

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

April 26, 2024

[REDACTED]  
NORTH PENN MANOR, INC.  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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]

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/22/1989* Issued By: *DLI*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/21/2024*

**Inspection Dates and Department Representative**

*03/21/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *80* Residents Served: *58*

**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: *49*  
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *2*

**Inspections / Reviews**

**03/21/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2024*

**04/23/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/25/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2024*

Inspections / Reviews *(continued)*

04/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/29/2024

04/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

Resident [REDACTED] Resident Assessment and Support Plan (RASP) dated 5-9-23 indicates [REDACTED] can not leave the facility unattended. Resident [REDACTED] left the facility on [REDACTED] unsupervised by family or staff, and walked approximately 2 blocks, where the resident had fallen. The facility is not meeting the needs of the resident as identified in the Residents RASP.

## Plan of Correction

Accept [REDACTED] - 04/25/2024)

The resident left the facility on 2/27/24 within 30 minutes of being dropped off by his family that day. When the family dropped the resident off from their visit that day on 2/27/24, the wanderguard alarm went off when [REDACTED] walked in the door. Evidently the battery must have died right after that because the alarm never went off when [REDACTED] left the building unattended 30 minutes later and it didn't alarm once [REDACTED] returned from the hospital that same day either. The battery was replaced immediately by the sup pca immediately after the resident returned to the facility on 2/27/24 around 6pm. The batteries in the wanderguard bracelet are checked every Friday by the sup pca to ensure that the battery is working, and will continue to be checked every Friday by the sup pca. The sup pca also placed an additional wanderguard bracelet on the resident on 3/4/24 as a double safeguard since the resident has been actively trying to leave the facility and will continue to do so as each one needs to be replaced. Since the wanderguards will be placed on the resident at different intervals, one will always be functional in the event that one of the wanderguard's battery dies out. We will also provide a double bracelet at different intervals for any other resident who is actively seeking exit from the facility in the future that has a RASP stating that they cannot leave the facility unattended. We do not have any other residents at this time that require the double wanderguard. The administrator completed an application to the Bureau of Aging to do an assessment for the resident for a higher level of care on 3/22/24. The Bureau of Aging came to do the assessment on 3/26/24. On 3/27/24 the administrator received the report from the Bureau of Aging that the resident was assessed for a higher level of care. The resident's daughter wanted to find placement on [REDACTED] own but [REDACTED] wasn't being very successful with it so on 4/12/24, five skilled nursing homes were contacted by the sup pca at our facility. An additional 5 nursing homes were contacted on 4/17/24 by the sup pca. We are waiting for them all to get back to us. The administrator will continue to find placement for the resident until the resident is finally placed. The administrator will monitor all wanderguard procedures on an ongoing basis and will ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/24/2024

Implemented [REDACTED] - 04/26/2024)

## 227d - Support Plan Medical/Dental

## 2. 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.

## 227d - Support Plan Medical/Dental (continued)

**Description of Violation**

Resident [REDACTED] Resident Assessment and Support Plan (RASP), dated 5-9-23 does not indicate the need for utilization of a wander guard due to exit seeking behaviors. Resident [REDACTED] exited the facility, unsupervised on 2-27-24 after the noon meal. The resident walked approximately 2 blocks before the facility was made aware [REDACTED] left the facility by an off duty staff who called the facility.

Resident [REDACTED] Assessment and Support Plan (RASP), dated 12-7-23, does not indicate the need for utilization of a wander guard due to exit seeking behaviors.

**Plan of Correction****Accept [REDACTED] - 04/23/2024)**

The RASP for resident [REDACTED] and resident [REDACTED] did not include that a wanderguard system was being utilized by the residents to alarm if the resident exited the facility's front door. This was an oversight by the administrator. The RASP for resident [REDACTED] and resident [REDACTED] were updated to include this information on the date of the inspection on 3/21/24 by the administrator. The updated page of the RASP for both residents is attached. On 3/22/24 all of the resident charts were checked by the administrator to ensure that this information was included in any RASPs that required it. There were no additional charts that needed to be updated. The administrator will monitor the RASPs periodically to ensure that if this information applies to a resident that it is included in their support plan. The administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 04/17/2024

**Implemented [REDACTED] - 04/26/2024)**