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

July 28, 2025

[redacted]
CLARKS SUMMIT AID II OPCO LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2025 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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *06/25/2025*

Inspection Dates and Department Representative

06/25/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *38*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

06/25/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2025*

07/18/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/22/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/22/2025*

Inspections / Reviews *(continued)*

07/28/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 12:10 p.m., a laptop computer was observed in the home's open medication room and was found to be unattended, and accessible. Resident information was viewed on the unlocked laptop screen.

Plan of Correction ***Accept[redacted] - 07/18/2025)***

- *Immediate Corrective Action(s):*
  - *Enabled 30-second auto-lock and full-disk encryption on all laptops.*
  - *Held HIPAA/privacy in-service for all clinical staff — Nurse Educator.*
  - *Audit daily for compliance — Nurse Educator.*
- *Systemic / QI Step(s):*
  - *Updated "Electronic PHI Handling" SOP to mandate; no unattended devices— Administrator*
- *Monitoring / QA Plan: Nurse Manager/designee completes daily privacy rounds; non-compliance triggers retraining/discipline.*
- *Evidence of Completion: Training roster, Audit, SOP*
- *Final Completion Date: 07/19/2025*
- *Person(s) Responsible: Administrator; Nurse Manager*

Licensee's Proposed Overall Completion Date: *07/19/2025*

Implemented ([redacted] - 07/28/2025)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:30 a.m., in the basement by the elevators a ceiling tile was missing and water was leaking into a 13 gallon garbage can. The garbage can was approximately 1/3 full of water.

Plan of Correction ***Accept ([redacted] - 07/18/2025)***

- *Immediate Corrective Action(s):*
  - *Plumber repaired condensate pipe on 6/25/2025 while licensing representatives were on site.*
  - *Replaced ceiling tile; sanitized/dried completed area on 6/25/2025.*
- *Systemic / QI Step(s):*
  - *Added weekly building-walk-through to Maintenance SOP (ceilings, roofing, plumbing).*
- *Monitoring / QA Plan: Maintenance Supervisor logs weekly checks; reports to QA Committee—recurrences corrected < 24 hrs or appropriate timely manner.*
- *Evidence of Completion: Photo of repaired ceiling, SOP.*
- *Final Completion Date: 07/19/2025*
- *Person(s) Responsible: Maintenance Supervisor, Maintenance Staff, Administrator*

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: *07/19/2025*

Implemented ([redacted] - 07/28/2025)

144c1 - Smoking Area Guidelines

3. 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

Between 9:25 a.m. and 9:50 a.m., 7 cigarette butts were found on the ground in the designated smoking area located in the front left area in front of the home, 3 cigarette butts were found outside of the designated smoking area in the landscaping in front of of the home, and 7 cigarette butts were found in the designated smoking area located in back of the home.

Plan of Correction ***Accept ([redacted] 07/18/2025)***

- *Immediate Corrective Action(s):*
  - *Installed three fire-rated, self-closing ash urns (front & rear area & rear patios)*
  - *Completed full butt cleanup.*
  - *Conducted smoking-safety refresher for facilities management.*
- *Systemic / QI Step(s):*
  - *Revised Smoking Policy to require smoking checks each shift.*
- *Monitoring / QA Plan: Maintenance Supervisor documents butt-check logs included in daily rounds—reviewed at monthly Safety Committee.*
- *Evidence of Completion: Audit, Training, SOP.*
- *Final Completion Date: 07/19/2025*
- *Person(s) Responsible: Maintenance Supervisor, Maintenance Staff, Administrator*

Licensee's Proposed Overall Completion Date: *07/19/2025*

Implemented [redacted] - 07/28/2025)

182c - Medication Administration

4. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

At approximately 12:05 p.m., Staff Person A was observed exiting the medication room of the home holding a cup of resident medications and walking down a parallel hallway toward the home's dining room to administer the medications. The staff person did not move the medication cart within the vicinity of the resident to administer the medication.

182c - Medication Administration *(continued)*

Plan of Correction ***Accept [redacted] - 07/18/2025)***

- *Immediate Corrective Action(s):*
  - *Staff member counseled.*
  - *Retrained all med-certified staff on cart policy.*
  - *Rolling med carts utilized room to room and at sunroom adjacent to dining-room entrance.*
- *Systemic / QI Step(s):*
  - *Implemented competency checklist requiring supervisor to observe safe passes per staffer.*
- *Monitoring / QA Plan: DON/designee performs random med-pass audits; logs findings, retrains if needed.*
- *Evidence of Completion: Audit, Training.*
- *Final Completion Date: 07/19/2025*
- *Person(s) Responsible: Director of Nursing (DON) & Administrator*

Licensee's Proposed Overall Completion Date: *07/19/2025*

Implemented [redacted] - 07/28/2025)

185a - Implement Storage Procedures

5. 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

Resident [redacted] has an order for blood glucose checks twice daily at 8:00 a.m. and 8:00 p.m. on [redacted] at 8:00 a.m. the resident had a blood glucose reading of [redacted] in the glucometer which was recorded on the resident's medication administration record as [redacted]. On [redacted] at 8:00 a.m. the resident had a blood glucose reading of [redacted] observed in the glucometer which was recorded on the resident's medication administration record as [redacted].

Repeat Violation:[redacted]

Plan of Correction ***Accept [redacted] - 07/18/2025)***

- *Immediate Corrective Action(s):*
  - *Corrected MAR entries; physician notified.*
  - *Retrained nurses/RCPs on point-of-care glucose entry & double-verification.*
  - *Implemented read-back protocol for glucometer values.*
- *Systemic / QI Step(s):*
  - *Updated "Blood Glucose Monitoring" SOP to require nurse validation.*
- *Monitoring / QA Plan: DON runs daily e-MAR discrepancy report; discrepancies corrected < 12 hrs; repeat-violation tracker added to quarterly QA dashboard.*
- *Evidence of Completion: Audit, Training, SOP.*
- *Final Completion Date: 07/19/2025*
- *Person(s) Responsible: DON & Administrator*

Licensee's Proposed Overall Completion Date: *07/19/2025*

Implemented [redacted] - 07/28/2025)