

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

January 5, 2024

[REDACTED], VP
ALLIED SERVICES PERSONAL CARE INC
100 TERRACE LANE
SCRANTON, PA, 18508

RE: ALLIED TERRACE
100 TERRACE LANE
SCRANTON, PA, 18508
LICENSE/COC#: 20025

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2023 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALLIED TERRACE **License #:** 20025 **License Expiration:** 12/08/2023
Address: 100 TERRACE LANE, SCRANTON, PA 18508
County: LACKAWANNA **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: / 1 **Date:** 03/06/1998 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 12/05/2023

Inspection Dates and Department Representative

12/05/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 60

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

12/05/2023 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/31/2023

Inspections / Reviews (*continued*)

01/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/29/2023

01/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow Up Type: Bypass Document
Submission

01/05/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Department reps requested staff records at 9:45am. 4 staff records were provided at 12:20pm and the final record was provided at 1:25pm. The records were not provided within a reasonable amount of time.

Plan of Correction

Accept ([redacted] - 01/02/2024)

Copy of all staff records will be kept on site at the facility. Audit will be done quarterly by Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([redacted] 01/05/2024)

16c - Written Incident Report

2. 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], Resident # 1 had an unwitnessed fall. Resident # 1 was sent to ER for evaluation. Resident #1 was admitted to the hospital and home was advised of a possible hairline fracture to the clavicle on [redacted]. Home did not report the injury to the Department until [redacted].

Plan of Correction

Accept ([redacted] - 01/02/2024)

Administrator as well as potential reporters of incidents were educated on the Tag 16c regulations regarding incident reporting and time limits. A reportable log was developed to ensure all incidents are reported correctly and timely. The Administrative Assistant has been assigned to review all incidents to ensure the reportable are done timely.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented ([redacted] - 01/05/2024)

65e - 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Documentation for training hours for 2022 was not located during the inspection. Therefore, compliance with meeting the required training hours for direct care staff A – E could not be measured.

Plan of Correction

Accept ([redacted] - 01/05/2024)

2022 Education records from prior administration could not be located. All education for 2023 was completed and education plan for 2024 is developed and will be implemented by Wellness Director. Quarterly audits will be done by Administrator in ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/05/2024

65e - 12 Hours Annual Training (continued)

Implemented () - 01/05/2024)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Documentation for trainings completed in training year 2022 were not located during the inspection. Therefore, compliance could not be measured for staff A – E meeting the required topics for training year 2022.

Plan of Correction

Accept () - 01/05/2024)

2022 Education records from prior administration could not be located. All education for 2023 was completed and education plan for 2024 is developed and will be implemented by Wellness Director. Quarterly audits will be done by Administrator in ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented () - 01/05/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Documentation for trainings completed in training year 2022 were not located during the inspection. Therefore, compliance could not be measured for staff A – E meeting the required topics for training year 2022.

Plan of Correction

Accept () 01/05/2024)

2022 Education records from prior administration could not be located. All education for 2023 was completed and education plan for 2024 is developed and will be implemented by Wellness Director. Quarterly audits will be done by Administrator in ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented () - 01/05/2024)

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

A training record for staff A through E was not maintained for training year 2022 indicating name of staff person, date of training, source, content, or length of course.

Plan of Correction

Accept () - 01/05/2024)

2022 Education records from prior administration could not be located. All education for 2023 was completed and

65i - Training Record (continued)

education plan for 2024 is developed and will be implemented by Wellness Director. Quarterly audits will be done by Administrator in ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented (████) - 01/05/2024)

81b - Resident Personal Equipment**7. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident Room # 117 had an enabler bar that was not covered and measured 8 inches long and 6 inches wide.

Plan of Correction

Accept (████) - 01/04/2024)

Enabler bar that was identified was covered on 12/5/23. An audit was done facility wide to identify any other enabler bar. Direct care staff was educated on Tag 81b. Monthly compliance checks will be done by maintenance staff to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented (████) - 01/05/2024)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**8. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

Resident room # 242 bathroom had a bath towel that was on the floor being used as a bathmat. The towel was not secured to the floor and was a trip hazard.

Plan of Correction

Accept (████) - 01/02/2024)

Towel that was identified was removed on 12/5/23. An audit was done facility wide to identify any trip hazards in resident bathrooms. Direct care staff was educated on Tag 102d. Monthly compliance checks will be done by maintenance staff to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented (████) - 01/05/2024)

182b - Prescription Medication**9. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff B completed the previous annual MedTech recertification training on 1/███. Staff E completed previous

182b Prescription Medication (continued)

annual MedTech recertification training on [REDACTED]. The Annual re certification does not indicate a pass or fail, date the recertificate was completed, is not signed by the trainer, or providers name.

Plan of Correction

Accept [REDACTED] - 01/02/2024)

The two staff members that were identified were both recertified as of [REDACTED] Quarterly audit will be done by Wellness Director to insure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 01/05/2024)

227d - Support Plan Medical/Dental**10. Requirements**

2600.

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 # 2 RASP completed [REDACTED] was no updated regarding the resident's increased need for supervision due to their elopement from the facility [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/02/2024)

Resident identified RASP was updated by Wellness Director on [REDACTED] A monthly audit will be completed by Wellness Director to identify any new resident need that need to be updated in their RASP and ensure that it is done timely.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 01/05/2024)