

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

December 16, 2025

[REDACTED]  
THE WILLIAMSPORT HOME, INC.  
[REDACTED]

RE: WOODLAND VISTA AT THE  
WILLIAMSPORT HOME  
1900 RAVINE ROAD  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 21038

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/05/2025 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:** WOODLAND VISTA AT THE WILLIAMSPORT HOME    **License #:** 21038    **License Expiration:** 09/19/2026  
**Address:** 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701  
**County:** LYCOMING    **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** THE WILLIAMSPORT HOME, INC.  
**Address:** [REDACTED]  
**Phone:** [REDACTED]    **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1    **Date:** 11/24/1975    **Issued By:** DLI

**Staffing Hours**

**Resident Support Staff:** 0    **Total Daily Staff:** 6    **Waking Staff:** 5

**Inspection Information**

**Type:** Full    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Renewal    **Exit Conference Date:** 09/05/2025

**Inspection Dates and Department Representative**

09/05/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 16    **Residents Served:** 6

**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:** 6  
**Diagnosed with Mental Illness:** 0    **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0    **Have Physical Disability:** 0

**Inspections / Reviews**

09/05/2025 Full

**Lead Inspector:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 10/04/2025

10/21/2025 - POC Submission

**Submitted By:** [REDACTED]    **Date Submitted:** 11/16/2025  
**Reviewer:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 10/28/2025

Inspections / Reviews *(continued)*

11/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/17/2025

12/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A's training hours cannot be calculated for training year 2024 because there is no length of time per course on the training record.

Plan of Correction

Accept (█ - 11/05/2025)

- The facility is not able to go back and correct the training records for the selected staff member.
- A new training form will be implemented and assigned to each staff member to begin the new tracker on the required 12-hour training, effective 10/1/2025.
- Administrator or designee will complete audits monthly x 3 months, for months October, November and December, to ensure all direct care staff persons have completed the required training.
- The Administrator or designee will report on training covered each month at the Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented (█ - 12/16/2025)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for staff person A does not include length of time for the training courses.

Plan of Correction

Accept (█ - 11/05/2025)

- The facility is not able to go back and correct the training records for the selected staff member.
- A new training form will be implemented and assigned to each staff member to begin the new tracker on the required training, effective 10/1/2025.
- Administrator or designee will audit training records monthly x 3 months, for months October, November and December, to ensure all records include the required content.
- The Administrator or designee will report on training covered each month at the Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented (█ - 12/16/2025)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e Fire Drill Sleeping Hours (continued)

Description of Violation

The last fire drill conducted during sleeping hours was on [redacted] at 6:00 a.m. The previous sleeping hours fire drill was conducted prior to [redacted]

Plan of Correction

Accept [redacted] - 11/05/2025)

The facility is not able to go back and correct the missed sleeping hour fire drill.

A new fire drill schedule will be created to ensure that the requirement of sleeping hour drills is met every 6 months by 10/1/2025.

The maintenance department will be educated by the Administrator or designee on the requirements of 132e and will also be given a copy of the new fire drill schedule by 10/31/2025.

Fire drills will be reviewed monthly by the Administrator or designee to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented [redacted] - 12/16/2025)

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include a thermometer, a breathing shield or eye covering.

Plan of Correction

Accept [redacted] - 11/05/2025)

The missing items from the first aid kit will be added by 10/31/2025.

An education on required items in the first aid kit will be conducted with the van driver and Administrator by the Executive Director or designee by 10/31/2025

An audit of first aid supplies will be added to the van for the van driver or designee to check each month.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented [redacted] - 12/16/2025)

225c - Additional Assessment

5. Requirements

2600.

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

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted] did not have the description of medication needs, plans to meet medication needs and responsible party sections completed under Assessment Medications.

## 225c - Additional Assessment (continued)

**Plan of Correction****Accept (█ 11/05/2025)**

- A RASP addendum will be completed on resident █ to add the description of medication needs, plans to meet medication needs and identification of the responsible party by 10/24/2025.
- An audit of current in-house resident RASP's will be completed to ensure compliance with 225c by 10/24/2025.
- An education will be conducted by Executive Director or designee with the Administrator and Director of Resident Care Services on the requirements of 225c by 10/24/2025.
- A random audit of current in house residents and any new admissions on the medication needs section of the RASP will be conducted monthly x 3 by the Administrator or designee, starting 10/1/2025. The results of the audit will be reviewed at monthly Quality Assurance.

**Licensee's Proposed Overall Completion Date: 11/17/2025****Implemented █ - 12/16/2025)**