



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 ADDRESS OF SATELLITE SITE

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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 101
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 October 5, 2016 until October 5, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226300

Robert E. Robinson
ISSUING OFFICER

Jay Bank
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 05 2016

Ms. Mary Jane Dugas, Executive Director
Highland Park Senior Living LLC
874 Schechter Drive
Wilkes-Barre Township, Pennsylvania 18702

RE: Highland Park Senior Living
License #: 226300

Dear Ms. Dugas:

As a result of the Department of Human Services' licensing inspection on August 10, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HIGHLAND PARK SENIOR LIVING		License Number: 22630
Address: 874 Schechter Dr., Wilkes-Barre Township, PA 18702		County: Luzerne
Administrator: Mary Jane Dugas		Region: NORTHEAST
Legal Entity Name: HIGHLAND MANOR		
Legal Entity Address: 874 SCHECHTER DR., WILKES-BARRE TOWNSHIP, PA 18702		
Certificate(s) of Occupancy I-1 02/17/2016 WILKES-BARRE TOWNSHIP		
Staffing Hours Resident Support: 19 Total Daily Staff: 79 Waking Staff: 59		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/10/2016: Yellenic, Cindy; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 101 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

Mary Jane Dugas
MARY JANE DUGAS 9/1/16

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's contract dated 6/13/16 is not signed by the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The contract must be in accordance with our regulatory authority and as signed by the resident and payer insures awareness of the binding agreement, policies, and a commitment thereof.

In the future the Director of Admissions will obtain all necessary signatures and submit the agreement to the Executive Director for review which will allow a quality review that all documentation is in order and compliant with best practices and regulations.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Jane Busby*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 9/7/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/7/16
 (Date)

Plan of correction implementation status as of 9/7/16
 (Date)

The above plan of correction was approved by M
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION


The 2nd floor janitor's closet was unlocked and a gallon container of Lysol Cleaner was on the floor inside the doorway, which stated on the warning label, in case of skin or eye contact call the "Poison Control Center". There are residents in the facility who cannot safely use or avoid poisonous materials.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

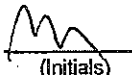
Corrected at time of inspection.
 The "poisonous material" was NOT STORED NEAR FOOD, FOOD Preparation surfaces, or dining surfaces; however, the material was the sole container inadvertently left in an unlocked closet which could allow access by a resident who may not be safe to manage chemicals potentially harmful to the resident. All chemicals will be maintained under lock in the PCH to avoid any exposure to residents. Maintenance will perform checks to insure no items are stored in a non-secure manner. The Executive Director will perform building inspections to insure regulations are met and the safety/security of our population is maintained.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Mary Jane Busas 9/7/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/7/16</u> (Date)	Plan of correction implementation status as of <u>9/7/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The lamp in Room #160 was not accessible from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The purpose of the regulation allows the resident to obtain lighting to safely navigate during night time hours. The staff had recently arranged the nightstand and lamp at the residents request to the bottom of the bed. The staff and resident have been re-educated about this regulation and the location of the nightstand and lamp have been corrected to bedside. The Executive Director will conduct random inspections to insure regulations are met and resident safety is paramount.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

MARY JANE DUGAS 9/1/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/7/16
 (Date)

Plan of correction implementation status as of 9/7/16
 (Date)

The above plan of correction was approved by m
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for Ibuprofen 200mg. The resident's medication expired 2/2016.

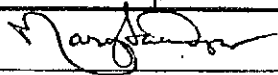
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The importance of the regulation is to insure the effectiveness of medications through non-expired meds. The resident had moved in the day prior and had just purchased the ibuprofen at Wal-Mart. Future medication over the counter will be double checked by the Director of Wellness to be sure they are current and therefore effective for use. The Executive Director will complete monthly med reviews and review upon admissions with the Director of Wellness as part of quality management.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MARY ANDERSON	9/1/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/7/16
 (Date)

Plan of correction implementation status as of 9/7/16
 (Date)

The above plan of correction was approved by m
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's medication and medical storage equipment policy states at the end of every shift two staff will count the narcotics and then sign the sheet to acknowledge the narcotic count was accurate. On 8-5-16 and 8-8-16, staff signatures were missing from the Shift Change Narcotic Count Sheet. On 8-5-16 at 8:00am the medication, Methadone, for Resident #7 was not signed off on the Controlled Drug Count Sheet Record after the medication was administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has "procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons" which typically insures the documentation is completed to support administered medications. The med tech staff failed to complete the administration recording as noted and have received counseling accordingly as well as re-training of the policy and practices. The Director of Wellness will perform daily checks of the signature log to insure policy is followed. This will support proper administration policies.

