

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

December 17, 2024

[REDACTED]
THE WILLIAMSPORT HOME, INC.
[REDACTED]

RE: WOODLAND VISTA AT THE
WILLIAMSPORT HOME
1900 RAVINE ROAD
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 21038

[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: WOODLAND VISTA AT THE WILLIAMSPORT HOME **License #:** 21038 **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: THE WILLIAMSPORT HOME, INC.
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 11/24/1975 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 8 **Waking Staff:** 6

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: 16 **Residents Served:** 8

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:** 8
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:** 11/04/2024

11/06/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/02/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/15/2024

Inspections / Reviews *(continued)*

12/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On, [REDACTED], Staff A participated in a verbal altercation with Resident [REDACTED] in resident's room. Resident is alert and oriented. During a resident interview, Resident stated that Staff A said that the way resident made the bed was stupid. Additionally, Staff A also yelled at the resident telling Resident [REDACTED] that it was not Staff A's job to make their bed,

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. This incident was reported per regulation 42c. The staff member was immediately suspended pending investigation and has been terminated for violation of resident dignity/respect as per company policy.
2. No other situations have occurred for the facility to review.
3. A re-education will be conducted by the Administrator or designee for all Personal Care staff on resident rights and abuse and neglect by 11/8/2024.
4. The violation will be reviewed by the Administrator or designee at the next Quality Assurance meeting. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

The facility does not have verification of Staff B (Date of Hire [REDACTED]) completing the following required annual trainings for the 2023 training year: Medication Self-Administration training, Instruction on Meeting the Needs of Residents, Care for Residents with Dementia and Cognitive Impairments, Infection Control, Personal Care Service Needs of the Resident, Safe Management Techniques, and Care for Residents with Mental Illness.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. The required annual trainings not completed by Staff B will be completed by [REDACTED].
2. A full sweep of annual trainings will be completed by Administrator or designee by [REDACTED] to ensure compliance.

65f - Training Topics (continued)

3. An audit will be conducted by the Administrator or designee of completion of training topics monthly x 6 months. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] 12/17/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

The facility does not have verification of Staff B completing the following trainings for the 2023 training year: Fire Safety, Emergency Preparedness Procedures, Resident Rights, Older Adult Protective Services Act, Falls and Accident Prevention, and New Population Groups

Plan of Correction

Accept [redacted] - 11/06/2024)

1. The required annual trainings not completed by Staff B will be completed by [redacted]
2. A full sweep of annual trainings will be completed by Administrator or designee by [redacted] to ensure compliance.
3. An audit will be conducted by the Administrator or designee of completion of training topics monthly x 6 months. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 12/17/2024)

66a - Staff Training Plan

4. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home was unable to provide a training plan for the 2024 year.

Plan of Correction

Accept [redacted] - 11/06/2024)

1. The facility is not able to change the plan that was given to the survey team.
2. An audit of the current plan will be conducted to identify areas that need to be added. The Administrator will ensure the training plan for 2025 is compliant with the regulations.

66a - Staff Training Plan (continued)

3. Executive Director will audit monthly training to ensure all areas of compliance are met.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 12/17/2024)

81b - Resident Personal Equipment

5. 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 10:15am Resident [redacted]'s bed enabler was observed uncovered. The opening measured 10x3 inches and presents a possible entrapment hazard.

Plan of Correction

Accept [redacted] 11/06/2024)

- 1. A new enabler bar with cover was purchased for resident [redacted] and will be installed by [redacted]
- 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 [redacted].
- 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: 11/25/2024

Implemented [redacted] - 12/17/2024)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at approximately 9:30am, the trash can located in the dining room was observed with the lid open, exposing the food waste. No staff member was actively using the trash can when observed.

Plan of Correction

Accept [redacted] - 11/06/2024)

- 1. The lid was immediately closed. A new trashcan with lid was purchased and replaced on [redacted]
- 2. An audit will be conducted by the administrator or designee of all trash cans in bathrooms and kitchens and will identify any replacement needs by [redacted]
- 3. An education will be conducted by the Administrator to personal care staff of the requirement of 85d by [redacted]
- 4. An audit will be conducted by the administrator or designee of trash receptacles 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: 11/25/2024

85d - Trash Receptacles (*continued*)

Implemented [REDACTED] - 12/17/2024)

91 - Telephone Numbers

7. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

During room inspections on [REDACTED] at approximately 10:15am, it was discovered that Room [REDACTED] did not have the required emergency numbers posted at or near the phone.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. Required emergency numbers for resident [REDACTED] were immediately posted.
2. A full house audit was completed by the administrator on [REDACTED] to ensure all emergency phone numbers were in place for all phones with an outside line.
3. An education will be conducted by the Administrator to the personal care staff regarding the requirement to have emergency numbers posted by [REDACTED].
4. An audit will be conducted by the Administrator or designee of emergency numbers being present 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: 11/25/2024

Implemented [REDACTED] 12/17/2024)

101j7 - Lighting/Operable Lamp

8. Requirements

2600.

