

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

October 14, 2026

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

RE: WOODLAND HEIGHTS
1900 RAVINE ROAD
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20063

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2026 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 HEIGHTS

License #: 20063

License Expiration: 09/19/2027

Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701

County: LYCOMING

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: THE WILLIAMSPORT HOME INC

Address: 1900 RAVINE ROAD, WILLIAMSPORT, PA, 17701

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/24/1986

Issued By: DLI

Staffing Hours

Resident Support Staff: 18

Total Daily Staff: 45

Waking Staff: 34

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 09/09/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124

Residents Served: 27

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/24/2026

09/28/2026 - POC Submission

Submitted By:

Date Submitted: 10/08/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 10/05/2026

Inspections / Reviews (*continued*)

09/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certificate for the hot water heater indicates the inspection certification expired on 1/24/26 and was not reinspected until 4/30/26.

At approximately 9:50 a.m. the home did not have the Influenza Awareness Act poster posted in the facility.

Plan of Correction**Accept () - 09/28/2026)**

Upon identification of the deficiency, the Personal Care Home Administrator immediately obtained and posted the required Influenza Awareness Act poster in a conspicuous location within the facility.

The current boiler/hot-water-heater inspection certification will be maintained in the facility's regulatory/compliance records. The Personal Care Home Administrator/designee will coordinate with the Maintenance Department to establish a tracking system for all required facility inspections, certifications, permits, and expiration dates. The tracking system will identify the applicable item, inspection date, expiration date, responsible department/person, and date the next inspection is due.

The Personal Care Home Administrator/designee will review the tracking system at least quarterly to ensure required inspections and certifications are scheduled prior to expiration. Required regulatory postings will also be reviewed quarterly and following any change in applicable posting requirements to ensure required notices remain posted and legible.

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

Implemented () - 10/08/2026)**25b - Contract Signatures****2. Requirements**

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated () for resident #1 was not signed by the resident.

Plan of Correction**Accept () - 09/30/2026)**

Upon identification of the deficiency, Resident #1's resident-home contract was reviewed and the required resident signature was obtained.

The Personal Care Home Administrator/designee will complete a 100% audit of all current resident-home contracts that reside at Woodland Heights to verify that each contract contains all applicable required signatures, including the administrator/designee, resident, payer if different from the resident, and designated person when applicable and agreed to by the resident by 10/2/2026.

Any missing signatures identified during the audit will be addressed promptly.

Going forward, the Personal Care Home Administrator/designee will review each resident-home contract as part of the admission process to verify all required signatures are present before the contract is considered complete.

25b - Contract Signatures (continued)

Contract compliance will additionally be reviewed during periodic resident-record audits.

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

Implemented () - 10/08/2026)

26a - Quality Management Plan**3. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plan indicates that a quality management review will be completed annually. The home did not have documentation of a quality management review completed for 2025.

Plan of Correction

Accept () - 09/30/2026)

Upon identification of the deficiency, the Personal Care Home Administrator/designee will complete and document the Quality Management Review by 10/2/2026 for the identified review period in accordance with Woodland Heights Quality Management Plan.

The Personal Care Home Administrator will review Woodland Heights Quality Management Plan by 10/2/2026 to ensure that required reviews, responsible persons, documentation requirements, and review frequency are clearly identified.

A Quality Management tracking tool/calendar will be established identifying when each required review is due by 10/2/2026. The Administrator/designee will maintain documentation of completed reviews in the facility's Quality Management records.

The Administrator/designee will review the Quality Management tracking system quarterly to verify that required activities are being completed and documented according to the facility's established Quality Management Plan.

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

Implemented () - 10/08/2026)

65e - 12 Hours Annual Training**4. Requirements**

2600.

65.e.1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.

Description of Violation

Direct care staff persons A and B's training hours for the training year 2025 did not include the length of time of each training making it unable to determine if the required 12 hours were received.

Plan of Correction

Accept () - 09/30/2026)

Upon identification of the deficiency, the Personal Care Home Administrator/designee reviewed the training documentation for Staff Persons A and B and ensured that the length of each documented training was added to the training record where supporting documentation was available.

The Administrator/designee will verify the total documented training hours for Staff Persons A and B for the

65e - 12 Hours Annual Training (continued)

applicable training year by 10/2/2026. If documentation does not establish completion of the required training hours, the affected staff person(s) will complete additional training as necessary to satisfy the applicable training requirement by the proposed completion date of 10/30/2026.

A 100% audit of current direct care staff training records will be completed by 10/2/2026 to verify that required training hours can be substantiated through appropriate documentation.

Going forward, training records will be reviewed quarterly by the Administrator/designee to verify that required training is being completed and properly documented.

Proposed Overall Completion Date: 10/30/2026

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

Implemented () - 10/08/2026)

65f - Training Topics**5. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff persons A and B did not receive training in Medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, or safe management techniques during training year 2025.

Repeated violation: 9/3/25.