The administrator shall monitor and assure ongoing compliance.

M
9/7/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Wacey T. Medugno			9/1/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
9/7/16 (Date)		9/7/16 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<i>M</i> (Initials)			

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600.

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for a blood glucose (BG) test to be administered 3 x's a day. On 8-1-16 at 6:36am, the resident's BG #73 was recorded in the MAR as 76.

Resident #4 has a physician's order for a blood glucose (BG) test to be administered 3 x's a day. On 8-2-16 at 6:03am, the resident's BG #127 was recorded in the MAR as 124, and on 8-4-16 at 7:02am the resident's BG #138 was recorded in the MAR as 136.

Resident #5 has a physician's order for a blood glucose (BG) test to be administered 4 x's a day. On 8-2-16 at 11:51am, the resident's BG #118 was recorded in the MAR as 114, on 8-8-16 at 7:00am the BG #117 was recorded in the MAR as 116, and on 8-9-16 at 8:00pm the BG #183 was not recorded in the MAR.

Resident #6 has a physician's order for a blood glucose (BG) test to be administered 4 x's a day. On 8-6-16 at 7:30am, the resident's BG #145 was recorded in the MAR as 182.

Resident #7 has a physician's order for a blood glucose (BG) test to be administered 4 x day. On 8-5-16 at 8:00pm, the resident's BG #145 was recorded in the MAR as 131.

Resident #7 has a physician's order for Methadone and on 8-5-16 at 8:00am the MAR was not signed as given to the resident after the medication was administered.

Resident #8 has a physician's order for Olanzapine. On 8-9-16 at 8:00pm the MAR was not signed after the the medication was administered. Resident #8 has a physician's order for Haloperidol 2mg. take 1/2 tab at 8:00am and 8:00pm. On 8-9 and 8-10-16 at 8:00am the MAR was not signed indication the medication was administered. Resident #8 has a physician's order for Warfarin 7.5mg and 10mg. and Haloperidol 2mg. These medications did not have a diagnosis or purpose for the medication.

Resident #9 has a physician's order for Lisinopril 10mg. at 8:00am and 5mg. at 8:00pm depending on the resident's blood pressure (BP) and pulse(P). On 8-1-16, 8-2-16 the resident's BP and P were not recorded in the MAR at 8am, and on 8-6-16 at 8:00pm, the resident's BP and P were not recorded in the MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 8

Mary Jane Deas

MARY JANE DEAS 9/1/16

Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2500

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

The importance of medication records is a best practice for monitoring individual administration of meds. Clearly the med tech staff have to follow through with proper documentation of orders, M-A-R labels, and the documentation of administration which will confirm clinical orders are followed. All staff will complete additional medications training regarding the regulatory requirements and policy + administrative guidelines. The Director of Wellness will conduct reviews daily to insure staff are documenting med administration as well as transcribing readings correctly and consistently. This will insure medication records are complete and accurate.

The administrator shall monitor and assure ongoing compliance.

M 9/7/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MARJANE SUERS	9/1/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>9/7/16</u> (Date)</p> <p>The above plan of correction was approved by <u>M</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>9/7/16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented.</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 22630 - 08/10/2016 - Yellenic, Cindy
PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 has a physician's order a blood glucose (BG) test to be administered 4 x daily. On 8-8-18 at 11:30am the resident did not have a BG test administered.
Resident #6 has an order for BG tests to be administered 4 x daily and insulin administered per a sliding scale for insulin coverage. On 8/6/16 at 7:30am the MAR indicated a reading of 182 however the glucometer reading was 145. The home administered 1 unit of insulin (161-200) however zero coverage was needed.
Resident #10 has a physician's order for a BG test to be administered 2 x daily. On 8-6 and 8-7 at 5:00pm the resident did not have a BG test administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It is important to follow the directions of the prescriber for optimum management of the residents medication regime. The medication technician staff have been re-educated on the policy + procedure for appropriate medications management in accordance with the prescriber. The Director of Wellness will insure through the monitoring of staff, physician orders, and monthly MAR reviews to insure all policies are adhered to. The Executive Director will manage random spot checks of the BG machines and (MAR) records comply with physician orders and are accurately recorded.

The administrator shall monitor and assure ongoing compliance.

M
9/7/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 9/1/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/7/16 (Date)

The above plan of correction was approved by *M* (Initials)

Plan of correction implementation status as of 9/7/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented