

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

July 28, 2025

[REDACTED], ADMINISTRATOR
CLARKS SUMMIT AID II OPCO LLC
150 EDELLA ROAD
CLARKS SUMMIT, PA, 18411

RE: WILLOWBROOK PLACE
150 EDELLA ROAD
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22659

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2025 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: *WILLOWBROOK PLACE* License #: *22659* License Expiration: *01/08/2026*
 Address: *150 EDELLA ROAD, CLARKS SUMMIT, PA 18411*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CLARKS SUMMIT AID II OPCO LLC*
 Address: *150 EDELLA ROAD, CLARKS SUMMIT, PA, 18411*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/10/1996* Issued By: *Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/18/2025*

Inspection Dates and Department Representative

03/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

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: *8* Have Physical Disability: *0*

Inspections / Reviews

03/18/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

04/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/25/2025*

Inspections / Reviews *(continued)*

07/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 2:15 p.m., resident room 118 did not have a lamp within reach of the resident's bed.

Repeat Violation: 3/14/24

Plan of Correction

Accept (█) - 04/22/2025)

Violation 101j7 - Lighting/Operable Lamp

• Immediate Action:

o A suitable operable bedside lamp was placed in resident room 118.

? Date of Completion: 03/18/2025

o Responsible Person: Maintenance Supervisor

• Long-term Action:

o Maintenance staff will conduct weekly inspections of all resident rooms for bedside lighting compliance.

? Completion Date: 4/30/2025

o Staff retraining on room inspection and lighting standards.

? Completion Date: 04/10/2025

o Responsible Person: Facility Administrator

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 05/05/2025)

103g - Storing Food

2. Requirements

2600.

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

Description of Violation

At approximately 2:00 p.m. a 10lb box of Smithfield Pork Sausage was in the first-floor freezer. The plastic bag within the box containing the sausage was opened and not sealed.

Plan of Correction

Accept (█) - 04/22/2025)

Violation 103g - Storing Food

• Immediate Action:

o Opened food items were sealed and correctly stored.

103g - Storing Food (continued)

- ? Date of Completion: 03/18/2025
- o Responsible Person: Dietary Manager
- Long-term Action:
- o Implement weekly food storage audits.
- ? Completion Date: 4/30/2025
- o Staff education on proper food storage procedures.
- ? Completion Date: 04/12/2025
- o Responsible Person: Dietary Manager

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 07/18/2025)

103i - Outdated Food

3. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 1:45 p.m. a dented can of Port Royal sliced peaches (6lb, 10 oz) and a dented can of Reliance Mandarin Oranges (6 lb. 61 oz) were located on a shelf in the basement dry food storage area.

Repeat Violation: 3/14/24

Plan of Correction

Accept (█) - 04/22/2025)

- Violation 103i - Outdated Food
- Immediate Action:
- o Dented cans removed and discarded immediately.
- ? Date of Completion: 03/18/2025
- o Responsible Person: Dietary Manager
- Long-term Action:
- o Establish weekly inspection schedule to remove outdated/damaged items.
- ? Completion Date: 4/30/2025
- o Retrain dietary staff on recognizing and managing food storage standards.
- ? Completion Date: 04/14/2025
- o Responsible Person: Dietary Manager

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 05/05/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

- 2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:20 a.m., an accumulation of lint was observed in the base of the commercial sized clothes dryer located in the basement. A task signature sheet hanging near the clothes dryer indicated the lint was last removed on 3/8/25.

Plan of Correction

Accept ([redacted] - 04/22/2025)

Violation 105g - Lint Removal and Duct Cleaning

- Immediate Action:
 - o Lint accumulation removed immediately.
 - ? Date of Completion: 03/18/2025
 - o Responsible Person: Maintenance Supervisor
- Long-term Action:
 - o Daily lint removal protocols implemented and documented.
 - ? Completion Date: 4/30/2025
 - o Monthly audits by Maintenance Supervisor.
 - ? Completion Date: 04/30/2025
 - o Responsible Person: Maintenance Supervisor

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([redacted] - 05/05/2025)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 9:30 a.m., the area located near the designated smoking area of the home contained 3 cigarette butts lying on the ground, 3 cigarette butts in a flowerpot, and a red cigarette lighter was lying in the mulch.

