

Department of Human Services  
Bureau of Human Service Licensing

October 24, 2022

[REDACTED], VICE PRESIDENT  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2022 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: *ALLIED SERVICES MEADE STREET RESIDENCE* License #: *22812* License Expiration: *10/02/2022*  
Address: *260 SOUTH MEADE STREET, WILKES-BARRE, PA 18702*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *ALLIED SERVICES PERSONAL CARE INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/24/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *09/14/2022*

**Inspection Dates and Department Representative**

09/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *76* Residents Served: *45*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Lower Level* Capacity: *15* Residents Served: *13*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

**09/14/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

Inspections / Reviews *(continued)*

10/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/19/2022*

10/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On [REDACTED]/2022 staff person A witnessed staff person B mistreat resident #1 when staff person B pushed the resident's head into the pillow during care and tell the resident "Stop that!" when the resident was being combative.

## Plan of Correction

Accept

Internal investigation was conducted with unsubstantiated results.

Staff person B was terminated unrelated to abuse allegation.

Staff person A was in serviced regarding abuse reporting timeline. (Attachment A)

All remaining DCS were immediately in serviced on OAPSA/Resident Rights/Behaviors on 7/11/2022 by Administrator. (Attachment B)

Administrator/Designee to monitor to ensure ongoing compliance.

Completion Date: 10/04/2022

Update: 10/13/2022

Please send proof of staff training.

## Document Submission

Implemented

Internal investigation was conducted with unsubstantiated results.

Staff person B was terminated unrelated to abuse allegation.

Staff person A was in serviced regarding abuse reporting timeline. (Attachment A)

All remaining DCS were immediately in serviced on OAPSA/Resident Rights/Behaviors on 7/11/2022 by Administrator. (Attachment B)

Administrator/Designee to monitor to ensure ongoing compliance.

## 125a - Combustible Storage

## 1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

## Description of Violation

Two pieces of clothing were observed behind the dryer located in the secure dementia unit's laundry room.

## Plan of Correction

Accept

Clothing was immediately removed from behind the dryer during inspection.

All staff responsible for using laundry rooms will be in-serviced by 10/13/2022 by Administrator on the importance of combustible/flammable materials not being near heat sources.

Staff to check dryer surroundings after each use.

Designated DCS to check laundry rooms every Wednesday.

All laundry rooms will be audited Q3 months as part of the quarterly QA by Administrator/Designee to ensure ongoing compliance.

Completion Date: 10/04/2022

Update: 10/13/2022

Please send proof of compliance (picture).

## 125a - Combustible Storage (continued)

**Document Submission****Implemented**

*Clothing was immediately removed from behind the dryer during inspection.*

*All staff responsible for using laundry rooms will be in-serviced by 10/13/2022 by Administrator on the importance of combustible/flammable materials not being near heat sources. (Attachment F)*

*Staff to check dryer surroundings after each use.*

*Designated DCS to check laundry rooms every Wednesday.*

*All laundry rooms will be audited Q3 months as part of the quarterly QA by Administrator/Designee to ensure ongoing compliance.*

## 132h - Designated Meeting Place

**1. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

*The home conducted a fire drill on 1/25/22. No residents were evacuated during the fire drill. All residents sheltered in place.*

**Plan of Correction****Accept**

*Facilities manager who over sees monthly fire drills was in-serviced immediately on resident evacuation procedures. (Attachment C)*

*Call placed to Croker Fire Safety who conducts fire drills regarding proper evacuation.*

*Administrator to notify DHS prior to monthly fire drill in the event of substantial COVID-19 outbreak within the facility for additional evacuation guidance.*

*Administrator to review monthly fire drills as part of the quarterly QA.*

*Administrator/Designee to monitor to ensure ongoing compliance.*

**Completion Date:** 10/04/2022

**Update:** 10/13/2022

*Please send proof of staff training.*

**Document Submission****Implemented**

*Facilities manager who over sees monthly fire drills was in-serviced immediately on resident evacuation procedures. (Attachment C)*

*Call placed to [REDACTED] Fire Safety who conducts fire drills regarding proper evacuation.*

*Administrator to notify DHS prior to monthly fire drill in the event of substantial COVID-19 outbreak within the facility for additional evacuation guidance.*

*Administrator to review monthly fire drills as part of the quarterly QA.*

*Administrator/Designee to monitor to ensure ongoing compliance.*

## 183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

Description of Violation

The [redacted] vial belonging to resident #2 was opened for use on 07/28/22. According to manufacturer's instructions, [redacted] vials should be discarded 28 days after being opened for use. The vial should have been discarded on 8/25/22 but was still in use on 9/14/22.

