

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

January 31, 2024

██████████ OWNER/ADMINISTRATOR
NORTH PENN MANOR, INC.
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702

RE: NORTH PENN MANOR
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702
LICENSE/COC#: 22032

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023, 12/21/2023 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,

██████████
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: NORTH PENN MANOR License #: 22032 License Expiration: 10/08/2024
 Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702
 County: LUZERNE Region: NORTHEAST

Administrator

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

Legal Entity

Name: NORTH PENN MANOR, INC.
 Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA, 18702
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/22/1989 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/21/2023

Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]
 12/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 55

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

12/19/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2024

Inspections / Reviews *(continued)*

01/31/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

01/31/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident #1's bedroom and the telephone attached to the wall near the Administrator's office.

Plan of Correction

Accept () - 01/31/2024)

Emergency telephone numbers need to be posted on or by each telephone with an outside line. The emergency telephone numbers were not in place for resident #1's bedroom and the wall near the Administrator's office. The emergency contact lists were immediately hung in both areas at the time of inspection, 12/19/23, by maintenance. Photos are attached. The emergency contact list for resident #1 was mistakenly taken down by family when they were hanging her personal pictures. The emergency contact list in the back hall was knocked down and not immediately replaced. The emergency contact numbers that are posted facilitates a quick response in the event of an emergency and should always be readily available. The administrator and maintenance checked all areas requiring an emergency contact list and will do periodic checks to ensure that all areas requiring an emergency contact list are in place. The administrator will ensure compliance with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented () - 01/31/2024)

181c - Self-administration Assessment

2. Requirements

2600.

- 181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

There was a tube of [REDACTED] unlocked and accessible in Resident #2's bathroom in the medicine cabinet. Per Resident #2's medical evaluation dated [REDACTED] the resident is not able to self-administer medications.

Plan of Correction

Accept () - 01/31/2024)

There was a tube of [REDACTED] in Resident #2's medicine cabinet from an outside pharmacy that was brought in by the resident's family member. The family brought this medication in without the staff's knowledge. The resident's medical evaluation dated [REDACTED] states that the resident is not able to self-administer [REDACTED] medication so this medication needs to be administered by the medication staff. We explained this to the resident and [REDACTED] family on 12/21/23 and they are OK with us getting a new order from [REDACTED] physician and keeping the new bottle of powder when delivered in our locked cart and having the powder administered by our medication staff. The Nystatin powder from the outside pharmacy was destroyed by the supervising PCA and the Administrator on 12/21/23. The medication disposal sign off sheet is attached. The physician order was requested by our supervising PCA on 12-22-23 and was received on 12-22-23 from the resident's physician. The order is attached. The medication was delivered on 12-22-23 by the pharmacy. The new order was entered on the resident's MAR on 12-22-23 by the supervising PCA. The MAR is attached. The supervising PCA checked all resident rooms to ensure that there weren't any unlocked medications in any of the resident's rooms and will periodically check resident rooms for medications that

181c Self administration Assessment (continued)

shouldn't be there. The administrator will also do periodic checks to ensure compliance with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented () - 01/31/2024)

183a - Original Containers and Injections

3. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

There was a small paper cup with 10 loose assorted medication tablets in it located in the home's medication cart.

Plan of Correction

Accept () - 01/31/2024)

The med tech was interrupted during the process of preparing medications for the resident, so placed the medications already poured into a cup and put them in the back of the cart to be destroyed by the supervising PCA and the administrator when was done with medication pass. then started over preparing the resident's scheduled medication and administered it to the resident. The annual inspection ended up taking place that day soon after the medication pass and the supervising PCA and Administrator were participating in the inspection and didn't get a chance to destroy the medications before the cart was inspected. The medications were destroyed the date of the inspection, 12 21 23 by the supervising PCA and the administrator. A copy of the medication disposal sign off sheet is attached. The supervising PCA will monitor the carts daily for medications that need to be destroyed and the administrator will also do periodic checks to ensure compliance with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented () - 01/31/2024)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There was a tube of unlocked and accessible in Resident #2's bathroom in the medicine cabinet.

Plan of Correction

Accept () - 01/31/2024)

There was a tube of in Resident #2's medicine cabinet from an outside pharmacy. The family brought this medication in without the staff's knowledge. All medications need to be kept in area or container that is locked. We explained this to the resident and the resident's family on 12 21 23 and they are OK with us getting a new order from physician and keeping the new bottle of powder when delivered in our locked cart and having the powder administered by our medication staff. The medication was removed from the medicine cabinet at the time of the inspection, 12 21 23, by the supervising PCA. The powder was destroyed by the supervising PCA and

183b Meds and Syringes Locked (continued)

Administrator on 12 21 23 and a new order was prepared by the resident's physician on 12 22 23. A copy of the medication disposal sign off sheet is attached. The new medication was delivered on 12 22 23, the medication was entered into the MAR on 12 22 23 and was placed in the locked medication cart used by staff. The supervising PCA checked all resident rooms to ensure that there weren't any unlocked medications in any of the resident's rooms and will periodically check resident rooms for medications that shouldn't be there. The administrator will also do periodic checks to ensure compliance with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented ([REDACTED] - 01/31/2024)