



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: December 20, 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 inspection on November 14, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 22630 - 11/14/2018 - DeVries, Kristin

PCH Name: HIGHLAND PARK SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 10-29-18, staff person A stated he/she witnessed staff person B strike resident #1 in the stomach after the resident started swinging at staff person B.

**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.*

Upon investigation Staff person B was immediately terminated. All staff were educated on Resident Rights & Resident Abuse Policy on 12-6-18. This facility does not condone any form of resident abuse and any/all accusations will be thoroughly investigated and handled appropriately. Administrator will monitor for ongoing 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) <i>Koryn Gallagher, Administrator</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12-12-18  
(Date)

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

Plan of correction implementation status as of 12-12-18  
(Date)

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

**Violation Report:** 22630 - 11/14/2018 - DeVries, Kristin

**PCH Name:** HIGHLAND PARK SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed Depakote 500mg and Seroquel 100mg for a diagnosis of Bipolar Disorder. This diagnosis is not listed on the resident's assessment and support plan (RASP), dated 4-21-18, or his/her medical evaluation (DME), dated 4-18-18.

**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.*

Moving forward the Director of Wellness and/or the Director of Memory Care will monitor DME to ensure all appropriate diagnosis are listed and that they correspond to the RASP.

Administrator will conduct random audits of DME and RASPs to ensure all appropriate diagnosis are listed.

**W/D VIOLATION – 12-12-18 MM**

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *12-11-18*

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

**W/D VIOLATION – 12-12-18 MM**

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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Violation Report: 22630 - 11/14/2018 - DeVries, Kristin

PCH Name: HIGHLAND PARK SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

Through multiple staff interviews, it was determined that resident #1 consistently becomes very irritable, and at times aggressive, when his/her care schedule is not strictly adhered to. This is not reflected in his/her assessment and support plan (RASP), dated 4-21-18.

**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.*

Moving forward, Director of Wellness and/or Director of Memory Care will ensure RASPs are updated as changes occur in residents care to reflect the residents needs.

Administrator will monitor for ongoing 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) <i>Koryn Gallagher, Administrator</i>	Date <i>12-11-18</i>
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