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

May 12, 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 04/15/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name**: *WILLOWBROOK PLACE* **License #**: *22659* **License Expiration**: *01/08/2027*

**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**: *52* **Waking Staff**: *39*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Incident* **Exit Conference Date**: *04/15/2026*

## Inspection Dates and Department Representative

*04/15/2026 - 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**: *6*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *45*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *10* **Have Physical Disability**: *0*

# Inspections / Reviews

### 04/15/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/14/2026*

### 05/12/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *05/12/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Bypass Document Submission*

## Inspections / Reviews *(continued)*

**05/12/2026 Bypass Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/12/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 224a - Preadmission Screen Form

**1. Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.*

**Plan of Correction** ***Accept [redacted] - 05/12/2026)***

*1. What happened to cause the deficiency:*
*The facility failed to ensure that resident [redacted] preadmission screening form included documentation that determined that the resident's needs could be met by the services provided by the home prior to admission*
*2. Why did it happen:*
*The deficiency occurred due to the following:*
*• The facility's preadmission screening form did not contain documentation that determined that the resident's needs could be met by the services provided by the home prior to admission*
*• Admissions staff relied on clinical judgment but did not consistently document the determination in writing on the Department-required form.*
*3. What was our immediate action:*
*• The facility immediately corrected the preadmission screening form to include documentation of the determination that the resident's needs can be met by the home.*
*4. What is our prevention plan:*
*• Monitor & Audit Plan: Admissions or designee will review and audit preadmission screening forms for 4 months starting 5/8/2026 to ensure preadmission screening identifies the residents' needs can be met by the facility*
*• Staff will be educated by 5/8/2026.*
*• Results will be revised at Quality Management meeting and minutes will be maintained in a binder by the Personal Care Administrator*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ([redacted] - 05/12/2026)***

## 225c - Additional Assessment

**2. 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] assessment, dated [redacted], does not include addendums when the resident had a change in mental status, suicidal ideations, or when the resident began wearing a wander guard.*

*Repeat Violation:* [redacted].

**Plan of Correction** ***Accept [redacted] - 05/12/2026)***

*1. What happened to cause the deficiency:*

## *225c Additional Assessment (continued)*

*The facility did not ensure that resident [redacted] assessment addendums were completed following significant changes in condition, including changes in mental status, expressions of suicidal ideation, and implementation of a Wander Guard/elopement prevention device.*

*2. Why did it happen:*

*• Staff did not consistently recognize that mental status changes, suicidal ideation, and initiation of WanderGuard constitute a significant change requiring an assessment addendum.*

*• Training did not sufficiently emphasize behavioral health changes and elopement risk as triggers for reassessment.*

*3. What was our immediate action:*

*• an audit was conducted with focus on: Mental status changes Suicidal ideation or behavioral concerns Use of WanderGuard or other elopement interventions*

*• For any identified resident: Immediate assessment addendums were completed to reflect current condition and needs.*

*• The facility conducted immediate re education with all direct care staff and supervisors on: Identifying significant changes, specifically: Suicidal ideation Cognitive or behavioral decline Elopement risk/WanderGuard use Requirement to notify management promptly*

*4. What is our prevention plan:*

*• Admissions or designee will review and audit 5 charts monthly for missed addendums for 4 months starting 5/8/2026 to ensure completion.*

*• Staff will be educated by 5/8/2026.*

*• Results will be revised at Quality Management meeting and minutes will be maintained in a binder by the Personal Care Administrator*

*• Direct care staff must report changes immediately to the Supervisor/Administrator.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented [redacted] - 05/12/2026)***