



Pennsylvania
Department of Human Services

Emailing Date: July 8, 2025

[REDACTED]
[REDACTED]
Robert Packer Hospital
[REDACTED]
[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 inspections on March 25, 2025 and March 27, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 2, 2025

[REDACTED]
THE ROBERT PACKER HOSPITAL
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025, 03/27/2025 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: *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]

Legal Entity

Name: *THE ROBERT PACKER HOSPITAL*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *03/27/2025*

Inspection Dates and Department Representative

03/25/2025 - On-Site: [REDACTED]

03/27/2025 - 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: *1*

Number of Residents Who:

Receive Supplemental Security Income: *37* Are 60 Years of Age or Older: *83*

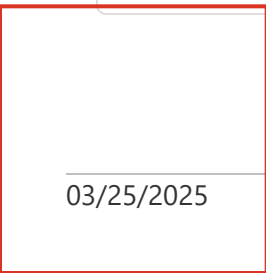
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *3*

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

Inspections / Reviews

03/25/2025 - Full

Lead Inspector: *Shaun Loftus* Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2025*



Inspections / Reviews (*continued*)

04/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/23/2025

05/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/07/2025

06/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #8's contract did not list Fees and Room & Board amounts charged.

Plan of Correction

Do Not Accept [redacted] - 04/16/2025)

Updated resident #8's contract with room and board amount on 3/25/25.

Licensee's Proposed Overall Completion Date: 04/11/2025

Update: 04/16/2025

Please include in plan of correction:

Who is responsible for fixing the problem (title) and what did they do to fix the immediate violation (include date).

When you write your immediate solution, it should address who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen (include date). The solution needs to be realistic, sustainable, and specific.

What action that person will take to ensure the violation will not occur again, and when that action will happen - (must have date).

The goal of the POC is not only to fix the violation, but make sure there is a sustainable plan in place to keep it from happening again. These long-term solutions should greatly reduce or eliminate the chances of the violation happening again and do it in a manner that is sustainable over time. The POC should detail specific, realistic, actionable steps that keep the violation from happening again.

Who (title) will monitor ongoing compliance?

All POC's at a minimum must include the above information.

Plan of Correction

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

The Personal Hare Home Administrative Assistant updated resident #8's contract with room and board amount on 3/25/25. For all future admissions to Personal Care Home (PCH), the Administrator of the PCH will review contract for any incomplete documentation.

Proposed Overall Completion Date: 04/23/2025

Directed: In addition to the above plan of correction, the administrator or designee will audit all resident contracts and ensure that all fees & room and board charges are listed.

Directed Completion Date: 05/07/2025

Evidence of Completion

Implemented [redacted] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

102i - Soap Dispenser

2. Requirements

102i - Soap Dispenser (continued)

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 3/27/25, at approximately 10:00 a.m. a used bar of soap was in resident #1 and resident #2's shared shower.

Plan of Correction

Do Not Accept [redacted] - 04/16/2025)

Individual shower wall soap holders ordered on 4/11/25 for each resident shower. Labels will be applied with each resident's name clearly identifying individual names. Staff will be educated on changes at Unit Council on April 17, 2025 and residents will be educated on changes during Resident Council on April 14th, 2025.

Licensee's Proposed Overall Completion Date: 05/09/2025

Update: 04/16/2025

please add date that the individual soap dishes will be installed.

Plan of Correction

Accept [redacted] - 04/23/2025)

PCH Administrator ordered individual shower wall bar soap holders on 4/11/25 for every resident shower. Labels will be applied to the holders and labeled clearly with each resident's name. PCH Staff received education on new process via unit huddles and residents received education on new process during Resident Council on April 14th, 2025. Utilizing an existing daily checklist, PCH staff will confirm that individualized bars of soap are in designated holders.

Licensee's Proposed Overall Completion Date: 05/09/2025

Update: 04/23/2025

Please provide verification of education provided to staff on 4/14/2025.

Please provide verification of checklist for soap dish labels.

Evidence of Completion

Implemented [redacted] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

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

On 3/27/25, at approximately 10:30 a.m. the second-floor exterior dryer vent had lint build up. Lint was hanging off the vents exterior and scattered on the ground.

