

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

June 25, 2025

[REDACTED] ADMINISTRATOR
WILLIAMSPORT AID II OPCO LLC
[REDACTED]

RE: LEIGHTON PLACE
1251 RURAL AVENUE
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22660

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2025 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: *LEIGHTON PLACE* License #: *22660* License Expiration: *05/15/2025*
 Address: *1251 RURAL AVENUE, WILLIAMSPORT, PA 17701*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *WILLIAMSPORT AID II OPCO LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/02/2002* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/21/2025*

Inspection Dates and Department Representative

05/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *42*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

05/21/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2025*

06/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2025*

Inspections / Reviews *(continued)*

06/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. 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 05/21/2025, at 2:00 p.m., there was an uncovered, unattended trash can in the shared bathroom of room 323.

Plan of Correction

Accept ([redacted]) - 06/24/2025)

Executive Director

- 1.) Will review and update the facility's sanitation and safety policy to align with DHS standards.
- 2.) Will oversee implementation of corrective actions and ensure staff accountability.
- 3.) Will conduct weekly walk-throughs to verify compliance and document any deficiencies.
- 4.) Will hold monthly staff meetings to reinforce expectations and address ongoing concerns.

Maintenance Director

- 1.) Will inspect the facility daily to identify and correct safety or sanitation hazards (e.g., flooring, lighting, handrailing's, and covered trash containers for each resident).
- 2.) Will maintain a log of all repairs and actions taken to address identified issues.
- 3.) Will complete and document monthly deep cleaning and preventive maintenance tasks.
- 4.) Will participate in quarterly safety audits led by the Executive Director.

Housekeeping Staff

- 1.) Will follow a revised daily, weekly, and monthly cleaning schedule that covers all resident and staff areas.
- 2.) Will document completed cleaning tasks using a standardized checklist.
- 3.) Will report any structural or sanitation concerns (e.g., mold, pest activity) to the Maintenance Director immediately.
- 4.) Will attend regular training on infection control and sanitation protocols.

Nursing Staff

- 1.) Will ensure resident areas (including medical equipment and personal hygiene areas) remain clean and sanitary.
- 2.) Will report any unsanitary or unsafe conditions to housekeeping or maintenance promptly.
- 3.) Will monitor residents for infection risks and support infection control measures.
- 4.) Will participate in monthly cross-departmental reviews of cleanliness and safety.

All Staff

- 1.) Will complete mandatory training on facility cleanliness, safety protocols, and reporting responsibilities by 05/28/2025.
- 2.) Will be held accountable through routine audits, supervisory checks, and staff evaluations.
- 3.) Will report safety or sanitation issues immediately through an internal reporting process.
- 4.) Will collaborate to maintain a clean, safe, and comfortable living environment for residents.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([redacted]) - 06/25/2025)

91 - Telephone Numbers

2. Requirements

2600.

91 - Telephone Numbers *(continued)*

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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by any of the landline telephones in the home.

Plan of Correction

Accept (█) - 06/24/2025)

1.) Responsibility Assignment

The Maintenance Director is responsible for ensuring all emergency/information numbers are posted in required areas.

The Executive Director will oversee and verify the completion and ongoing compliance of this plan.

2.) Required Information to Be Posted

Emergency services (911)

Fire department

Police department

Poison control

Nearest hospital

Facility address and phone number

Pennsylvania Department of Human Services hotline number

On-call nurse or administrator contact

3.) Corrective Steps Taken

The Maintenance Director has created a standardized, easy-to-read emergency contact sheet that includes all required numbers and information.

Copies of this emergency contact sheet have been laminated for durability.

4.) Posting Procedure

The Maintenance Director has posted emergency numbers:

In every resident bedroom

In every common area

Next to every landline telephone

In staff offices and break rooms

Verification and Oversight

The Executive Director conducted a walk-through on 05/28/2025 to verify proper placement of all emergency contact sheets.

Any missing postings were immediately corrected during the walk-through.

Ongoing Compliance

The Maintenance Director will conduct monthly inspections to ensure emergency numbers remain posted and legible.

The Executive Director will conduct quarterly audits to verify documentation of monthly checks and visual inspection. All new rooms or phone installations will be reviewed to ensure emergency information is posted at the time of setup.

Staff Training

All staff were re-trained on 06/05/2025 regarding the location of emergency numbers and the requirement to report any missing or damaged postings immediately.

Ongoing training will be included in new staff orientation.

91 - Telephone Numbers *(continued)*

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (█) - 06/25/2025

225c - Additional Assessment

3. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's support plan, dated █ does not indicate the resident has a need for a Hoyer lift or when they began hospice services.

Plan of Correction

Accept (█) - 06/24/2025

The nursing staff, in coordination with the Executive Director, will ensure that all significant changes in a resident's condition—including the use of medical equipment such as Hoyer lifts, wheelchairs, or other assistive devices, as well as any physical or medical status changes—are promptly documented and reflected in the resident's RASP (Resident Assessment Support Plan).

To maintain compliance, the following process will be implemented:

Nursing staff will conduct regular assessments and immediately report any significant changes.

Upon identification of a change, the RASP will be reviewed and updated within 72 hours.

The Executive Director will review all updated RASPs weekly to ensure accuracy and completeness.

Staff will receive refresher training on identifying and documenting significant changes, including the use of new medical equipment.

This protocol ensures that resident care plans are current and compliant with PA Code 2600.225(c), supporting both safety and quality of care.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (█) - 06/25/2025