



Sent via e-mail to: koryn@highlandparkliving.net
MAILING DATE: March 30, 2020

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

RE: Highland Park Senior Living
License #: 226300

Dear Mascioli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 10, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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

Facility Information

Name: *HIGHLAND PARK SENIOR LIVING*
Address: *874 SCHECHTER DRIVE,, WILKES-BARRE TOWNSHI, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

License Number: *22630*

Administrator

Name: *Koryn Mascioli* Phone: *5709704600* Email: *KORYN@HIGHLANDPARKLIVING.NET*

Legal Entity

Name: *HIGHLAND PARK SENIOR LIVING LLC*
Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA, 18702*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

01/10/2020 - On-Site: Ann O'Haire and *3-9-2020 - on-site AO*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *Bridges Unit* Capacity: *24* Residents Served: *23*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *29* Have Physical Disability: *0*

182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

Resident #1 was found unresponsive and sent to the hospital on 12/18/19. The result of a toxicology screening showed that the resident had Oxycodone medication in her system. Resident #1 is not prescribed this medication and she has no history of being prescribed this medication while she has been a resident at the facility since 12/01/17.

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.)

All Staff that administer medications were re educated on the 5 rights of medication administration. (please see attached documentation). Nursing Supervisors will monitor for ongoing compliance.

Immediately and Ongoing:

The home will administer medications in a manner consistent with these regulations. The administrator of designee shall randomly Audit medication passes, on each shift, for the next 4 months to ensure ongoing compliance. 3-26-2020--MM

Legal Entity Representative

Koryn Mascidi
Signature

Koryn Mascidi, Administrator 3/24/20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3-26-2020 (Date) Plan of correction implementation status as of 3-26-2020 (Date)

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

- Implemented
- Not Implemented