

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

May 21, 2024

[REDACTED]
ALLIED SERVICES PERSONAL CARE INC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2024 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: *ALLIED SERVICES MEADE STREET RESIDENCE* License #: *22812* License Expiration: *10/02/2024*
 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: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *04/30/2024*

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *76* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *Yes* Area: *lower level* Capacity: *15* Residents Served: *14*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

04/30/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2024*

05/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/21/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2024*

Inspections / Reviews *(continued)*

05/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/22/2024

05/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65i - Training Record

1. 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

Training was conducted by the home on regulation 58a Awake Staff Persons, Proper Medication Administration and OAPSA. The training logs for the training indicate the date conducted as "by 3-21-24" not the actual date they were conducted. As per interviews staff training was conducted on multiple dates prior to 3-21-24 however the specific dates each staff members were trained were not documented.

Plan of Correction

Accept [REDACTED] - 05/16/2024)

The Administrator will immediately and ongoing document the specific date in which the training was conducted if staff are trained on different dates. All staff trainings will be kept in Administrators office for review upon the Department request.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] - 05/21/2024)

81b - Resident Personal Equipment

2. 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

Upon entering room [REDACTED] an uncovered bedside mobility device was observed attached to the left-hand side of the bed. The enabler bar had an opening of approximately 12inches by 8 inches which would require a cover to prevent a potential injury from occurring.

Plan of Correction

Accept [REDACTED] - 05/20/2024)

Biweekly room audits were initiated on 5/8 and will continue to be biweekly on Wednesdays going forward

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] 05/21/2024)

227d - Support Plan Medical/Dental

3. 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] uses a bedside mobility device. The RASP for Resident [REDACTED] dated 4-24-24 did not include information about the resident's specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, the specific device to be used, or if a cover is required to meet FDA guidelines.

Plan of Correction**Accept [REDACTED] - 05/20/2024)**

Resident [REDACTED] RASP was updated for use of mobility device on 5/1.

Weekly staff meetings were initiated on Thursday 5/9 and will continue to be held every Thursday going forward.

Licensee's Proposed Overall Completion Date: 05/23/2024

Implemented [REDACTED] - 05/21/2024)