

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

August 1, 2025

[REDACTED], ADMINISTRATOR
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: PRESBYTERIAN HOME AT
WILLIAMSPORT
810 LOUISA STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20054

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PRESBYTERIAN HOME AT WILLIAMSPORT* License #: *20054* License Expiration: *06/22/2026*
 Address: *810 LOUISA STREET, WILLIAMSPORT, PA 17701*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/19/1981* Issued By: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/15/2025*

Inspection Dates and Department Representative

07/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *27* Residents Served: *17*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/15/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2025*

07/31/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/31/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/05/2025*

Inspections / Reviews *(continued)*

08/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #2's contract completed [redacted] is not signed by the responsible party.

Plan of Correction

Accept ([redacted] - 07/31/2025)

1. No ill effects to residents effected.
2. Resident #2 contract was reviewed; responsible party sheet was pulled and filled out with POA/Responsible Party of resident on 7/18/2025.
3. PC Administrator will assure that all contracts are completed, including attachments upon admission to the community.
4. An audit of 5 contracts completed by the administrator weekly x 4 weeks to ensure compliance with regulatory requirements.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted] - 08/01/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 11:30 a.m., a 500ml clear spray bottle with the words "evap-fresh AC coil cleaner and disinfectant" written in black permanent marker was stored in the basement cleaning closet. However, the original manufacture's label was not on the spray bottle.

Plan of Correction

Accept ([redacted] - 07/31/2025)

1. Corrected during the inspection, the bottle was removed and discarded from the chemical room by LPN on 7/15/2025
2. The chemical room was audited on 7/16/25 by the Administrator with no other unlabeled or inappropriate labeled bottles found at this time.
3. Environmental Services and Housekeeping/Laundry were educated by the Administrator on 7/21/25 per regulations, poisonous materials shall be stored in original and labeled containers.
4. Audits of the Chemical room will be completed on a weekly basis x 3 months by the administrator or LPN to ensure compliance is met.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted] - 08/01/2025)

95 - Furniture and Equipment

4. Requirements

2600.

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

95 - Furniture and Equipment (continued)

Description of Violation

At 10:00 a.m. the emergency fire panel indicating "nurse office signal trouble causing faulty input".

Plan of Correction

Accept (█ - 07/31/2025)

- 1. Corrected upon inspection. The administrator was in the process of correcting the trouble the equipment was showing when DHS walked in to building.
- 2. All Equipment is in working order by the time DHS left the building
- 3. The Administrator will assure that all equipment is in working order at all times in the building.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (█ - 08/01/2025)

123b - Emergency Procedures Posted

5. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At 11:00 a.m., the local municipal emergency management plan was not posted in the home.

Plan of Correction

Accept (█ - 07/31/2025)

- 1. Corrected upon inspection, the manual was printed and placed in common area.
- 2. The administrator will assure that the LCM Emergency Plan stays current on an annual basis and posted in a conspicuous and public place in the home.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (█ - 08/01/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's current medical evaluation was completed █ however the resident's previous medical evaluation was completed █ or 1 year and 21 days prior.

Resident #1's current annual medical evaluation was completed █; however, the previous medical evaluation was completed █ or 1 year and 27 days.

Plan of Correction

Accept (█ - 07/31/2025)

- 1. No residents had any ill effects as result of this practice
- 2. Current residents' medical evaluations were audited on 7/16/2025 by the LPN.
- 3. Personal Care Home Administrator educated LPN on 7/21/2025 that, as per regulation 141b, residents' medical evaluations are to be done annually

141b1 - Annual Medical Evaluation (continued)

4. An Audit of medical evaluations will be completed monthly x 1 year to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented () - 08/01/2025)

181c - Self-administration Assessment

7. 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 #2's assessment of care needs completed (), indicates the resident is unable to self-administered medications; however, on 7/15/25 at approximately 8:00 a.m. the resident self-administered Afrin nasal spray to both nostril while in () resident room.

Plan of Correction

Accept () - 07/31/2025)

1. No ill effect to resident noted.
2. Resident #2 educated not to purchase any over the counter meds without notifying LPN first.
3. Personal Care Home Administrator educated LPN on 7/21/25 that as per regulation 181c, all residents who desire to self-medicate should be evaluated and update to MD to obtain an order for self-administering of medications
4. An eval was completed by LPN 07/21/2025 to evaluate if resident #2 is able to self-medicate. The result show is he unable to self-medicate at this time.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented () - 08/01/2025)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 10:15 a.m. a spray bottle of Afrin Nasal spray was unlocked unattended, and accessible next the bed in resident #2's room.

Plan of Correction

Accept () - 07/31/2025)

1. Corrected during inspection, the bottle was removed from resident's room and discarded.
2. Education was provided to the resident to not purchase any over the counter medication without notifying LPN first.
3. Education provided to PC/Medication Aides and LPN on 7/21/25 that per regulation 183b no medications should be left in a resident's room unattended, unlocked or accessible at any time.
4. Audits will be conducted but the LPN beginning on 7/21/2025 on a weekly basis x 1 month then monthly x 3 months then quarterly x 12 months.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED] - 08/01/2025)