

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

September 18, 2025

[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 08/19/2025 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: WILLOWBROOK PLACE **License #:** 22659 **License Expiration:** 01/08/2026
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:** 51 **Waking Staff:** 38

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/19/2025

Inspection Dates and Department Representative

08/19/2025 - 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: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 42
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 9 **Have Physical Disability:** 1

Inspections / Reviews

08/19/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/19/2025

09/18/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/18/2025
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

09/18/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The annual medical evaluation dated [redacted] for resident [redacted] was not signed or dated by the medical professional who completed the evaluation and did not include the medical professional's license number.

Plan of Correction

Accept [redacted] - 09/18/2025)

- Immediate Corrective Action: A corrected annual medical evaluation for Resident [redacted] was obtained on 9/12/2025 with the provider's signature, date, and license number. The Resident Care Coordinator reviewed the record to verify completion. (See Attachments)
- Quality Improvement/Ongoing Compliance: The Nursing Department implemented a verification process to confirm all evaluations are signed, dated, and include the license number before being filed. The Resident Care Coordinator will audit annual medical evaluations monthly. Findings will be reviewed at Quality Improvement meetings. (See Attachments)
- Responsible Party: Resident Care Coordinator and Administrator.
- Completion Date: 9/19/2025

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented ([redacted] 09/18/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]. The support plan did not include a date that the support plan was finalized. The previous support plan was completed on [redacted].

Plan of Correction

Accept [redacted] - 09/18/2025)

- Immediate Corrective Action: Resident [redacted] support plan was updated on 9/17/2025 to include the finalized date. All staff responsible for assessments and support plans were retrained on the requirement to document a finalization date.(See Attachments)
- Quality Improvement/Ongoing Compliance: The Administrator will review all support plans to confirm finalized dates are included. In addition, the Quality Assurance team will conduct quarterly chart audits to ensure compliance. Audit results will be tracked and discussed during Quality Improvement meetings. (See Attachments)
- Responsible Party: Administrator and Quality Assurance team.
- Completion Date: 9/19/2025

Licensee's Proposed Overall Completion Date: 09/19/2025

225c Additional Assessment *(continued)*

Implemented [REDACTED] *09/18/2025)*