

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

August 12, 2025

[REDACTED]
WILLIAMSPORT AID II OPCO LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2025, 07/24/2025 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: 05/15/2026
 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: 48 Waking Staff: 36

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 07/08/2025

Inspection Dates and Department Representative

07/08/2025 - On-Site: [REDACTED]
 07/24/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 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: 10 Have Physical Disability: 0

Inspections / Reviews

07/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/17/2025

08/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/11/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/12/2025

Inspections / Reviews *(continued)*

08/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

60a Staff/Support Plan**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home's current census of 38 residents includes [REDACTED] residents with mobility needs requiring the assistance of one staff person and [REDACTED] resident with mobility needs requiring the assistance of two staff persons. The resident requiring assistance of two staff is Resident [REDACTED]. The resident requiring two person assist resides on the 2nd floor of the home. The direct care staff schedule for [REDACTED] indicates the home only had two staff persons during the 3rd shift hours of 11:00 p.m. to 7:00 a.m. The scheduling typically has three staff persons on 3rd shift to safely evacuate all residents in the event of an emergency.

Plan of Correction

Accept [REDACTED] - 08/07/2025)

Immediate Staffing Adjustment:

As of 8/8/25, the 3rd shift staffing has been increased to a minimum of three direct care staff on duty to ensure adequate coverage for resident needs and emergency evacuation procedures.

Staffing Review:

A full staffing audit was conducted on 8/5/25 to assess the accuracy of current schedules versus resident care needs.

Going forward, weekly staffing audits will be conducted by the Executive Director or designee to ensure continued compliance.

Resident Care Needs Review:

All resident assessments and support plans will be re-reviewed monthly to identify changes in mobility or assistance needs.

Policy Update and Training:

The facility's staffing policy was updated on 8/6/25 to reflect required staff-to-resident ratios.

All managers and schedulers were retrained on 8/7/25 regarding compliance with §2600.60.a.

Ongoing Monitoring:

The Executive Director and Nurse Manager will monitor shift rosters daily and report discrepancies to the Administrator immediately.

A corrective log will be kept to document and track any shift below minimum staffing, with justifications and corrective actions.

60a - Staff/Support Plan (continued)

Completion Date: August 8, 2025

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [redacted] 08/12/2025)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] the home's pagers that alert staff to call bells and the Wanderguard system were not working. The home has not had working pagers for staff in at least 4 weeks.

Plan of Correction

Accept ([redacted] - 08/07/2025)

As of 7/8/25, the home contacted the pager system provider and Wanderguard vendor to report the malfunction. Temporary solutions were implemented including use of mobile phones and hallway alert lights to ensure staff responded promptly to call bells and resident needs while awaiting permanent repair.

Repair and Replacement:

On 7/08/2025, new pagers were ordered to replace the faulty devices. The Wanderguard system was inspected by a certified technician on 7/8/2025, and all necessary repairs were completed. The system is now fully operational.

Staff Communication and Training:

All staff were re-educated on alternative alert methods during the outage and were in-serviced on the updated pager and Wanderguard protocols on 7/31/2025 documentation of staff attendance is on file.

Ongoing Monitoring:

The Maintenance Director will conduct weekly checks on all electronic communication and safety systems (including pagers and the Wanderguard system) to ensure they remain functional. A log will be maintained and reviewed monthly by the Executive Director.

Preventative Measures:

A quarterly equipment audit checklist has been implemented, with any malfunctions reported immediately. A 24-hour emergency contact list for technical support providers has also been posted in the administration office for rapid service calls.

Responsible Party:

The Executive Director and Maintenance Director are responsible for ensuring compliance with this regulation and the implementation of this Plan of Correction.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [redacted] - 08/12/2025)