

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

March 27, 2026

[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 01/09/2026, 02/03/2026 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: *06/10/1998* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *02/03/2026*

## Inspection Dates and Department Representative

01/09/2026 - On-Site: [REDACTED]  
 02/03/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *80* Residents Served: *42*

## 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: *42*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *9* Have Physical Disability: *1*

## Inspections / Reviews

01/09/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/28/2026*

03/03/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/10/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/10/2026*

Inspections / Reviews *(continued)*

03/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 11:01a.m., resident [redacted] had a fall that resulted in the resident sustaining a hematoma on the head. The resident was sent out for evaluation and was admitted to the hospital from [redacted] through [redacted]. The incident was not reported to the department.

Plan of Correction

Accept [redacted] - 03/03/2026)

§ **Training Plan:** On 2/24/26 staff were trained on this regulation by the Area Operations Director. See attached training and sign in.

§ **Monitoring & Audit Plan:** All reportable incidents and reportable incident policy will be reviewed during Quality Management meetings to ensure that all reportable incidents have been reported to the department. First Quality Management meeting will be held on 3/4/26

§ **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [redacted] - 03/18/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] indicates under cognitive functioning, no impairment/independent. Their RASP dated [redacted], also indicates no memory impairment. Resident [redacted]'s medical evaluation dated [redacted] indicates that the resident has a diagnosis of [redacted] and needs assistance with all decision making. Resident [redacted]'s RASP dated [redacted] indicates moderate level of confusion with occasional disorientation to person, place, time, and situation even in familiar settings. It also indicates, Resident [redacted] has a severe impairment with short term memory and moderate impairment with long term memory and requires supervision and oversight for safety.

On [redacted] and [redacted] resident [redacted] and resident [redacted] were observed in the hallway sitting near each other, holding hands and kissing. There were no staff intervention based on instruction from Staff Person B. Staff person B instructed staff that any resident in the home has the right to have sexual relationships with any other resident because the home is not a locked secured dementia unit. On [redacted] Resident [redacted] was in resident [redacted]'s bed. Staff became aware when resident [redacted] fell out of resident [redacted]'s bed and needed assistance getting up. The residents were both clothed, and no staff intervention was taken. Additionally, on [redacted] resident [redacted] was observed standing next to resident [redacted]'s bed while resident [redacted] was lying in the bed, wearing only a brief. Staff walked out of the room after observing this with no action taken. On [redacted] staff observed resident [redacted] in resident [redacted]'s room with the door closed, around dinner time, where

42b Abuse (continued)

they stayed for the remainder of the night and into the next morning. Staff left the residents in the room together without checking on them until the next morning. In the morning of [REDACTED] staff observed both residents in resident [REDACTED]'s bed. Resident [REDACTED] did not have any clothing on from the waist down. Resident [REDACTED] did not have any clothes on from the waist down and their brief was around their ankles. Staff entered the room, separated the residents, and returned resident [REDACTED] to their room. Resident [REDACTED] recalled the relationship with resident [REDACTED] and stated nothing happened but staff caught them in bed together. Resident [REDACTED] was interviewed and had no recollection of any interactions with resident [REDACTED]. Resident [REDACTED] indicated the only person they had ever had a sexual relationship was their spouse.

Plan of Correction

Accept [REDACTED] - 03/03/2026)

**Inspirit Senior Living takes all allegations and incidents of resident abuse extremely seriously and remains fully committed to ensuring the highest standards of safety, protection, and quality care for every resident. Our organization maintains zero tolerance for abuse in any form and continuously works to uphold a safe, supportive environment in all communities.**

Please note: Resident [REDACTED]'s updated DME dated 12/12/25 states resident does have a diagnosis of dementia (see attached) as well as residents updated RASP (see attached)

**§ Immediate Resolution:** Resident [REDACTED] was moved to another apartment, further away from Resident [REDACTED]. Resident [REDACTED] was also placed on 15 minute checks effective 1/9/26 as directed by the DHS and are still ongoing.

**§ Training Plan:** On 2/24/26 staff have been trained by the Area Operations Director on Recognizing and reporting abuse, see attached training and sign in.

**§ Monitoring & Audit Plan:** Administrator or designee will conduct monthly resident file audits, including incident reports starting 3/3/26, for 6 months. All audits will be reviewed during quality management meetings, next meeting scheduled 3/4/26

**§ Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] 03/18/2026)

42o - Associate/Communicate

3. Requirements

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

Through interviews with staff on [REDACTED] it was noted that on [REDACTED] at approximately 3:00 p.m., resident [REDACTED] was observed holding hands with resident [REDACTED] during the home's happy hour. As per an interview with resident [REDACTED] staff of the home told the resident they could not talk to resident [REDACTED]

Plan of Correction

Accept [REDACTED] 03/03/2026)

**Inspirit Senior Living takes all allegations and incidents of resident abuse extremely seriously and remains fully committed to ensuring the highest standards of safety, protection, and quality care for every resident. Our organization maintains zero tolerance for abuse in any form and continuously works to uphold a**

**42o - Associate/Communicate (continued)**

**safe, supportive environment in all communities.**

Please Note: During interview with Inspectors on 2/3/26, it was also noted that Resident [REDACTED] (who is the same resident cited for 42b abuse) had also placed [REDACTED] hand on Resident [REDACTED]'s leg. Resident [REDACTED] also has a diagnosis of dementia as noted on [REDACTED] DME from 3/10/25 (see attached). Inspectors also told this administrator during exit interview, that staff had redirected resident [REDACTED] from holding hands with Resident [REDACTED] not that [REDACTED] could not talk to [REDACTED] this is new information. However, to maintain compliance with DHS regulations, see following POC:

§ **Training Plan:** Staff meeting scheduled for 3/3/26 to review residents rights, see attached rights training.

§ **Monitoring & Audit Plan:** Going forward, residents rights training will be incorporated into the monthly resident council meetings, and all resident council minutes will be reviewed during quality management meetings, next QM meeting is 3/4/26

§ **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] - 03/18/2026)

**81b - Resident Personal Equipment****4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On [REDACTED] at approximately 10:35 a.m., the bedside mobility device belonging to resident [REDACTED] was not attached to the bedframe and was held in place by being inserted between the bedframe and mattress, posing a risk of injury to the resident.

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

§ **Immediate Resolution:** Residents bed cane has been properly secured to the bed, please see attached pictures.

§ **Training Plan:** Staff meeting scheduled for 3/3/26 for training on proper use of bedside mobility devices by the Area Operations Director, see attached training.

§ **Monitoring & Audit Plan:** Bedside mobility audits will be conducted starting on 3/2/26 by the administrator or designee, see attached audit form. Audits will be reviewed during the Quality Management meetings. First Quality Management meeting will be held on 3/4/26

§ **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] - 03/18/2026)

**141a 1-10 Medical Evaluation Information****5. Requirements**

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

On [redacted] resident [redacted]'s initial medical evaluation dated [redacted] did not indicate if the resident can or cannot safely avoid poisons.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 03/03/2026)

- § Immediate Resolution:** Resident's most recent DME is updated to reflect this information, see attached
- § Training Plan:** Willowbrook staff will be trained on Meeting Needs through Pre Admission, DME, and RASP by the Area Operations Director on 3/3/26, see attached training
- § Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 3/2/26 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings, first meeting to be held 3/4/26. See attached audit form
- § Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [redacted] - 03/18/2026)

225a - Assessment 15 Days

6. Requirements

- 2600.
- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's assessment was not completed until [redacted].

Resident [redacted] was admitted to the hospital from [redacted] through [redacted] after having a fall and being diagnosed with a [redacted]. As per interviews with the resident and staff, the resident uses both a wheelchair and walker to aid with ambulation. The resident's initial assessment completed [redacted] does not include the residents fall or the use

225a Assessment 15 Days (continued)

of both a wheelchair and walker to aid with ambulation.

Resident [REDACTED] uses a wheelchair for ambulation. Resident [REDACTED]'s initial assessment, dated [REDACTED], does not indicate the use of the mobility device for ambulation.