Repeat Violation: 3/14/24

Plan of Correction

Accept ([redacted] - 04/22/2025)

Violation 144c1 - Smoking Area Guidelines

- Immediate Action:
 - o Cigarette butts and lighter removed from the designated area immediately.
 - ? Date of Completion: 03/18/2025
 - o Responsible Person: Maintenance Supervisor
- Long-term Action:

144c1 - Smoking Area Guidelines (continued)

- o Enhance the smoking policy training for staff and residents.*
- o Daily cleaning and monitoring of smoking areas documented.*
- ? Completion Date: 04/15/2025*
- o Responsible Person: Facility Administrator*

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 07/18/2025)

184b - Labeling OTC/CAM**6. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A bottle of Preservision brand supplement prescribed for Resident # 4 was noted in the medication cart and not labeled with the resident's name.

A bottle of AZO cranberry gummies supplement prescribed for Resident # 5 was noted in the medication cart and not labeled with the resident's name.

Plan of Correction

Accept (█) - 04/22/2025)

Violation 184b - Labeling OTC/CAM

- *Immediate Action:*

- o Medications immediately labeled with resident names.*

- ? Date of Completion: 03/18/2025*

- o Responsible Person: Nursing Supervisor*

- *Long-term Action:*

- o Weekly medication cart audits to ensure proper labeling.*

- ? Completion Date: 4/30/2025*

- o Staff retraining on medication management standards.*

- ? Completion Date: 04/10/2025*

- o Responsible Person: Nursing Supervisor*

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█) - 05/05/2025)

185a - Implement Storage Procedures**7. 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 3/17/25 at 12:00 p.m., Resident # 2's glucometer indicates a blood glucose reading of 164; 146 is documented on

185a - Implement Storage Procedures (continued)

the Medication Administration Record (MAR).

On 3/14/25 at 12:00 p.m., Resident # 2's glucometer indicates a blood glucose reading of 152; 156 is documented on the MAR.

On 3/05/25 at 11:15 a.m., Resident # 3's glucometer indicates a blood glucose reading of 96; 148 is documented on the MAR.

Resident #6's Pro Re Nada (PRN): Acetaminophen 500mg, Albuterol Sulfate and Deep Sea 0.65% nose spray were not available at the time of the inspection.

Resident #7's PRN: Fluticasone Prop 50 mcg spray and Loperamide 2mg capsules were not available at the time of the inspection.

Plan of Correction

Accept (█ - 04/23/2025)

Violation 185a - Implement Storage Procedures

- Immediate Action:

- o Documentation immediately corrected, unavailable PRN medications replaced immediately.

- ? Date of Completion: 03/19/2025

- o Responsible Person: Nursing Supervisor

- Long-term Action:

- o Staff education on glucometer use, documentation, and PRN medication stock management.

- o Implement weekly medication documentation and availability audits.

- ? Completion Date: 04/14/2025

- o Responsible Person: Director of Nursing

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (█ - 07/18/2025)

227d - Support Plan Medical/Dental**8. 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 #8's Resident Assessment Support Plan dated █ did not include the resident is receiving hospice care services.

Repeat Violation: 3/14/24

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept ([redacted]) - 04/23/2025

Violation 227d - Support Plan Medical/Dental

• Immediate Action:

o Resident #8's Support Plan immediately updated to reflect hospice care services.

? Date of Completion: 03/19/2025

o Responsible Person: Director of Nursing

• Long-term Action:

o Monthly support plan reviews conducted to ensure accuracy of medical and behavioral care services.

o Staff retraining on support plan documentation standards.

? Completion Date: 04/16/2025

o Responsible Person: Director of Nursing

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([redacted]) - 05/05/2025