2024.
4. An audit will be conducted of all new admissions to ensure preadmission screen forms were completed per regulation 224a. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [redacted] - 01/22/2025)

225a - Assessment 15 Days

14. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] As of [redacted], the initial Assessment and support plan has not been completed.

Plan of Correction

Accept [redacted] - 11/21/2024)

1. A support plan was created and implemented for resident [redacted] on [redacted]
2. A full house audit will be conducted by the Administrator or designee of current support plans to ensure assessment were done within the regulatory timeframe by 11/6/2024.
3. An education will be conducted by the Executive Director to the Administrator, Resident Care coordinator and PC staff on required documentation by 11/8/2024.
4. An audit will be conducted for support plans by the administrator or designee weekly x 4 and then monthly x 2. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/22/2025)

225c - Additional Assessment

15. Requirements

2600.

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

225c - Additional Assessment (continued)

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] 11/21/2024)

1. An updated support plan was completed for resident [REDACTED] on [REDACTED]
2. A full house audit will be conducted by the Administrator or designee of current support plans to ensure assessment were done within the regulatory timeframe by 11/6/2024.
3. An education will be conducted by the Executive Director to the Administrator and Resident Care coordinator on timeliness of support plans by 11/8/2024.
4. An audit will be conducted for support plans by the administrator or designee monthly x 3 months. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] 01/22/2025)

227d - Support Plan Medical/Dental

16. 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 [REDACTED] RASP dated [REDACTED] does not indicate the specific need for the bed enabler they are currently using. The RASPs also do not state the intended use of the device; 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 [REDACTED] - 11/21/2024)

1. Resident [REDACTED] support plan was updated to indicate the need for enabler bars, intended use and the resident's ability to utilize safely on [REDACTED]
2. An audit of current residents will be conducted by the administrator or designee to ensure the support plan for residents who have bed enablers has been documented by 11/18/2024.
3. An education will be conducted by the Executive Director to the Administrator and Resident Care coordinator on required documentation for enabler bars by 11/25/2024.
4. An audit will be conducted by the administrator or designee on any new residents receiving enabler bars that the support plan has proper documentation weekly x 2 and monthly x 4. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/22/2025)

252 - Record Content

17. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident [REDACTED] record did not indicate if the resident has any identifying marks.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Resident [REDACTED] record was updated to include any identifying marks was completed on 10/30/2024
- 2. An audit will be conducted to ensure all resident records are updated with any identifying marks done on 11/06/2024
- 3. An education will be conducted by the Administrator to personal care staff on the proper content needed for identifying marks on residents by 11/8/2024.
- 4. An audit will be conducted on new admissions x 3 months by administrator or designee to ensure identifying marks are noted. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ([REDACTED] - 01/22/2025)