

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

August 1, 2024

[REDACTED], ADMINISTRATOR  
ALLIED SERVICES PERSONAL CARE INC  
[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 05/22/2024, 05/28/2024 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**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/28/2024*

**Inspection Dates and Department Representative**

05/22/2024 - Off-Site: [REDACTED]  
 05/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *76* Residents Served: *57*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *lower level* Capacity: *14* Residents Served: *14*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

**Inspections / Reviews**

**05/22/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/28/2024*

**07/03/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *07/30/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2024*

Inspections / Reviews *(continued)*

07/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/19/2024

08/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

- 5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

On [REDACTED] the Home placed resident # 1 in the home's SDCU activity area temporarily to engage in some activities for a short time. This resident was not admitted to the Home's SDCU with the proper admission paperwork and waivers for such services.

The resident could not operate the code for the exit door independently to exit the area.

Plan of Correction

Accept ( [REDACTED] ) - 07/17/2024)

Starting immediately and ongoing, the Administrator will ensure that only residents capable of independently operating the SDCUs code for exit participates in the activities in the SDCU. If a resident wishes to participate in any activities in the SDCU, the Assistant Administrator will educate the resident on how to operate the code for exit and then will have the resident demonstrate operating the code for exit independently.

Residents who reside in Standard Living, but participate in Activities in the SDCU, will be prompted on a monthly basis to demonstrate use of the code to exit the unit. Documentation of these attempts will be maintained and audited as part of the quarterly QA.

Administrator/designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented ( [REDACTED] ) - 08/01/2024)

231b - Medical Evaluation

2. Requirements

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

On [REDACTED] Resident # 1 was admitted to the Home's SDCU without waiting for the PCP to return the signed DME indicating their approval for admission to the unit.

The resident was unable to exit the unit independently by operating the code to the door(s).

The home failed to properly process the admission paperwork for this resident to be admitted to the Home's SDCU on [REDACTED].

231b - Medical Evaluation (continued)

Plan of Correction

Accept ( ) - 07/17/2024

On [REDACTED], the Administrator placed a call to Resident # 1's PCP in regards to the DME. The signed DME was received on [REDACTED]

Starting immediately and ongoing, the Administrative Assistant will ensure that a resident's DME is received and signed by the PCP prior to transfer to the SDCU.

In the event a resident is transferring to the SDCU, the Administrator will review the resident's financial chart to ensure all required paper work is received and signed by all appropriate parties prior to the resident transfer.

Administrator will audit the financial charts of any resident transferring to the SDCU as part of the quarterly QA. Administrator/designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented ( ) - 08/01/2024

231e - No Objection Statement

3. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

On [REDACTED] Resident # 1 was admitted to the Home's SDCU without completing the statement of Objection Form.

This explicitly states that the resident and/or the family of the resident have no objection to the resident being placed in a locked (secure) unit within the home that is only accessed by a coded door locking system.

The home failed to properly process the admission paperwork for this resident to be admitted to the Home's SDCU on [REDACTED]

Plan of Correction

Accept ( ) - 07/17/2024

During the time of inspection, the Administrator placed a call to Resident # 1's Responsible Party to notify of paperwork requiring signatures. Responsible Party and Resident # 1 signed the facilities Statement of Objection form on 5/28/24.

Starting immediately and ongoing, the Administrative Assistant will ensure that the Statement of Objection form for SDCU admissions is signed by the resident and Responsible Party prior to admission to the SDCU.

In the event a resident is transferring to the SDCU, the Administrator will review the resident's financial chart to ensure all required paper work is received and signed by all appropriate parties prior to the resident transfer.

Administrator will audit the financial charts of any resident transferring to the SDCU as part of the quarterly QA. Administrator/designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented ( ) - 08/01/2024