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

July 21, 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 06/16/2026 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**: *06/10/1996* **Issued By**: *L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *56* **Waking Staff**: *42*

## Inspection Information

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

**Reason**: *Incident* **Exit Conference Date**: *06/16/2026*

## Inspection Dates and Department Representative

*06/16/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *80* **Residents Served**: *44*

### 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**: *44*

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

**Have Mobility Need**: *12* **Have Physical Disability**: *0*

# Inspections / Reviews

### 06/16/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2026*

### 07/14/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *07/21/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/21/2026*

## Inspections / Reviews *(continued)*

**07/17/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/21/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/24/2026*

**07/21/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/21/2026*

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

## 185a - Implement Storage Procedures

**1. 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**

*The homes narcotic policy states that all medication destruction in the facility shall be witnessed and documented by 2 licensed personnel (RN, LPN, or Administrator). On [redacted], staff person A destroyed Resident [redacted] and resident [redacted] expired [redacted] This act was not witnessed by any other licensed staff.*

*The homes narcotic policy states two community certified staff members who are authorized to administer medications will complete a controlled drug count at the beginning and ending of each shift. Staff interviews revealed a narcotic count was not occurring on any narcotics that were stored in the overflow medication cart.*

*Repeated Violation: [redacted].*

**Plan of Correction** ***Accept [redacted] - 07/17/2026)***

*185a What happened*
*On 6/8/26, Staff Person A destroyed expired [redacted] belonging to Resident [redacted] and Resident [redacted] without a second licensed staff member present to witness and document the medication destruction. This was not in compliance with the home's narcotic destruction policy, which requires two licensed personnel (RN, LPN, or Administrator) to witness and document all medication destruction.*
*• Why did it happen*
*The medication was destroyed due to a failure to follow the established narcotic destruction policy. Staff Person A did not ensure that a second licensed individual was present before proceeding with the destruction, indicating a lapse in policy compliance.*
*• Immediate action to fix the problem*
*The incident was reported to facility leadership and reviewed. Staff received immediate education and counseling regarding the facility's narcotic destruction policy, emphasizing the requirement for two licensed personnel to witness and document all medication destruction. Compliance expectations were reinforced with licensed staff.*
*• How do we prevent the issue from happening again*
*All licensed staff will receive re-education on the facility's narcotic destruction policy, with emphasis on the requirement for two licensed personnel to witness and document medication destruction. The in-service on destruction of narcotics was completed on 6/24/26. The Director of Nursing or designee will conduct audits of narcotic destruction records biweekly x 4 months to ensure compliance. Medication destruction will only occur when two qualified licensed personnel are available, and any deviations from policy will be addressed promptly through corrective action and additional education. Quality Management meetings will be held monthly for the next 4 months. Quality Management meeting minutes will be maintained in a binder by the Personal Care Administrator This education will be completed by 7/16/2026.*

**Licensee's Proposed Overall Completion Date:** *07/16/2026*

***Implemented [redacted] - 07/21/2026)***

## 187d - Follow Prescriber's Orders

**2. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident [redacted] is prescribed [redacted] 3 times daily at 9:00 a.m., 2:00 p.m., and 9:00 p.m.. However, this medication was not administered to resident [redacted] on [redacted] at 2:00 p.m. because the medication was not available in the home.*

*Repeated Violation:* [redacted]

**Plan of Correction** ***Accept [redacted] - 07/17/2026)***

*187d What happened*
*On 6/12/26, Resident [redacted] did not receive the scheduled 2:00 p.m. dose of [redacted] because the medication was not available in the home at the time of administration.*
*• Why did it happen*
*The medication was unavailable due to a breakdown in the medication inventory and refill process, resulting in the prescribed medication not being on hand when the dose was due.*
*• Immediate action to fix the problem*
*The pharmacy was contacted immediately to obtain the medication, and the prescribing provider was notified of the missed dose in accordance with facility policy. The resident was monitored for any adverse effects related to the missed dose, and the medication was administered once it became available. Medication was delivered by pharmacy 6/12/2026 @ 5:59pm resident was able to have next scheduled dosage.*
*• How do we prevent the issue from happening again*
*Licensed staff were re-educated on the facility's medication management and medication reorder procedures on 6/24/26, including the requirement to routinely monitor medication supplies and reorder medications before the available supply is depleted. The Director of Nursing or designee will conduct audits biweekly x 4 months of medication inventory and refill documentation to ensure medications are ordered and received in a timely manner. Any discrepancies identified will be addressed promptly through corrective action and additional staff education. Quality Management meetings will be held monthly for the next 4 months. Quality Management meeting minutes will be maintained in a binder by the Personal Care Administrator. This education will be completed by 7/16/2026.*

