pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HIGHLAND PARK SENIOR LIVING LLC**
LEGAL ENTITY

To operate **HIGHLAND PARK SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA 18702**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **160**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 18, 2026** until **February 18, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226300**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Mailing Date: March 17, 2026

[redacted]
Administrator
Highland Park Senior Living LLC
[redacted]

RE: Highland Park Senior Living
Certificate #: 226300

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on December 18, 2025 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

March 4, 2026

[redacted]
HIGHLAND PARK SENIOR LIVING LLC
[redacted]

RE: HIGHLAND PARK SENIOR LIVING
874 SCHECHTER DRIVE
WILKES-BARRE TOWNSHI, PA, 18702
LICENSE/COC#: 22630

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/18/2025 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: *HIGHLAND PARK SENIOR LIVING* **License #**: *22630* **License Expiration**: *02/18/2026*

Address: *874 SCHECHTER DRIVE, WILKES BARRE TOWNSHI, PA 18702*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HIGHLAND PARK SENIOR LIVING LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/01/2018* **Issued By**: *DL&I*

Staffing Hours

Resident Support Staff: *88* **Total Daily Staff**: *214* **Waking Staff**: *161*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *12/18/2025*

Inspection Dates and Department Representative

12/18/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* **Residents Served**: *96*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *24* **Residents Served**: *22*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *96*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *30*

Have Physical Disability: *1*

Inspections / Reviews

12/18/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/22/2026*

01/23/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/23/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/26/2026*

Inspections / Reviews *(continued)*

01/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

03/04/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2026*

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

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

Description of Violation

Staff Peron A began performing direct care in the home on [redacted]. There is no documentation that they successfully completed and passed the department approved direct caring training or competency training course.

Plan of Correction ***Accept[redacted] - 01/23/2026)***

Staff person A has completed the DCS training on 1/2/2026. Staff person A also renewed their CNA license as of 1/14/26 that had expired during employment. Please see both attached. Wayland Davis, Admissions, Exec Assistant will audit the employee charts every 6 months to ensure that DCS trainings are completed, CNAs certificates and nursing licenses are current. Wayland Davis, Admissions, Exec Assistant complete the first audit on 1/19/26, next audit 7/2026. Please see attached audit form.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented[redacted] - 02/10/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 1:50p.m., the resident in room [redacted] did not have access to a source of light that can be turned on/off at bedside. The resident's lamp was on an end table that was located approximately 3.5 feet away from the bed

Plan of Correction ***Accept[redacted] - 01/23/2026)***

I, [redacted] Administrator have provided training to Wellness, Housekeeping and maintenance on 1/15/26, 1/16/26 on regulation 101.j. Each resident shall have the following in the bedroom: an operable lamp or other source of lighting that can be turned on at bedside. Room 164 bedside table and lamp has been moved over closer to residents bed so that [redacted] is able to access it from bedside. 164 bedroom also consists of a nightlight that comes on at dusk and off at dawn. We have also added a push light on the headboard of the bed. Audit of bedrooms was completed on 1/16/26 and housekeeping will audit weekly for 6 months. Please see attached audit.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented [redacted] - 02/10/2026)

107c - Food/Water 3 Day Supply

3. Requirements

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On [redacted], the home served 96 residents, requiring 96 gallons of emergency drinking water to be onsite as the home has letter indicating that additional emergency drinking water will be provided by a contractor within 24 hours should an emergency occur. However, the home had only 75 gallons of water onsite.

107c Food/Water 3 Day Supply *(continued)*

Plan of Correction ***Accept [redacted] - 01/23/2026)***

I, [redacted] administrator have increased our water delivery from Sutton Springs Water to 30 of the 5 gallon jugs every 3 weeks to ensure that we have the required 1 gallon of water per resident at all times, currently 20 5 gallon jugs onsite at all times. please see attached email as the company is in agreement. [redacted] from our maintenance department went to the store and purchased 6 5 gallon jugs 12/18 the day of inspection when the deficit was found. During the daily walkthrough our managers will monitor our daily water supply with our updated daily walkthrough audit for one year to include the 20 5 gallon jugs of water to be onsite at all times or If the need changes due to an increase in resident census, I will update the audit form as needed to reflect increase in number of gallons of water to be onsite at all times. I, [redacted] administrator have trained the managers and maintenance on 1/15/26 on the required number of 5 gallon jugs that we are required to have onsite at all times per resident requirement of resident census. We have trained the managers due to the responsibility of daily walk through and maintenance as they are the ones requested to fill the water in our activities area.