Plan of Correction

Accept () - 09/30/2026)

The Personal Care Home Administrator/designee will ensure Staff Persons A and B receive training in all applicable training topics identified under §2600.65(f), including medication self-administration, instruction on meeting residents' needs as described in the preadmission screening, assessment, medical evaluation and support plan, and safe management techniques by 10/2/2026.

A 100% audit of current direct care staff annual training records will be completed by 10/2/2026 to determine whether all required annual training topics have been completed and documented. Any staff person identified as missing a required training topic will receive the applicable training by proposed completion date of 10/30/2026. The Administrator/designee will implement an annual training checklist identifying each required training topic for each direct care staff person by 10/2/2026. Training completion will be monitored throughout the training year rather than relying solely upon an end-of-year review.

The Administrator/designee will review the training records quarterly to verify continued compliance and prevent recurrence.

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

65f - Training Topics (*continued*)*Implemented () - 10/14/2026)*

65g - Annual Training Content

6. 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

Direct care staff persons A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

Plan of Correction*Accept () - 09/30/2026)*

The Personal Care Home Administrator/designee will arrange for Staff Persons A and B to receive fire-safety training completed by a fire-safety expert or by a staff person trained by a fire-safety expert, as required by 10/9/2026.

A 100% audit of applicable staff training records will be completed by 10/2/2026 to verify current annual fire-safety training. Any staff person identified as lacking required fire-safety training will be scheduled for compliant training. Documentation will identify the staff person trained, date, source, content and length of training and will include applicable certificates or supporting documentation.

The Administrator/designee will incorporate fire-safety training into the facility's annual training tracking system and monitor completion throughout each training year.

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

Implemented () - 10/08/2026)

65i - Training Record

7. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for staff persons A and B does not include the length of the training session(s).

Repeated violation 9/3/25.

Plan of Correction*Accept () - 09/30/2026)*

Upon identification of the deficiency, the training records for Staff Persons A and B were reviewed and corrected to include the length of each training session where supported by the training documentation.

The Personal Care Home Administrator/designee will complete a 100% audit of current staff training records by 10/2/2026 to ensure each record contains the staff person trained, date, source, content, length of each course, and

65i - Training Record (continued)

copies of certificates received when applicable.

A standardized training documentation form/checklist will be utilized for facility-provided training to ensure all required elements are recorded.

The Administrator/designee will audit training documentation quarterly to ensure required information remains complete. Any deficiency identified during an audit will be corrected promptly and addressed with the person responsible for maintaining the training record.

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

Implemented () - 10/08/2026)

85e - Trash Outside Home**8. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:18 a.m., the facility dumpster that contained garbage, had an open lid, allowing access to insects, rodents, and wild animals.

Plan of Correction

Accept () - 09/30/2026)

Upon identification of the deficiency, the facility dumpster lid was closed to ensure garbage was maintained in a covered receptacle.

Staff responsible for disposing of facility trash will be educated that dumpster/receptacle lids must remain closed following disposal of garbage by 10/9/2026.

The Personal Care Home Administrator/designee or Maintenance Department will monitor the dumpster area monthly to ensure receptacles remain covered and do not permit access by insects, rodents or wild animals.

Any deficiency identified during monitoring will be corrected immediately.

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

Implemented () - 10/14/2026)

89b - Hot Water Temperature**9. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 9/9/26 at 2:30 p.m., the hot water temperature at the bathroom sink in resident #5's room measured 124.5 degrees Fahrenheit and at 2:40 p.m. the hot water temperature at the bathroom sink in resident #2's room measured 123 degrees Fahrenheit.

Plan of Correction

Accept () - 09/30/2026)

The Personal Care Home Administrator/designee coordinated with the Maintenance Department to adjust the hot-water system to ensure hot-water temperatures in resident-accessible areas do not exceed 120°F.

89b - Hot Water Temperature (continued)

Following the adjustment, water temperatures will be checked in Resident #2's and Resident #5's bathrooms and throughout representative resident-accessible locations within the facility to verify compliance.

The Maintenance Department/designee will document routine water-temperature monitoring weekly. Any reading exceeding 120°F will be immediately reported to the Administrator/designee and corrective action will be initiated. Water temperatures will be monitored weekly for four weeks and monthly thereafter to ensure continued compliance.

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

Implemented () - 10/08/2026)

91 - Telephone Numbers**10. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:14 a.m., the landline phone in the lobby living room had a sticker with emergency phone numbers that were worn and illegible.

Plan of Correction

Accept () - 09/30/2026)

The Personal Care Home Administrator/designee replaced the worn and illegible emergency telephone-number posting at the lobby living-room telephone on 9/11/2026.

A 100% audit of telephones with an outside line will be completed by 10/2/2026 to ensure the required telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and Personal Care Home Complaint Hotline are posted on or by each applicable telephone and are current and legible.

The Administrator/designee will incorporate inspection of emergency telephone-number postings into monthly environmental rounds. Any missing, damaged, outdated or illegible posting will be replaced promptly.

