

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

October 6, 2023

[REDACTED], VICE PRESIDENT
ALLIED SERVICES PERSONAL CARE INC
[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 07/27/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALLIED SERVICES MEADE STREET RESIDENCE **License #:** 22812 **License Expiration:** 10/02/2023
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-1 **Date:** 03/16/2011 **Issued By:** Wilkes Barre City
Type: C-2 LP **Date:** 08/29/1998 **Issued By:** PA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 69 **Waking Staff:** 52

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/11/2023

Inspection Dates and Department Representative

07/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 76 **Residents Served:** 54

Secured Dementia Care Unit

In Home: Yes **Area:** lower level **Capacity:** 15 **Residents Served:** 154

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

07/27/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/28/2023

08/28/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/07/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/31/2023

Inspections / Reviews *(continued)*

09/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2023

10/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

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

Staff person "A" was reported to have used foul language regarding resident #1's behavior, within earshot of the resident, when exiting the resident's room after providing care.

Repeat Violation-9/14/22.

Plan of Correction

Accept (████) - 09/03/2023)

Staff person A was immediately in-serviced by Administrator on the importance of treating residents with dignity and respect. Staff person A was also in-serviced by Administrator on how to approach residents experiencing behaviors related to dementia.

Administrator educated Staff person A that if she is feeling overwhelmed to ask co-worker for assistance or step back from the resident and try again at a later time.

All DCS staff will be in-serviced by Administrator by 9/1/23 on the importance of treating residents with dignity and respect and how to approach residents experiencing behaviors related to dementia.

Administrator/Designee to survey random residents on the treatment they are receiving from staff for 6 weeks.

Staff person A is no longer employed at the facility.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (████) - 10/06/2023)

58a Awake Staff 16 or More

2. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

Staff person C and B were observed sleeping on the overnight shift by other staff members in the home. A video was provided, and the dates were approximately ██████████ on the ██████████ shift. The home currently serves 55 residents, 14 of whom reside in a secure dementia care unit.

Plan of Correction

Accept (████) - 08/28/2023)

Staff persons B and C were immediately in-serviced on being awake at all times during their shifts. Overnight security to perform nightly rounds to ensure all staff are awake and available during their shift. Weekly sign off sheet to be provided by security. Administrator to review weekly security sign off sheets as part of the quarterly QA.

Administrator/designee to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/25/2023

58a - Awake Staff 16 or More (continued)

Implemented (████) - 10/06/2023)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home currently serves 55 residents, 14 of which reside in the secure dementia care unit and would need assistance evacuating in the event of a fire. The home has 8 internal fire safe areas and a safe evacuation time of 10 minutes. On 7/27/23 there were only 2 staff members present in the home on the 11pm-7am shift. The home would not be able to meet the needs of the residents according to their Resident Assessment Support Plan in the event of an emergency between 11pm and 7am.

Plan of Correction

Accept (████) - 08/28/2023)

The facility reviewed the assessment / support plans for all residents in the facility. Currently, the only residents requiring the assistance of staff to evacuate during a fire / fire drill, are the 14 residents in the SDCU. The facility will continue to evaluate the assistance needs of the residents and adjust staffing levels required as needed. The facility has provided, and will continue to provide sufficient staffing to meet the needs of the residents as specified in the resident's assessment and support plan.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented (████) - 10/06/2023)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Per interviews with staff and (████) Fire Safety representative (████) regarding overnight drills conducted on 3/9/23 and 6/20/23, drills were not conducted. It was confirmed that a fire drill was not conducted on these dates and instead an employee training was held regarding the steps to take in the event of a fire.

Plan of Correction

Accept (████) - 08/28/2023)

Facilities Manager who oversees monthly fire drills was immediately in-serviced on ensuring that a fire drill is conducted once a month and all residents are evacuated to a fire safe area. A call was placed to (████) Fire Safety by Facilities Manager and the regulation was reviewed and understanding was acknowledged. An unannounced fire drill was held on 8/21/23 at 622am. Administrator to review record of fire drill provided by (████) Fire Safety as part of the quarterly QA. Administrator/designee to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented (████) - 10/06/2023)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The documentation of the evacuation time for fire drills conducted from May 2022 to present lists only the evacuation time for the fire affected area and does not note the total time for all residents to evacuate to the internal fire safe area. The documentation of the exact exit route used for evacuation is not included on the fire drill logs from May 2022 to present. The fire drill logs contain information regarding sleeping hour fire drills held on 3/9/23 and 6/20/23 however it was determined that drills were not held on these days and the logs were incorrectly documented.

Plan of Correction

Accept (████) - 08/28/2023

While ██████ Fire Safety was in to perform unannounced fire drill on 8/21/23 at 6:22am, this regulation was explained to its entirety and understanding was acknowledged. ██████ Fire Safety re-wrote their fire drill logs to fit this regulation. Administrator will ensure that the total time for resident evacuation and the documentation of the exact route used for evacuation is included and is correctly documented.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented (████) 10/06/2023

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A sleeping hour fire drill was not conducted at the home during the period of March 2023 to present. It was determined that a staff training was held in lieu of a sleeping hour fire drill on the dates 3/9/23 and 6/20/23.

Plan of Correction

Accept (████) - 08/28/2023

Facilities Manager who oversees monthly fire drills was immediately in-serviced on ensuring that a fire drill is conducted during sleeping hours every 6 months. A call was placed to Croker Fire Safety on this regulation and the importance of conducting a fire drill during sleeping hours. An unannounced fire drill was held on 8/21/23 at 6:22am. Administrator/Designee will be present for future sleeping hour fire drills to ensure fire drills are being performed correctly.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented (████) - 10/06/2023

132g - Fire Drills Days/Times

7. 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.

132g Fire Drills Days/Times (continued)**Description of Violation**

The fire drills conducted from May 2022 September 2022 were all held in the middle of the month between the 13th and the 18th.

Plan of Correction**Accept ([REDACTED] - 08/28/2023)**

Facilities Coordinator who schedules monthly fire drills was immediately in serviced on conducting fire drills at different days/times of the month. The next 2 unannounced fire drills will be held by [REDACTED] Fire Safety on 8/29/23 (3 11), and 9/6/23 (11 7). The fire drill schedule will be reviewed with, and approved by the Administrator, prior to drills being conducted, to ensure fire drills are held on staggering days and at staggering times.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 10/06/2023)