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

Description of Violation

During room inspections on [REDACTED] at approximately 10:15am, room [REDACTED] did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. The light source was relocated within reach at bedside. The resident was educated regarding the reasoning for regulation 101j7.
2. A full house audit will be conducted by the Administrator or designee to determine if there are other residents that do not have an operable lamp or other source of lighting that could be turned on at bedside.
3. An education will be conducted by the Administrator or designee to personal care staff on the requirement of light source at bedside by [REDACTED].
4. An audit will be conducted on light sources at bedside 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: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

132d Evacuation

10. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a letter from a fire safety expert indicating their allowable evacuation time previous to [REDACTED]. Therefore, the evacuation time prior to [REDACTED] would be 2 minutes and 30 seconds. On [REDACTED] the fire drill evacuation time was 4 minutes 47 seconds and on [REDACTED] was 3 minutes and 42 seconds.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. The facility is not able to go back and alter this documentation.
2. Administrator will review monthly fire drill evacuation times to ensure that they are compliant with the fire safety expert allowable evacuation time.
3. An education will be conducted by the Administrator for all personal care staff on the requirements of regulation 132d by [REDACTED]
4. Results of this deficiency will be reviewed by the Administrator during monthly QA.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

141a Medical Evaluation

11. 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] and the initial medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] 11/06/2024)

1. The medical evaluation dates cannot be changed for resident [REDACTED]
2. A full sweep of resident medical evaluation dates will be completed to ensure compliance.
3. 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 [REDACTED]
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: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

141a 1 10 Medical Evaluation Information

12. Requirements

2600.

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

- 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

Resident [REDACTED]'s most recent medical evaluation, dated [REDACTED], did not include height, weight, pulse, or blood pressure.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. The medical evaluation for resident [REDACTED] will be updated to include height, weight, pulse and blood pressure by [REDACTED]
2. An audit will be conducted by the administrator or designee of current resident medical evaluations to determine compliance per regulation 141a 1-10 by [REDACTED]
3. 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 [REDACTED]
4. An audit will be conducted by the administrator or designee on compliance of any new 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: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

183b - Meds and Syringes Locked

13. 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

On [REDACTED] at 10:15am, [REDACTED] was observed unlocked, unattended, and accessible in Resident [REDACTED] room.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

1. The cream 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 [REDACTED].
3. An audit will be conducted by the administrator or designee on items at bedside 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: 11/25/2024

183b - Meds and Syringes Locked (*continued*)*Implemented* [REDACTED] - 12/17/2024)

224a - Preadmission Screen Form

14. 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

Resident [REDACTED] preadmission screening form dated [REDACTED] did not indicate if the home can meet the residents needs.

Plan of Correction*Accept* [REDACTED] - 11/06/2024)

1. The preadmissions screen was updated to reflect the home can meet the needs of resident [REDACTED]
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 [REDACTED]
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 [REDACTED].
4. An audit will be conducted of completeness of preadmission screen forms 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: 11/25/2024

Implemented [REDACTED] - 12/17/2024)

227d - Support Plan Medical/Dental

15. 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] Resident Assessment Support Plan (RASP) dated [REDACTED] did not indicate the specific need for the resident's bed enablers that are currently being used. The RASP also did 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] - 11/06/2024)

1. [REDACTED] intended use and the resident's ability to utilize safely.
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 [REDACTED].
3. An education will be conducted by the Executive Director to the Administrator and Resident Care coordinator on required documentation for enabler bars by [REDACTED]
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

227d - Support Plan Medical/Dental (continued)

Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (█ - 12/17/2024)

227g -Support Plan Signatures

16. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment Support Plan for Resident █, dated █ was not signed by the resident. There was not a notation that the resident did not want to participate or was unable to sign.

Plan of Correction

Accept (█ - 11/06/2024)

1. The Administrator or designee will review the support plan with resident █ and will be asked to sign.
2. An audit will be conducted by the Administrator or designee on signatures of resident assessment support plan.
3. An education will be conducted by the Executive Director to the Administrator and Resident Care coordinator on required support plan signatures by █.
4. An audit will be conducted for signatures on the support plans by the administrator or designee for all new, annual or significant change support plans. All results will be reported in Quality Assurance by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (█ - 12/17/2024)