



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms, Koryn Gallagher  
Executive Director  
Highland Park Senior Living LLC  
874 Schechter Drive  
Wilkes-Barre Township, Pennsylvania 18702

RE: Highland Park Senior Living  
License #: 226300

Dear Ms. Gallagher:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 3, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
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 DRIVE, WILKES BARRE TOWNS, PA 18702		County: Luzerne
Administrator: Koryn Gallagher		Region: NORTHEAST
Legal Entity Name: HIGHLAND PARK SENIOR LIVING LLC		
Legal Entity Address: 874 SCHECHTER DRIVE, WILKES-BARRE TOWNS, PA 18702		
<b>Certificate(s) of Occupancy</b>		
I-1 06/29/2018 City of Wilkes Barre	I-1 03/01/2018 City of Wilkes Barre	I-1 02/17/2017 City of Wilkes Barre
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 103	Waking Staff: 77
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/03/2018: Harvey, Jason; OHaire, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 150 Number of Residents Served: 70 Secured Dementia Care Unit in Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 12		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 150

Violation Report: 22630 - 08/03/2018 - Harvey, Jason  
 PCH Name: HIGHLAND PARK SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

The trash can located in the secured dementia care unit's kitchen did not have a lid.

**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.*

A new trash can with a lid was purchased and placed in the secured dementia units kitchen. The Director of the Secured Unit will monitor the area daily to ensure the lid is in place. Administrator will perform random audits to ensure on going compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Koryn Gallagher, Administrator* Date *10-5-18*

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

The above plan of correction is approved as of 10-10-18  
 (Date)

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

Plan of correction implementation status as of 10-10-18  
 (Date)

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

Violation Report: 22630 - 08/03/2018 - Harvey, Jason  
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 The following resident rooms had hot water temperatures exceeding 120 °F:  
 Room #121: 123.3°F  
 Room #160: 121°F  
 Room #205: 121°F

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.

Maintenance conducts water temperatures on a monthly basis. At the time of inspection it was discovered that the temperature on the hot water heater was turned above 120°. Maintenance is checking the mechanical room daily to ensure the hot water temperature does not exceed 120°F. The administrator will perform random audits of resident rooms to ensure temperature is not exceeding 120°F.

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Violation Report: 22630 - 08/03/2018 - Harvey, Jason

PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

One 7 pound can of Monarch Brand pork and beans was found to have a dent in the bottom side of the can.

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.

At the time of inspection the dented can was immediately removed from the can rack. The company that supplied the dented can was notified of the issue. Moving forward all cans will be inspected upon delivery and if any cans are found to be dented or outdated they will be immediately returned to the supplier. The Director of Dining Services will monitor weekly on delivery and Administrator will perform random audits of cans to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Koryn Gallagher, Administrator* Date *10-5-18*

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Violation Report: 22630 - 08/03/2018 - Harvey, Jason  
 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**

Loperamide 2mg prescribed to resident #1 to be administered as needed, was not on-hand at the time of the inspection.

**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 pharmacy was immediately informed and the medication was delivered to facility at the time of inspection. Director of wellness is conducting cart audits weekly to ensure all medications as well as as needed medications are on-hand and in medication cart. The pharmacy is also conducting medication cart audits quarterly. Administrator will conduct random med cart audits to ensure on going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Koryn Gallagher, Administrator* Date *10-5-18*

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