

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

April 29, 2026

[REDACTED] ADMINISTRATOR
PRESBYTERIAN HOMES INC
[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 04/08/2026 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: 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/08/2026

Inspection Dates and Department Representative

04/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 27 Residents Served: 15
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

04/08/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/01/2026

04/22/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/28/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/02/2026

Inspections / Reviews *(continued)*

04/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person A did not receive training in fire safety by a fire safety expert during training year 2025.

Plan of Correction

Accept (█) - 04/22/2026)

- 1. No residents were impacted.
 - 2. Administrator held staff meeting with all staff to assure completion of annual training on 4/20/2026.
 - 3. Administrator or designee will ensure that a Fire Safety Expert provides training to current staff by 5/1/26 and then annually as required.
 - 4. Administrator or Designee will conduct a random audit of up to 3 team member training records monthly x 3 months to ensure fire training by a Fire Safety Expert has been completed in the most recent 12-month period. Audit results will be forwarded to the Quality Management Committee for review and recommendations.
- See attached

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 04/29/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 12:30 p.m., resident #2 did not have access to a source of light that could be turned on/off at bedside. The resident's lamp was next to their recliner and not within arm's reach of the bed.

Plan of Correction

Accept (█) - 04/22/2026)

- 1. Corrected Immediately at time of inspection.
- 2. Community wide audit was performed on 4/14/2026 by Maintenance and Administrator to ensure lamps were in reach from all resident's beds.
- 3. Residents will be educated on the importance of keeping the bedside lamp within reach while in bed. Education will be completed by 4/27/2026 during Resident Council by the Administrator. Staff education was provided on 04/20/2026 at staff meeting the importance of bedside lamp with reach of the resident while in bed by the administrator.
- 4. Administrator or designee will perform audits weekly x 1 month, then monthly x 3 months to ensure lamps on bed stands are within reach of resident from the bed. Audit results will be forwarded to the Quality Management Committee for review and recommendations.

See attached.

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented () - 04/28/2026

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:10 a.m., exit door #5 did not open without significant force due to the door's weather stripping dragging on the exterior concrete.

Plan of Correction

Accept () - 04/22/2026

1. Corrected immediately at time of inspection.
2. Maintenance performed all egress route door audit to ensure no other doorways were obstructed on 4/21/2026.
3. Maintenance was educated by the Administrator on 4/9/2026 on the importance of monthly checks of emergency door use and monitor for obstructions and fix immediately.
4. Administrator or Designee will audit emergency exits/egress routes monthly x 3 months to assure no obstruction to the egress routes. Audit results will be forwarded to the Quality Management Committee for review and recommendations.

See attached.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented () - 04/28/2026

185a - Implement Storage Procedures

4. 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 #3 is prescribed Afrin as needed. On 4/8/26 medication was not available in the home to be administered if requested.

Plan of Correction

Accept () - 04/22/2026

1. No residents were impacted
2. Licensed Practical Nurse completed MAR to medication audit on 4/9/2026 on current residents to ensure all ordered medications were available in medication storage.
3. The Administrator or designee provided education on the regulatory requirements for access to physician ordered resident medications on 4/20/2026.
4. Administrator or designee will audit 3 residents MARs to medications available weekly x 4 weeks, monthly x 2 to ensure all medications are available. Audit results will be forwarded to the Quality Management Committee for review and recommendations.

See Attached

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented ([REDACTED] - 04/28/2026)