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

Implemented () - 10/08/2026)

125a - Combustible Storage**11. Requirements**

2600.

- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 10:26 a.m. in the boiler room, there was a bucket of towels stored next to the hot water boiler. The boiler pipes were hot to the touch.

125a Combustible Storage (continued)**Plan of Correction****Accept () - 09/30/2026)**

The Personal Care Home Administrator/designee will ensure the bucket of towels and any other combustible or flammable materials are removed from the area adjacent to the hot water boiler and other heat sources by 9/9/2026.

The Maintenance Department/designee immediately inspected boiler, mechanical, and utility areas to identify and remove any combustible or flammable materials stored near heat sources.

Staff with access to these areas will be educated regarding the prohibition against storing combustible and flammable materials near heat sources or hot water heaters by 10/9/2026.

The Maintenance Department/designee will inspect these areas monthly, with findings documented. Any inappropriate storage identified will be corrected immediately.

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

Implemented () - 10/14/2026)**131e - Accessible Extinguishers****12. Requirements**

2600.

131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

At 10:17 a.m. in the first floor storage room, the fire extinguisher was obstructed by 2 carts and inaccessible to staff.

Plan of Correction**Accept () - 09/30/2026)**

Upon identification of the deficiency, the two carts obstructing the first floor storage room fire extinguisher were removed and the extinguisher was made immediately accessible to staff.

The Maintenance Department/designee will inspect all facility fire extinguisher locations to ensure each extinguisher is unobstructed and accessible to staff by 10/2/2026.

Staff will be educated that equipment, carts, supplies and other materials may not be stored in a manner that obstructs access to fire extinguishers by 10/9/2026.

Accessibility of fire extinguishers will be included in monthly environmental/safety rounds. Any obstruction identified will be removed immediately.

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

Implemented () - 10/14/2026)**132b - Safety Inspection/Fire Drill****13. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)**Description of Violation**

The home's last inspection conducted by a fire safety expert was on 6/10/26, and the previous year's inspection was completed on 5/22/25.

Plan of Correction**Accept () - 09/28/2026)**

The Personal Care Home Administrator/designee will review documentation of the annual fire-safety inspection and fire drill to verify completion and maintenance of required documentation.

A regulatory compliance calendar will be established identifying the due date for the annual fire-safety inspection and fire drill. The Administrator/designee will initiate scheduling sufficiently in advance of the annual due date to prevent the required inspection or drill from extending beyond the annual timeframe.

The Administrator/designee will review the regulatory compliance calendar quarterly to identify upcoming inspections and other regulatory deadlines.

Documentation of each completed annual fire-safety inspection and fire drill will be maintained in the facility's fire-safety/compliance records.

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

Implemented () - 10/08/2026)**187a - Medication Record****14. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.

Description of Violation

Resident #3 is administered Systane 30ml lubricant eye drops Original Long Lasting Dry Eye Relief. The medication administration record lists this medication as Refresh Tears Ophthalmic Solution 0.5%.

Plan of Correction**Accept () - 09/30/2026)**

The Personal Care Home Administrator/designee will immediately review Resident #3's medication order, pharmacy label and Medication Administration Record (MAR) to reconcile the discrepancy and ensure the medication record accurately identifies the medication being administered.

The physician/prescriber and pharmacy will be contacted as necessary to clarify the current medication order. The MAR will be corrected based upon the verified current order.

A 100% medication reconciliation audit will be completed by 10/2/2026 for all residents receiving medication administration services by comparing current physician/prescriber orders, pharmacy labels and MARs. Any discrepancy identified will be clarified and corrected.

Medication staff will be reeducated regarding verification of the medication label and MAR prior to administration and the requirement that medication records accurately reflect the medication being administered by 10/9/2026.

The Administrator/designee will complete weekly medication-record audits for four weeks and monthly audits for 3 months to monitor continued compliance.

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

187a - Medication Record (*continued*)*Implemented () - 10/08/2026)*

227d - Support Plan Medical/Dental

15. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The initial assessment for resident #4, dated [REDACTED] indicates the resident is enrolled in hospice care. The resident's support plan dated [REDACTED] does not document the services that the resident receives from hospice care.

Plan of Correction

Accept () - 09/30/2026)

The Personal Care Home Administrator/designee will review Resident #4's current hospice services and revise the resident's support plan to accurately document the hospice services being made available/provided to the resident by 10/2/2026.

A 100% audit of current residents receiving hospice or other outside medical, dental, vision, hearing, mental-health or behavioral services will be completed by 10/2/2026 to verify that applicable services/referrals are accurately reflected in the resident's support plan.

Any incomplete support plan identified during the audit will be updated in accordance with the resident's assessed needs and current services.

Staff responsible for completing and updating support plans will be educated regarding the requirement to document applicable medical and behavioral care services and outside referrals.

The Administrator/designee will review support plans during routine record audits and when there is a significant change in a resident's services to ensure the support plan accurately reflects the resident's current services

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

Implemented () - 10/14/2026)