

Department of Human Services
Bureau of Human Service Licensing

October 22, 2021

[REDACTED], VICE PRESIDENT/SNF OPERATIONS
[REDACTED]
[REDACTED]
[REDACTED]

RE: ALLIED SERVICES MEADE STREET
RESIDENCE
260 SOUTH MEADE STREET
WILKES-BARRE, PA, 18702
LICENSE/COCC#: 22812

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ALLIED SERVICES MEADE STREET RESIDENCE* License #: *22812* License Expiration Date: *10/02/2021*
Address: *260 SOUTH MEADE STREET, WILKES-BARRE, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/29/1998* Issued By: *L&I*
Type: *I-2* Date: *03/26/2011* Issued By: *City of Wilkes-Barre*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/31/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *39*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower Level* Capacity: *15* Residents Served: *11*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED] rvey

Follow-Up Type: *POC Submission*Follow-Up Date: *10/04/2021*

10/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/14/2021*

10/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A who works as a housekeeper did not receive the required training that is to take place the first 40 working hours.

Plan of Correction

Accept

Staff member was immediately in serviced on resident rights, emergency medical plan, OAPSA, reporting of reportable incidents and conditions, and fall and accident prevention (attachment A)

All new ancillary staff will be in serviced within 40 scheduled working hours on resident rights, emergency medical plan, OAPSA, reporting of reportable incidents and conditions, and fall and accident prevention.

All new hired staff training will be audited every 3 months as part of the quarterly QA by admin/designee to ensure ongoing compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of all of the work done to date in reference to new hires since the renewal inspection was conducted. This will include and audits and new hire training documentation of the 40 hours required topics.

Documentation should be sent in the Portal.

AG, 10-7-21

Completion Date: 09/30/2021

Document Submission

Implemented

See Requested Attachment

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room #209.

91 - Telephone Numbers *(continued)***Plan of Correction****Accept**

*Emergency telephone numbers were attached to both phones in room #209 during inspection.
All phones for new admissions will have emergency numbers attached prior to move in date.
All telephones with outside phone access will be audited every 3 months as part of the quarterly QA by admin/designee to ensure ongoing compliance.*

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a digital photo showing evidence of compliance. The Admin will also submit the 1st Audit that will have been completed since the renewal inspection showing evidence of compliance.

*Documentation should be sent in the Portal.
AG, 10-7-21*

Completion Date: 09/30/2021

Document Submission**Implemented**

See Requested Attachment

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's medication of Murine 6.5% eardrops found in the SDCU medication cart, expired on 8/2020.

183d - Prescription Current (continued)

Plan of Correction

Accept

Residents RP was called immediately to replace expired ear drops. They were delivered the following morning. All medication certified staff will be educated on the importance of opened dates/expiration dates on all medication by 10/8/2021 (attachment B)
 Medications will be checked weekly for open dates and to ensure no medication exceeds expiration date by overnight staff. (Attachment C, D, E, F)
 Admin will monitor for ongoing compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will show evidence of the ear drop delivery the next day following the Renewal Inspection. Completed Signature Sheets will be submitted by 10-9-21. The Adm will also submit a COMPLETED Weekly Checklist showing work on the opened dates/expiration date tracking sheets as evidence of compliance.

Documentation should be sent in the Portal.

█, 10-7-21

Completion Date: 09/30/2021

Document Submission

Implemented

See Requested Attachment

187a - Medication Record

1. 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

The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #2- on 8/30/21 at 9:03pm the reading was 174 but was incorrectly transcribed as 170.

187a - Medication Record (continued)

Plan of Correction**Accept**

*Staff responsible for transcription error was in serviced before the start of her next shift (attachment G)
 All remaining diabetic certified staff will be in serviced on correct documentation of glucometer readings by
 10/8/2021. (Attachment H)
 Admin will audit all glucometers every 2 weeks for transcription accuracy and ongoing compliance.*

Directed Plan of Correction:

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the
 POC, the Adm will submit completed Signature Sheets by 10-9-21, as well as a
 COMPLETED Bi-Weekly Glucometer Accuracy Transcription Audit Sheet as evidence of
 compliance.*

Documentation should be sent in the Portal.

■ 10-7-21

Completion Date: 09/30/2021

Document Submission**Implemented**

See Requested Attachment