*Proposed Overall Completion Date: 07/16/2026*

**Licensee's Proposed Overall Completion Date:** *07/16/2026*

***Implemented [redacted] 07/21/2026)***

## 190b - Insulin Injections

**3. Requirements**

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

## 190b - Insulin Injections *(continued)*

**Description of Violation**

*Resident [redacted] is prescribed [redacted] subcutaneously one time per week. On [redacted], staff person A administered the medications and on [redacted] staff person B administered the medication. Neither staff is a licensed nurse and the home does not have a waiver, which would allow MedTech's to administered [redacted].*

**Plan of Correction** ***Accept [redacted] - 07/17/2026)***

*190b What happened*

*Resident [redacted] is prescribed [redacted] subcutaneously once weekly. On 6/1/26, Staff Person A administered the medication, and on 6/8/26, Staff Person B administered the medication. Neither staff member was a licensed nurse, and the home did not have an approved waiver authorizing Medication Technicians (MedTechs) to administer [redacted] medications.*

*• Why did it happen*

*The medication was administered by unlicensed personnel due to a failure to follow state regulations and facility policy regarding medication administration. Staff were not aware that [redacted] medications require administration by licensed nursing personnel unless the facility has an approved waiver permitting MedTech administration.*

*• Immediate action to fix the problem*

*The incident was reported to facility leadership and reviewed. Resident [redacted] was assessed for any adverse effects, and the prescribing provider was notified as appropriate. Effective immediately, administration of [redacted] medications was restricted to licensed nurses. Staff Persons A and B were counseled and removed from administering medications outside their authorized scope of practice. Staff A&B were educated on 7/13/2026 and a waiver was submitted and approved for Med-Tech's to administer [redacted] injections training with a licensed person has begun.*

*• How do we prevent the issue from happening again*

*All medication administration staff will receive re-education by 7/16/26 on state regulations, facility policy, and scope-of-practice requirements related to medication administration, with specific emphasis on medications that require administration by licensed nurses. The Director of Nursing or designee will review all residents' medication orders to identify medications with administration restrictions and ensure they are assigned only to qualified licensed personnel. Medication administration records will be audited monthly to verify compliance, and any identified deficiencies will be addressed promptly through corrective action and additional staff education. Quality Management meetings will be held monthly for the next 4 months. Quality Management meeting minutes will be maintained in a binder by the Personal Care Administrator. This education will be completed by 7/16/2026.*

*Proposed Overall Completion Date: 07/16/2026*

**Licensee's Proposed Overall Completion Date:** *07/16/2026*

***Implemented ([redacted] 07/21/2026)***

## 227a - Support Plan 30 Days

**4. Requirements**

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident [redacted] support plan dated [redacted] was incomplete:*

*The section for Personal Hygiene and Managing Finances the resident is assessed as requiring some physical*

## 227a Support Plan 30 Days (continued)

*assistance but there is no description of a service to be provided or a plan of care.*
*The section for Shopping has the resident assessed as requiring total physical assistance but there is no description of service to be provided or plan of care.*

**Plan of Correction** ***Accept ( - 07/17/2026)***

*227aWhat happened A review of Resident Support Plan dated 5/22/26 identified that the plan was incomplete. The sections for Personal Hygiene and Managing Finances assessed the resident as requiring some physical assistance; however, no corresponding service description or plan of care was documented. Additionally, the Shopping section assessed the resident as requiring total physical assistance, but no service description or plan of care was included.*
*• Why did it happen*
*The Support Plan was not completed in its entirety due to an oversight during the care planning process. Required interventions and service descriptions were not entered to correspond with the assessed needs identified in the assessment.*
*• Immediate action to fix the problem*
*Resident 1's Support Plan was reviewed and updated to include complete service descriptions and individualized plans of care for Personal Hygiene, Managing Finances, and Shopping on 6/16/2026. The updated plan accurately reflects the resident's assessed needs and the services provided to address those needs. Staff responsible for the resident's care were informed of the revisions.*
*• How do we prevent the issue from happening again*
*Staff responsible for completing assessments and Support Plans will be re educated on documentation requirements, including ensuring that every identified need has a corresponding service description and individualized plan of care by 7/16/26. The Administrator or designee will review all newly completed and updated Support Plans for completeness prior to finalization. Audits of resident Support Plans will be conducted biweekly x4 months to ensure ongoing compliance, with any deficiencies addressed through timely corrective action and additional staff education. Quality Management meetings will be held monthly for the next 4 months. Quality Management meeting minutes will be maintained in a binder by the Personal Care Administrator. This education will be completed by 7/16/2026.*

*Proposed Overall Completion Date: 07/16/2026*

**Licensee's Proposed Overall Completion Date:** *07/16/2026*

***Implemented - 07/21/2026)***