Proposed Overall Completion Date: 01/21/2026

Licensee's Proposed Overall Completion Date: *01/23/2026*

Implemented [redacted] - 02/10/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] annual medical evaluation was completed on [redacted]. The resident's weight is missing from the top of the form.

Plan of Correction ***Accept [redacted] 01/23/2026)***

I, [redacted] have provided training to Director of Wellness, Wellness Coordinator, and nurses on 1/15/26 on 141.b.1 A resident shall have a medical evaluation: at least annually. Training was provided on the necessity of all areas of the DME being completed. Resident [redacted] was weighed and a new DME was filled out and sent to MD on 1/16/26. [redacted] Wellness Coordinator will audit all new DMEs starting 1/16/26 for 6 months to ensure completion of all areas as of compliance. We also have ordered a wheelchair scale to assist staff in weighing immobile residents more efficiently.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented [redacted] 02/10/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] s medication administration record states the dosage for their [redacted] however the

187a - Medication Record (continued)

medication label says 100/5ml.

Plan of Correction ***Accept [redacted] 01/23/2026)***

Medication was re-written correctly in the MAR on 1/17 by [redacted] Wellness Coordinator to ensure that the MAR matches the medication in resident [redacted] found during inspection . I, [redacted] Administrator have provided a training for Med Techs on 1/15/26 on 187a - Medication Record - A medication record shall be kept to include the following for each resident for whom medications are administered. Med techs were provided training and a written test to enhance understanding and also to pay special attention to medications that residents receive from the VA. [redacted] Wellness Coordinator to audit for one year all new medications that are received from the VA to ensure they match the MAR.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented [redacted] - 02/10/2026)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident [redacted] insulin was to be held if blood glucose is [redacted] or greater and to contact the physician. On [redacted], and [redacted] the resident had blood sugar readings that were over [redacted] The home did not have any documentation to show that the doctor was contacted per order.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

I [redacted] Administrator have trained the Med Techs on 187d - The home shall follow the directions of the prescriber. Resident [redacted] MD was to be notified if the residents blood sugar is 300 or greater. I, [redacted] Administrator have made an audit form on 1/15/26 to ensure that staff will document on an audit form that MD was notified if BS is 300 or greater [redacted] Wellness Coordinator will ensure that new monthly audit forms are in the MARs and will be reviewed monthly with MAR change over.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented ([redacted] - 03/04/2026)

224a - Preadmission Screen Form

7. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept ([redacted] - 01/23/2026)***

I, [redacted] Administrator has provided training on 1/15/26 to DOW, LPNs and Director of Admissions on

224a - Preadmission Screen Form (continued)

224aPreadmissionScreening - regarding the completion of prescreens for all new admissions. [redacted] Wellness Coordinator will audit for one year all new prescreen forms starting 1/16/26 to ensure that they have been completed in their entirety and to ensure the determination that the needs of the resident can be met by the services provided by the home box is checked and prescreen is completed in full. New prescreen form has been completed for this resident #3 with all the boxes completed and will be kept with the original prescreen.

Licensee's Proposed Overall Completion Date: *01/23/2026*

Implemented ([redacted] - 02/10/2026)

231b - Medical Evaluation

8. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted]. Resident [redacted] was admitted to the SDCU on [redacted]; and the resident's medical evaluation was completed on [redacted]

Plan of Correction ***Accept [redacted] - 01/23/2026)***

I, [redacted] Administrator have trained the DOW, and LPNs, on 231b. Medical Evaluation with the importance of the DME for a resident in the SDCU and completion requirements.
[redacted] Wellness Coordinator will audit dates for new admission DMEs, yearly renewal of DMEs. [redacted] Wellness Coordinator will audit all new Bridges admissions starting 1/16/26 and will complete ongoing audits for 6 months.

Licensee's Proposed Overall Completion Date: *01/21/2026*

Implemented [redacted] 02/10/2026)