Plan of Correction

Do Not Accept [redacted] - 04/16/2025)

Maintenance cleaned second floor exterior dryer vents on 4/10/25. Maintenance will complete monthly cleanings off all exterior dryer vents monthly.

Licensee's Proposed Overall Completion Date: 04/11/2025

Update: 04/16/2025

Please add documentation and checks to ensure vents are cleaned.

105g - Lint Removal and Duct Cleaning (*continued*)**Plan of Correction**

Accept [REDACTED] - 04/23/2025)

Maintenance cleaned second floor exterior dryer vents on 4/10/25. Maintenance revised their exterior dryer vent cleaning schedule to include all floors exterior dryer vents to be cleaned monthly. Director of Operations will conduct random observations of exterior dryer vents to confirm no lint visible.

Licensee's Proposed Overall Completion Date: 04/23/2025

Update: 04/23/2025

Please provide verification of revised exterior dryer vent cleaning schedule.

Evidence of Completion

Implemented [REDACTED] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

141a 1-10 Medical Evaluation Information

4. 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. 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 #3's Medical Evaluation dated [REDACTED]/25, did not indicate the resident's Immunization history.

Repeated Violation 7-18-24, et al

Plan of Correction

Do Not Accept [REDACTED] 04/16/2025)

Resident #3 had immunizations written out, however, did not have box checked indicating immunizations were current. Box has been updated on Resident #3's Medical Evaluation for immunizations current. The three leadership partners at the Personal Care Home have been educated to ensure there are no lines/boxes left blank on DME's.

Licensee's Proposed Overall Completion Date: 04/11/2025

Update: 04/16/2025

Please add dates of education and audit of all DME's for required information.

Plan of Correction

Directed [REDACTED] - 04/23/2025)

At time of survey, Resident #3 DME included written immunizations, however, the associated box was unchecked.

141a 1-10 Medical Evaluation Information (continued)

Box has been checked on Resident #3's Medical Evaluation for immunizations current. The PCH leadership team received immediate education to review all resident DME's for incomplete documentation. For all future resident DME reviews, the Administrator of the PCH will confirm there is no evidence of incomplete documentation.

Proposed Overall Completion Date: 04/23/2025

Directed: In addition to the above plan of correction, please audit all resident Documentation of Medical Evaluations and ensure all information is completed.

Directed Completion Date: 05/07/2025

Evidence of Completion

Implemented [REDACTED] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

181c - Self-administration Assessment**5. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 is not assessed to self-administer medication. On 3-25-25 at 3:26 p.m. resident had a bottle of Acetaminophen 325 mg on their bathroom counter that is administered by the resident.

Resident #5 is not assessed to self-administer medication. On 3-25-25 at 4:08 p.m. resident had Equate Cold and Flu syrup in their bathroom that is administered by the resident.

Repeated Violation 7-18-24, et al

Plan of Correction

Do Not Accept [REDACTED] - 04/16/2025)

On 3/25/25. Resident #4's and Resident #5's individual medications that were found in their rooms were taken out of the rooms. Both residents were educated on ensuring to alert staff of any medications they bring in to ensure process is followed and medications are not kept in rooms. Staff also educated to always look for medications in rooms.

Leadership team at the Personal Care Home will complete monthly audits of 10 rooms per month for 6 months to ensure 90% compliance. Will extend additional 3 months for less than 90% compliance.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 04/16/2025

Please add date that staff and resident were educated.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept [REDACTED] - 04/23/2025)

On 3/25/25 Resident #4's and Resident #5's individual medications were immediately removed from their rooms. Both residents were educated to notify PCH staff when any medication is brought into the PCH so the medication can be secured within medication cart. Staff also educated to monitor for any medications within resident rooms via huddle.

PCH leadership team will complete monthly audits of 10 rooms per month for 6 months to ensure 90% compliance. Will extend additional 3 months for less than 90% compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Update: 04/23/2025

Please provide verification of education provided to the staff.

Please provide verification of audits of resident rooms.

Evidence of Completion

Implemented [REDACTED] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

183d - Prescription Current

6. 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 #4 on 3-25-25 at 3:26 p.m. a bottle of Acetaminophen 325 mg was located on the bathroom counter that was prescribed to the resident's deceased [REDACTED].