Plan of Correction

Accept [REDACTED] - 03/03/2026)

**§ Immediate Resolution:** Resident [REDACTED] has been moved out of the community, however, resident [REDACTED]'s RASP has been updated reflecting this information

**§ Training Plan:** Willowbrook staff will be trained on Meeting Needs through Pre Admission, DME, and RASP by the Area Operations Director on 3/3/26, see attached training

**§ Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 3/2/26 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings, first meeting to be held 3/4/26. See attached audit form

**§ Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] - 03/18/2026)

225c - Additional Assessment

7. 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 [REDACTED] reports using a bedside mobility device for support when getting in and out of bed. The resident's annual assessment dated [REDACTED] does not include the resident's use of the bedside mobility device.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/03/2026)

**? Immediate Resolution:** Resident [REDACTED]'s RASP has been updated to reflect use of a bed cane

**? Training Plan:** Willowbrook staff will be trained on Meeting Needs through Pre Admission, DME, and RASP by the Area Operations Director on 3/3/26, see attached training

**? Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 3/2/26 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings, first meeting to be held 3/4/26. See attached audit form

**? Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

225c - Additional Assessment (continued)

Implemented [redacted] 03/18/2026)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident [redacted] dated [redacted] indicates the resident has a need for minimal supervision when outside the home, and will need total assistance with finances. The resident's support plan dated [redacted] does not document how these needs will be met by the home.

The assessment for resident [redacted] dated [redacted], indicates the resident will need some assistance with short term memory and prompting and queuing regarding long term memory. The description of the service need and plan to meet the service need are not documented.

Plan of Correction

Accept [redacted] 03/03/2026)

§ Immediate Resolution: Resident [redacted]'s RASP has been updated, please see attached

§ Training Plan: Willowbrook staff will be trained on Meeting Needs through Pre Admission, DME, and RASP by the Area Operations Director on 3/3/26, see attached training

§ Monitoring & Audit Plan: Resident file audits will be conducted by the Administrator or designee starting on 3/2/26 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings, first meeting to be held 3/4/26. See attached audit form

§ Sustainability Plan: Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [redacted] - 03/18/2026)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted]'s support plan was completed on [redacted] and resident [redacted]'s support plan was completed on [redacted]. The residents did not sign their support plans and there was no indication that the residents refused or were unable to participate.

Plan of Correction

Accept [redacted] - 03/03/2026)

§ Immediate Resolution: Both residents have had new RASPs completed since this inspection, see attached updated RASPs

227g -Support Plan Signatures (continued)

§ **Training Plan:** Staff will be trained on Meeting Needs through Pre Admission, DME, and RASP by the Area Operations Director on 2/24/26, see attached training

§ **Monitoring & Audit Plan:** Resident file audits will be conducted by the Administrator or designee starting on 3/-/26 to ensure compliance of this regulation. Audits will be conducted on a monthly basis for 6 months and all audits will be reviewed during quality management meetings, first meeting to be held 3/4/26. See attached audit form

§ **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [redacted] - 03/18/2026)

228h - Grounds Discharge/Transfer

10. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

Description of Violation

On [redacted] the home issued a 30-day notice to resident [redacted]. The 30-day notice stated that the resident had engaged in ongoing non-compliance and challenging behaviors and did not list any of the permitted conditions for discharge. Through interviews with staff, it was determined that the resident has not engaged in any acts of non-compliance and has not displayed any challenging behaviors since incidents occurring on [redacted] and [redacted] prior to the issuance of the 30-day notice.

Plan of Correction

Accept ( [redacted] - 03/03/2026)

Please note: Exact verbiage in the 30-day notice that was sent 1/12/26 (see attached) to resident [redacted] is as follows: "Willowbrook Place, Personal Care Home is no longer able to meet the needs of (resident [redacted]. Despite prior interventions and support, the resident has demonstrated ongoing non-compliance and challenging behaviors that present a risk to their own safety, as well as the safety of other residents and staff."

As per PA Code 2600.228.h.1 under grounds for discharge reads "If a resident is a danger to [redacted] or others" However, to maintain compliance with DHS regulations, see the following POC:

§ **Immediate resolution:** Going forward, the 30-day notice template letter has been updated to ensure compliance for all future 30-day notices. See attached template letter

§ **Training Plan:** Leadership team will be educated on this requirement during the QM meeting on 3/4/26 and new template letter will be reviewed

§ **Monitoring & Audit Plan:** All resident discharges will be reviewed during QM meetings to ensure compliance with this regulation. Next meeting 3/4/26

§ **Sustainability Plan:** Quality Management meetings will be held monthly for the next 6 months. Quality Management meeting minutes will be maintained in a folder by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [redacted] - 03/18/2026)