

Department of Human Services  
Bureau of Human Service Licensing

October 24, 2022

[REDACTED]

HIGHLAND PARK SENIOR LIVING LLC  
874 SCHECHTER DRIVE  
WILKES-BARRE TOWNSHI, PA, 18702

RE: HIGHLAND PARK SENIOR LIVING  
874 SCHECHTER DRIVE  
WILKES-BARRE TOWNSHI, PA, 18702  
LICENSE/COC#: 22630

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2022, 09/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

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: *HIGHLAND PARK SENIOR LIVING* License #: *22630* License Expiration: *10/05/2022*  
Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA 18702*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *HIGHLAND PARK SENIOR LIVING LLC*  
Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA, 18702*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *03/01/2018* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *152* Waking Staff: *114*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/01/2022*

**Inspection Dates and Department Representative**

08/31/2022 - On-Site: [REDACTED]  
09/01/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *160* Residents Served: *106*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *0* Capacity: *24* Residents Served: *21*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *106*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *46* Have Physical Disability: *0*

Inspections / Reviews

08/31/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/29/2022*

10/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/07/2022*

10/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/18/2022*

10/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/22, Resident #1 had a fall in the common area and was sent to ER for complaints [redacted] The incident was not reported to the department until [redacted]/22.

On [redacted]/22, Resident #2 alerted staff that when transferring, Resident #2 [redacted] Resident #2 was sent to [redacted] Medical center. The incident was not reported to the Department until [redacted]/22.

On [redacted]/22, Resident #3 had an unwitnessed fall. Resident was sent to ER for evaluation. Resident #3 suffered [redacted] [redacted]. The incident was not reported to the Department until [redacted]/22.

On [redacted]/22, resident #4 had an unwitnessed fall. Resident #4 complained [redacted] and was sent to ER for evaluation. The Department was not notified until [redacted]/22.

Plan of Correction

Do Not Accept

Moving forward Highland Park Director of Wellness/ lead nurse will file an initial state reportable as soon as the resident is sent out of facility. We will then follow up with a final as to whether or not injury was sustained and what follow up is needed.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Moving forward Highland Park Director of Wellness/ lead nurse will be counseled on the proper procedure for filing a state reportable. Director of Wellness/ Lead Nurse will file an initial state reportable as soon as the resident is sent out of facility. We will then follow up with a final as to whether or not injury was sustained and what follow up is needed. Administrator will monitor ongoing compliance.

Completion Date: 10/03/2022

Update: 10/11/2022

Please send proof of staff training regarding this regulation.

Document Submission

Implemented

Moving forward Highland Park Director of Wellness/ lead nurse will be counseled on the proper procedure for filing a state reportable. Director of Wellness/ Lead Nurse will file an initial state reportable as soon as the resident is sent out of facility. We will then follow up with a final as to whether or not injury was sustained and what follow up is needed. Administrator will monitor ongoing compliance.

18 - Compliance With Laws

1. Requirements

2600.

18 - Compliance With Laws (continued)

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The Homes carbon monoxide detector located in the kitchen was dated 7/24/21. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.

Plan of Correction

Do Not Accept

Moving forward maintenance supervisor to ensure dates are correct and batteries are changed in a timely fashion in the CO2 monitors.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Administrator met with the maintenance department staff and provided training on annual inspections of all CO2 monitors. Moving forward maintenance supervisor to ensure dates are correct and batteries are changed in a timely fashion in the CO2 monitors. Monthly inspections will be conducted and Administrator will monitor for compliance.

Completion Date: 10/03/2022

Update: 10/11/2022

Please send proof of compliance (picture).

Document Submission

Implemented

Administrator met with the maintenance department staff and provided training on annual inspections of all CO2 monitors. Moving forward maintenance supervisor to ensure dates are correct and batteries are changed in a timely fashion in the CO2 monitors. Monthly inspections will be conducted and Administrator will monitor for compliance.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Room 112 has a hole in the wall that is about 3 inches x 3 inches.

Plan of Correction

Do Not Accept

Moving forward Maintenance supervisor will do monthly walkthroughs of rooms to ensure ceilings, windows and other surfaces will be in good repair and free of hazards.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

88a - Surfaces (continued)

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

**Plan of Correction**

**Accept**

Administrator met with the maintenance department and provided training as to proper building maintenance. Moving forward Maintenance supervisor will do monthly walkthroughs of rooms to ensure ceilings, windows and other surfaces will be in good repair and free of hazards. Administrator will monitor for ongoing compliance.

**Completion Date:** 10/03/2022

**Update:** 10/11/2022

Please send proof of compliance (picture).

**Document Submission**

**Implemented**

Administrator met with the maintenance department and provided training as to proper building maintenance. Moving forward Maintenance supervisor will do monthly walkthroughs of rooms to ensure ceilings, windows and other surfaces will be in good repair and free of hazards. Administrator will monitor for ongoing compliance.

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

A review of the home's fire drill log from 12/2021 to 8/2022 indicates that the fire drills are being routinely conducted between the 24th and 31st of the month.

