

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

October 8, 2026

[REDACTED], ADMINISTRATOR
THE WILLIAMSPORT HOME INC
1900 RAVINE ROAD
WILLIAMSPORT, PA, 17701

RE: WOODLAND VISTA AT THE
WILLIAMSPORT HOME
1900 RAVINE ROAD
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 21038

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 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: WOODLAND VISTA AT THE WILLIAMSPORT HOME **License #:** 21038 **License Expiration:** 09/19/2027
Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701
County: LYCOMING **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: THE WILLIAMSPORT HOME INC
Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA, 17701
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 11/24/1975 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 18 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 08/27/2026

Inspection Dates and Department Representative

08/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 6

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:** 6
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

08/26/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/21/2026

09/21/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/08/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/28/2026

Inspections / Reviews (*continued*)

09/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2026

10/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:17 a.m., in the dining room refrigerator there was a container with contents identified as sliced cantaloupe, and 4 plastic cups that contained peaches that were unlabeled and undated.

Plan of Correction

Accept () - 09/29/2026)

Upon identification of the deficiency, the unlabeled and undated sliced cantaloupe and four cups of peaches were immediately removed from the dining room refrigerator and discarded.

The Personal Care Home Administrator/designee will complete a review of refrigerators and food-storage areas utilized by Woodland Vista to verify that leftover food is labeled and dated. Any unlabeled or undated leftover food identified will be discarded.

Staff responsible for food preparation, service, or storage will be re-educated that leftover food must be labeled and dated prior to storage and that food served and returned from an individual's plate may not be served again or used in preparation of other dishes.

The Personal Care Home Administrator/designee will conduct and document weekly refrigerator/food-storage audits for four weeks and monthly audits for two additional months. Any deficiency will be corrected when identified and additional staff education provided as indicated. Thereafter, compliance will be monitored through routine environmental and food-service inspections.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 10/08/2026)

121a - Unobstructed Egress

2. 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 approximately 9:46 a.m., the door leading to the stairwell fire exit was equipped with a magnetic lock that was operated by an electronic keypad. There were no instructions posted on use of keypad to open the door.

Plan of Correction

Accept () - 09/29/2026)

Upon identification of the deficiency, clear instructions for operation of the electronic keypad were posted in a conspicuous location at the stairwell fire-exit door.

The Personal Care Home Administrator/designee will inspect stairways, hallways, doorways, passageways, and egress routes within the Personal Care Home to verify that they are unobstructed and readily usable for egress. Any applicable keypad operating instructions will be verified as posted and legible.

Staff will be educated regarding the requirement that egress routes remain unlocked using posted keypad code and unobstructed and that any condition interfering with egress must be immediately reported.

The Personal Care Home Administrator/designee will conduct and document weekly egress-route audits for four weeks and monthly audits for two additional months. Audits will verify that routes are unobstructed, applicable

121a Unobstructed Egress (continued)

instructions remain posted and legible, and egress mechanisms are functioning as intended. Identified deficiencies

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented ( **- 10/08/2026)**

121b - Locking Device Approval**3. Requirements**

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

At approximately 9:46 a.m., the door leading to the stairwell fire exit was equipped with a magnetic lock. The home does not have written approval from the Department or appropriate local zoning agency for a locked door used as an egress from the building.

Plan of Correction

Directed ( **- 09/29/2026)**

Upon identification of the deficiency, the Personal Care Home Administrator/designee reviewed the magnetic locking device on the stairwell fire exit door and initiated corrective action to bring the egress door into compliance.

The home will obtain written approval or a variance for the locking arrangement from an authority permitted under § 2600.121(b), as applicable. If the required written approval or variance cannot be obtained, the locking device will be removed or modified so that it does not prevent immediate resident egress.

The Personal Care Home Administrator/designee will review all other doors used as egress routes to identify key locking devices, electronic card operated systems, magnetic locks, keypad systems, or other devices that could prevent immediate egress. Any such device will be evaluated for compliance and applicable written approval/variance documentation.

Staff will be educated to immediately report malfunction or any condition involving an egress door locking mechanism that could interfere with immediate egress.

The Personal Care Home Administrator/designee will document weekly inspections of egress doors for four weeks and monthly inspections for two additional months. Monitoring will verify immediate egress and, where applicable, that required written approval/variance documentation is maintained.

Proposed Overall Completion Date: 10/30/2026

Directed: In addition to the above plan of correction, the magnetic lock will immediately be disengaged to prevent immediate egress and will not be reengaged unless written approval is received from an authority permitted under § 2600.121(b).

Directed Completion Date: 10/30/2026

Implemented (- 10/08/2026)

Implemented (- 10/08/2026)

187a - Medication Record (continued)

corresponding MAR to verify that the diagnosis or purpose for each medication, including PRN medications, is accurately documented.

Any discrepancy identified will be investigated and clarified with the prescribing practitioner and/or pharmacy as appropriate. Staff will not independently change a medication diagnosis or purpose without appropriate supporting documentation or clarification.

Medication administration staff will be re-educated regarding the requirement that the medication record include the diagnosis or purpose for each medication, including PRN medications.

The Personal Care Home Administrator/designee will conduct and document weekly medication-record audits for four weeks and monthly audits for two additional months. Any discrepancy identified will be promptly clarified and corrected. Thereafter, accuracy will continue to be monitored through the home's routine medication-management/MAR review process.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 10/08/2026)

190c - Record of Training**7. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include the original qualification and completion dates for year 2025 and Annual Practicum requalification and completion dates for year 2026.

Plan of Correction

Accept () - 09/29/2026)

Upon identification of the deficiency, the Personal Care Home Administrator/designee reviewed Staff Person A's medication administration training records. Documentation of the employee's original medication administration qualification and completion dates for 2025 and Annual Practicum requalification and completion dates for 2026 will be obtained and placed in the employee's medication administration training record.

If the required documentation cannot be obtained or verification of successful completion cannot be established, Staff Person A will not independently administer medications until the required medication administration training and/or requalification requirements have been successfully completed and documented.

The Personal Care Home Administrator/designee will complete a 100% audit of medication administration training records for staff currently authorized to administer medications to verify that required documentation is maintained, including the staff person trained, applicable dates, source of training, trainer, and documentation of successful completion.

The audit will also verify that applicable medication administration qualifications, requalifications, Annual Practicums, and other required medication administration training are current and appropriately documented.

Missing, incomplete, or expired documentation will be addressed promptly.

To prevent recurrence, the home will maintain a medication administration training compliance tracker identifying qualification/requalification dates, Annual Practicum dates, completion dates, supporting documentation status, and upcoming due dates. The Personal Care Home Administrator/designee will review the tracker monthly and audit

190c - Record of Training (continued)

medication administration training records monthly for three months. Thereafter, compliance will continue to be monitored through routine employee training and credential review.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented ( **- 10/08/2026)**