

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

September 23, 2026

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: PRESBYTERIAN HOME AT
WILLIAMSPORT
810 LOUISA STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20054

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2026 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: PRESBYTERIAN HOME AT WILLIAMSPORT

License #: 20054

License Expiration: 06/22/2027

Address: 810 LOUISA STREET, WILLIAMSPORT, PA 17701

County: LYCOMING

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: PRESBYTERIAN HOMES INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/19/1991

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 17

Waking Staff: 13

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 08/25/2026

Inspection Dates and Department Representative

08/25/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27

Residents Served: 17

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: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/25/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/25/2026

09/23/2026 - POC Submission

Submitted By:

Date Submitted: 09/23/2026

Reviewer:

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews (*continued*)

09/23/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

182c Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident [REDACTED] is prescribed 32 units of [REDACTED] injector at 6:30a.m. and [REDACTED] of [REDACTED] subcutaneous solution per [REDACTED] at 6:30a.m. On [REDACTED] at approximately 6:15a.m., Resident [REDACTED] was administered 32 units of [REDACTED] instead of the prescribed [REDACTED]. Staff person A did not identify the correct medication prior to administration.

Plan of Correction

Accept [REDACTED] 09/23/2026)

2600.182c

Medication Administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident
 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly
 3. Remove the medication from the original container
 4. Crush or split the medication as ordered by the prescriber
 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand
 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 2600.182(b)(4)
 7. Complete documentation in accordance with 2600.197 (related to medication records).
1. Resident sent to local ER. Dr. and daughter were notified immediately. Staff member A was immediately placed on administrative leave pending investigation and received follow up from Human Resources.
 2. No other residents were affected by this medication error.
 3. The Administrator/designee proved education on the regulatory requirements of Medication Administration to all clinical staff. Education was completed with each Med Tech upon their next scheduled work day, Education was in compliance by 8/13/2026
 4. Administrator is a train the trainer for medication administration. Will complete one medication pass that involves insulin administration with all med tech each week x 2 weeks then monthly x one month then quarterly. Audits will be brought to the Quality management meetings for review and recommendations as appropriate.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [REDACTED] - 09/23/2026)

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] of [REDACTED] at 6:30a.m., and [REDACTED] of [REDACTED] subcutaneous solution per [REDACTED] at 6:30a.m. On [REDACTED] at approximately 6:15a.m., resident [REDACTED] was administered [REDACTED] of [REDACTED] instead of the prescribed [REDACTED].

Plan of Correction

Accept [REDACTED] 09/23/2026)

2600.187d The home shall follow the directions of the prescriber.

1. Immediately suspend Staff member A until investigation was completed, then [REDACTED] was terminated.

187d Follow Prescriber's Orders (continued)

2. No other residents were affected by staff member 1 not following directions of the prescriber.
3. The Administrator/designee proved education on the regulatory requirements of Medication Administration to all clinical staff. Education was completed with each Med Tech upon their next scheduled work day, Education was in compliance by 8/13/2026
4. The Campus Administrator or Licensed designee will conduct random weekly audits X4 and then monthly audits X2 on staff to ensure all medication is being administered per physician orders. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented (████ - 09/23/2026)