Plan of Correction

Do Not Accept [REDACTED] 04/16/2025)

Resident #4's deceased [REDACTED] medication was removed from the room on 3/25/25. Resident was educated on process of ensuring there are no medications kept in the room. Staff were also educated on ensuring to always look for medications in Resident rooms.

Leadership team at the Personal Care Home will complete monthly audits of 10 rooms per month for 6 months to ensure 90% compliance. Will extend additional 3 months for less than 90% compliance (same audit as above).

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 04/16/2025

Please add dates that education was provided.

Plan of Correction

Accept [REDACTED] - 04/23/2025)

Resident #4's deceased [REDACTED] medication was immediately removed from the room on 3/25/25. Resident was educated to notify PCH staff when any medication is brought into the PCH so the medication can be secured within medication cart. Staff also educated to monitor for any medications within resident rooms via huddle.

PCH leadership team at the Personal Care Home will complete monthly audits of 10 rooms per month for 6 months to ensure 90% compliance. Will extend additional 3 months for less than 90% compliance (same audit as above).

Licensee's Proposed Overall Completion Date: 04/23/2025

Update: 04/23/2025

Please provide verification of staff education and audits.

183d - Prescription Current (continued)

Evidence of Completion

Implemented [redacted] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3-25-25 at 3:45 p.m. medication cart number 1 on the third floor of the home contained a bottle of Atorvastatin 40mg for resident #6 that expired on 6-29-24.

Plan of Correction

Do Not Accept [redacted] - 04/16/2025)

Atorvastatin found expired in med cart #1 was removed from cart and disposed of on 3/25/25.

Leadership team will audit all med carts monthly for 6 months to ensure compliance. Will extend audit additional 3 months for any noncompliance.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 04/16/2025

Please add education regarding expired medications to all staff that pass medications.

Plan of Correction

Directed [redacted] - 04/23/2025)

Atorvastatin found expired in med cart #1 was removed immediately from cart and disposed of on 3/25/25.

PCH leadership team will perform audits on all med carts to confirm there are no expired medications monthly for 6 months. Will extend audit additional 3 months for any noncompliance.

Proposed Overall Completion Date: 04/23/2025

Directed: In addition to the above plan of correction, all staff that are trained to pass medications will be trained home policy and removal of expired medications. Medication carts will be audited for expired medications weekly by the administrator or designee for 4 weeks.

Directed Completion Date: 05/07/2025

Evidence of Completion

Implemented [redacted] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.

225a - Assessment 15 Days

8. Requirements

2600.

225a - Assessment 15 Days (*continued*)

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 #7's utilizes a bed side mobility device. The resident's assessment dated [REDACTED]-24 does not indicate that the resident requires a bed side mobility device.

Plan of Correction

Do Not Accept [REDACTED] - 04/16/2025)

Bedside mobility device was brought in by family on 3/23/25 for Resident #7. Device was removed on 3/26/25. Staff at Personal Care Home have been educated to alert leadership team of any bedside mobility devices that are brought in. Resident #7's family has also been educated on process.

Licensee's Proposed Overall Completion Date: 04/11/2025

Update: 04/16/2025

Please add dates that education was provided.

Plan of Correction

Directed [REDACTED] /23/2025)

Bedside mobility device was brought in by family on 3/23/25 for Resident #7. Device was discovered during survey and immediately removed on 3/26/25. PCH staff have been educated to notify PCH leadership team of any bedside mobility devices brought in by family in order to assess resident need. Resident #7's family was educated on this requirement on 3/26/25.

Proposed Overall Completion Date: 04/23/2025

Directed: In addition to the submitted plan of correction, the administrator or designee will complete weekly checks of all resident rooms for bedside mobility devices. Any issues or concerns with devices will be immediately brought to the administrators or designees' attention and appropriate action taken. Documentation of these checks will be kept and provided to the department upon request.

Directed Completion Date: 05/07/2025

Evidence of Completion

Implemented [REDACTED] - 06/30/2025)

See attached.

Update: 06/30/2025

Verified with documentation and on-site POC Verification completed 6/3/2025.