

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

January 17, 2025

[REDACTED]  
THE ROBERT PACKER HOSPITAL  
[REDACTED]  
[REDACTED]

RE: THE ROBERT PACKER HOSPITAL  
PERSONAL CARE HOME  
603 WILLIAM STREER  
TOWANDA, PA, 18848  
LICENSE/COC#: 22987

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2024 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME      **License #:** 22987      **License Expiration:** 05/26/2025

**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]

**Phone:** [REDACTED]      **Email:** [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:** 82      **Waking Staff:** 62

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint      **Exit Conference Date:** 11/20/2024

**Inspection Dates and Department Representative**

11/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 94      **Residents Served:** 79

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 36      **Are 60 Years of Age or Older:** 79

**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 3

**Have Mobility Need:** 3      **Have Physical Disability:** 0

**Inspections / Reviews**

11/20/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/23/2024

Inspections / Reviews (*continued*)

## 01/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/08/2025

## 01/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/08/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. 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

On [redacted] at 9:56am Resident [redacted] was [redacted] to indicate it was 11:37am on [redacted]

Plan of Correction

Accept [redacted] - 01/06/2025)

Resident [redacted] has been updated/ calibrated to indicate the correct date and time

Full house audit completed on all [redacted] for updated/ calibrated date and time by 12/23/2024.

Staff education to be provided on requirement 185A, including calibration of date and time of [redacted]

The administrator will be responsible for completing audits to confirm the date/time of [redacted] is accurate weekly x 4 weeks, then monthly

Audits completed will be reviewed monthly at the RPH senior operations meeting

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 01/17/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] has an order for [redacted] 4 times daily at 6am, 11am, 4pm and 8pm. As per the home's documentation the resident did not have test strips to test the residents [redacted] on [redacted]. The home noted on the resident's Medication Administration Record that the [redacted] checks at 6am and 4pm were not completed as the resident was out of [redacted] strips.

Repeat Violation: 7/18/24 et al

Plan of Correction

Accept [redacted] - 01/06/2025)

Resident [redacted] has [redacted]

Full house audit completed on availability of [redacted] for all residents requiring them by 12/23/2024

Staff education provided on requirement 187d to include that all residents are required to have adequate supply of test strips

The administrator will be responsible for completing audits to confirm adequate supply of test strips for each resident weekly x4, then monthly

Audit completed will be reviewed at the senior operations meeting

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 01/17/2025)