Plan of Correction

Accept

[redacted] was discarded during inspection.  
Pharmacy was called to replace and was delivered to facility that evening.  
All Diabetic trained staff will be in-serviced by 10/13/2022 on the importance of insulin discard dates.  
All insulin will be checked weekly by RCC to ensure none exceed expiration date.  
Administrator will audit RCC insulin discard dates monthly as part of the quarterly QA.  
Administrator/Designee will monitor for ongoing compliance.

Completion Date: 10/04/2022

Update: 10/13/2022

Please send proof of staff training.

Document Submission

Implemented

[redacted] was discarded during inspection.  
Pharmacy was called to replace and was delivered to facility that evening.  
All Diabetic trained staff will be in-serviced by 10/13/2022 on the importance of insulin discard dates. (Attachment G)  
All insulin will be checked weekly by RCC to ensure none exceed expiration date.  
Administrator will audit RCC insulin discard dates monthly as part of the quarterly QA.  
Administrator/Designee will monitor for ongoing compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 has an order for [redacted] to be held for systolic blood pressure less than 100 or heart rate less than 60. On 09/02/22 at 9pm the resident's heart rate was 58 but the medication was still administered. Also, on 9/11/22 at 09:00am the resident's heart rate was 48 and the medication was administered.  
Resident #4 has orders for [redacted] and [redacted]. On the following dates and times these medications were held due to blood pressure readings, however, the physician's order does not include a parameter to hold this medication based on blood pressure readings:

[redacted] held 09/01/22 at 9:00am  
[redacted] held 09/01/22 at 09:00am, 09/05/22 at 09:00am, and 09/10/22 at 09:00am.

Plan of Correction

Accept

In regards to Resident #3- Staff responsible for administration of medication outside prescribed parameters was immediately in-serviced prior to the start of the next shift. (Attachment D)  
All remaining med certified staff will be in-serviced on following prescribers orders by 10/13/2022.  
RCC will audit MARs with parameters Q weekly to ensure staff are following prescriber orders.  
Administrator will audit RCC MAR audits monthly as part of the quarterly QA.

**187d - Follow Prescriber's Orders (continued)**

*Administrator/Designee will monitor to ensure ongoing compliance.*

*In regards to Resident #4- Staff responsible for holding medication was in-serviced prior to the start of the next shift regarding following the providers direction/safe medication administration. (Attachment E)*

*All remaining med certified staff will be in-serviced by 10/13/2022 on safe medication administration.*

*Resident #4 now has parameters on [REDACTED].*

*Ongoing monitoring of monthly vitals to ensure parameters are not needed.*

*RCC will audit MARs weekly to ensure prescribers directions are being followed.*

*Administrator to audit RCC monthly MAR audits as part of the quarterly QA.*

*Administrator/Designee will monitor to ensure ongoing compliance.*

**Completion Date:** 10/04/2022

**Update:** 10/13/2022

*Please send proof of staff training.*

**Document Submission****Implemented**

*In regards to Resident #3- Staff responsible for administration of medication outside prescribed parameters was immediately in-serviced prior to the start of the next shift. (Attachment D)*

*All remaining med certified staff will be in-serviced on following prescribers orders by 10/13/2022. (Attachment H)*

*RCC will audit MARs with parameters Q weekly to ensure staff are following prescriber orders.*

*Administrator will audit RCC MAR audits monthly as part of the quarterly QA.*

*Administrator/Designee will monitor to ensure ongoing compliance.*

*In regards to Resident #4- Staff responsible for holding medication was in-serviced prior to the start of the next shift regarding following the providers direction/safe medication administration. (Attachment E)*

*All remaining med certified staff will be in-serviced by 10/13/2022 on safe medication administration. (Attachment I)*

*Resident #4 now has parameters on [REDACTED].*

*Ongoing monitoring of monthly vitals to ensure parameters are not needed.*

*RCC will audit MARs weekly to ensure prescribers directions are being followed.*

*Administrator to audit RCC monthly MAR audits as part of the quarterly QA.*

*Administrator/Designee will monitor to ensure ongoing compliance.*