**Plan of Correction**

**Do Not Accept**

Moving forward fire drills will be held on different days of the week, at different times of the day and night, to ensure different number of staff persons and when residents are present.

**Completion Date:** 09/27/2022

**Update:** 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

**Plan of Correction**

**Accept**

Administrator provided training to the maintenance dept staff on proper fire drill procedures. Moving forward fire drills will be held on different days of the week, at different times of the day and night, to ensure different number of staff persons and when residents are present. Administrator will monitor for ongoing compliance.

**Completion Date:** 10/03/2022

**Update:** 10/11/2022

Please send proof of staff training.

**Document Submission**

**Implemented**

Administrator provided training to the maintenance dept staff on proper fire drill procedures. Moving forward fire

132g - Fire Drills Days/Times (continued)

drills will be held on different days of the week, at different times of the day and night, to ensure different number of staff persons and when residents are present. Administrator will monitor for ongoing compliance.

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

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

Resident #5 – At [redacted] the reading on the glucometer was 206 and the Medical Administration Record, MAR, was incorrectly transcribed as 202.

Resident #6 – At [redacted] the reading on the glucometer was 128 and the MAR, was incorrectly transcribed as 126 and [redacted] the reading on the glucometer was 186 and the MAR was incorrectly transcribed as 189. On [redacted] at [redacted], the reading on the glucometer was 261 and the MAR was incorrectly transcribed as 262. On [redacted] the reading on the glucometer was 130 but the number was not transcribed onto the MAR.

Resident #8 – At [redacted], the reading on the glucometer was 126 and the MAR, was incorrectly transcribed as 123 and on [redacted], the reading on the glucometer was 127 and the MAR was incorrectly transcribed as 107.

Plan of Correction

Do Not Accept

Staff will be provided additional training to ensure proper transcription/documentation. Nursing supervisor will conduct weekly MAR audits, accu check audits to ensure proper documentation/transcription.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Med Tech staff were provided additional training on September 27, 2022 to ensure proper transcription/documentation.

Nursing supervisor will conduct weekly MAR audits, accu check audits to ensure proper documentation/transcription. Administrator will monitor for ongoing compliance.

Completion Date: 10/03/2022

Update: 10/11/2022

Please send proof of staff training.

Document Submission

Implemented

Med Tech staff were provided additional training on September 27, 2022 to ensure proper transcription/documentation.

185a - Implement Storage Procedures (continued)

Nursing supervisor will conduct weekly MAR audits, accu check audits to ensure proper documentation/transcription. Administrator will monitor for ongoing compliance.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #9 was sent to the hospital on [REDACTED]/22. Resident #9 was admitted to the hospital and remained hospitalized until [REDACTED]/22. Upon discharge from the hospital, Resident #9 [REDACTED]/22 to [REDACTED] 22. Upon discharge from [REDACTED] and returning to the home, their care needs had changed. A significant change Assessment and support plan was not completed.

Plan of Correction

**Do Not Accept**

Moving forward Director of Wellness will ensure that any/all returning residents from hospital and/or rehab will have a significant change assessment and support plan completed if condition of resident significantly changes prior to annual assessment.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

**Accept**

Director of wellness was provided additional training on identifying significant changes to be documented on the RASP. Moving forward Director of Wellness will ensure that any/all returning residents from hospital and/or rehab will have a significant change assessment and support plan completed if condition of resident significantly changes prior to annual assessment. Administrator will monitor for ongoing compliance.

Completion Date: 10/03/2022

Update: 10/11/2022

Please send current RASP for Resident #9.

Document Submission

**Implemented**

Director of wellness was provided additional training on identifying significant changes to be documented on the RASP. Moving forward Director of Wellness will ensure that any/all returning residents from hospital and/or rehab will have a significant change assessment and support plan completed if condition of resident significantly changes prior to annual assessment. Administrator will monitor for ongoing compliance.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #10 had 15 falls between [redacted] 22 and [redacted] /22. Resident #10's assessment and support plan was not updated to indicate what the home was doing to ensure the safety of the resident and their increasing care needs.

**Plan of Correction**

**Do Not Accept**

Director of Wellness will do monthly audits of assessment and support plans are updated to indicate what measures home has put into place to ensure safety of the resident in case of increasing care needs.

Completion Date: 09/27/2022

Update: 10/02/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

**Plan of Correction**

**Accept**

Director of Wellness was provided additional training on proper documentation to include additional services. Director of wellness will do monthly audits of assessment and support plans are updated to indicate what measures home has put into place to ensure safety of the resident in case of increasing care needs. Administrator will monitor for ongoing compliance.

Completion Date: 10/03/2022

Update: 10/11/2022

Please send proof for staff training.

Please send current RASP for Resident #10.

**Document Submission**

**Implemented**

Director of Wellness was provided additional training on proper documentation to include additional services. Director of wellness will do monthly audits of assessment and support plans are updated to indicate what measures home has put into place to ensure safety of the resident in case of increasing care needs. Administrator will monitor for ongoing compliance.