

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

January 14, 2025

[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 12/11/2024 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: 10/08/2025  
 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: 05/31/1990 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 12/11/2024

**Inspection Dates and Department Representative**

12/11/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 80 Residents Served: 53  
 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: 44  
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 2

**Inspections / Reviews**

12/11/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2025

01/10/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/11/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/15/2025

Inspections / Reviews *(continued)*

01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License Inspection Summary (LIS) report dated [REDACTED] was not posted conspicuously in the home as required. The LIS report was posted in a wall mounted container behind an artificial tree.

Plan of Correction

Accept ([REDACTED] - 01/10/2025)

Per regulation 3c the license and current inspection documentation must be in a conspicuous and public place in the personal care home. The documentation was obscured by a decorative tree. The license and inspection documentation and holder was moved to the lobby area by maintenance on the day of inspection, 12/11/2024. The administrator will ensure that this documentation will always be placed in a conspicuous location and not obscured by any decorations and will monitor this on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented ([REDACTED] 01/14/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the National Fire Protection Association (NFPA) requirements, all manual pull stations must be visible and unobstructed. On [REDACTED], the Licensing Representative observed the pull station located adjacent to exit door number 3 physically and visually obstructed by an artificial tree, floor scrubber, wet floor signs, and a broom.

Plan of Correction

Accept ([REDACTED] - 01/10/2025)

Per regulation 18, the home shall comply with the fire ordinances and regulations which includes that all manual pull stations must be visible and unobstructed. The emergency fire pull located by exit door 3 was obscured by a decorative tree, floor scrubber, wet floor signs and a broom. These items were removed on site on the day of inspection, 12/11/24, by maintenance. Housekeeping and maintenance will check all pull stations daily to make sure that they are clear of any obstructions and the administrator will monitor all fire pulls on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented ([REDACTED] - 01/14/2025)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home uses video surveillance at its entry and exit points; the home did not have visible signage informing visitors

42s Privacy (continued)

of the video surveillance.

Plan of Correction

Accept (█ - 01/10/2025)

Per regulation 42S, video recording of the homes entrances and exits is permitted provided that signs indicating that images are being recorded are posted in the areas that are being recorded. This signage was not posted on the entry and exit points of the front door. A sign was placed at the front entrance by maintenance on 12/15/2024. Maintenance will ensure that these signs are placed in any areas that require it and the administrator will monitor for compliance with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented (█ - 01/14/2025)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

During the physical site inspection a 2x4 inch hole was found in the kitchen wall adjacent to the wall mounted landline telephone. Visible wires were observed in the hole in the wall.

Plan of Correction

Accept (█ - 01/10/2025)

Per regulation 88a, Walls and other surfaces must be in good repair and free of hazards. The receptacle on the wall in the kitchen did not have a cover on it. The cover was placed on site on the day of the inspection by maintenance on 12/11/24. Maintenance will do periodic checks on all surfaces making sure they are in compliance with this regulation. The administrator will monitor this on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented (█ - 01/14/2025)

89b - Hot Water Temperature

5. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature in the bathroom of Resident Room █ measured 125.6 degrees Fahrenheit.

Plan of Correction

Accept (█ - 01/10/2025)

Per regulation 89b, the hot water temperature in areas accessible to the residents may not exceed 120 degrees Fahrenheit. The water temperature in Rm █ bathroom registered 125.6 degrees. This was fixed on site the date of the inspection, 12/11/24 by maintenance. Maintenance will do weekly checks in all areas accessible to the residents to ensure that the temperature is 120 degrees or less and the administrator will monitor for compliance on this on an ongoing basis.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented (█ - 01/14/2025)

103d - Storing Food Off Floor

6. Requirements

2600.  
103.d. Food shall be stored off the floor.

Description of Violation

*During the physical site inspection, boxes containing soda cans and crispy rice cereal were observed being stored on the floor of the dry food storage shed.*

Plan of Correction

Accept (████) 01/10/2025)

*Per regulation 103d, food shall be stored off the floor. The outside storage shed had cans of soda on the floor and rice crispy cereal. This was picked up and placed on the shelves on site the date of the inspection on 12/11/24 by maintenance. Kitchen staff will check daily to ensure that there is not any food placed directly on the floor of any food storage area. Maintenance will also do periodic checks for compliance. The administrator will monitor for compliance with this regulation on an ongoing basis.*

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented (████) - 01/14/2025)

121a - Unobstructed Egress

7. Requirements

2600.  
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

*The door located in the kitchen dining area was obstructed on the exterior side by a collection of leaves, milk crates, and a wheelchair that prevented the door from being opened fully and also obstructed the path of egress.*

Plan of Correction

Accept (████) - 01/10/2025)

*Per regulation 121a, doorways and egress routes from the building must be unobstructed. The exit door from the dining room had leaves, milk crates, and a wheelchair in front of it blocking the exit. These items were removed on site on the date of the inspection on 12/11/24 by the kitchen staff. The kitchen staff and maintenance will check daily to make sure that there are no obstructions and the administrator will monitor this on an ongoing basis to ensure compliance with this regulation.*

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented (████) - 01/14/2025)

132g - Fire Drills Days/Times

8. Requirements

2600.  
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

*The home's last two sleeping hour fire drills were conducted on (████) at 5:35am and (████) at 5:25am. Both*

132g - Fire Drills Days/Times (continued)

sleeping hour fire drills were conducted with 3 staff persons present in the home. The home regularly schedules only 2 staff persons during the 3rd shift hours of 11pm to 7am.

Plan of Correction

Accept [REDACTED] 01/10/2025)

Per regulation 132g fire drills cannot be held when additional staff are present. The overnight drills had 3 staff participating instead of the usual 2 staff on shift. The administrator will conduct all future drills when only two staff members are present for the overnight drill. The administrator will follow this protocol on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented [REDACTED] - 01/14/2025)

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

During the initial walk through inspection, approximately 10-20 cigarette butts were observed in the grass surrounding the outdoor designated smoking area patio. Also, cigarette butts were observed outside in the rocky area to the right of the kitchen area exit door. This was not the designated smoking area.

Plan of Correction

Accept [REDACTED] 01/10/2025)

Per regulation 144c1, cigarette butts were on the ground surrounding the outdoor smoke area and also outside the kitchen door. The facility's smoking policy only allows smoking in the designated area located outside of the back hall and that all smoke butts be placed in the receptacles. The smoke area and the area outside of the kitchen door were cleaned up on 12/12/24 by housekeeping. A sign was placed in the smoking area reminding all smokers to dispose of their cigarette butts properly in the receptacles provided in the smoking area. A sign was also placed on the kitchen door instructing staff that they cannot smoke outside of the kitchen area. Housekeeping and maintenance will check these areas daily and the administrator will monitor this on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented [REDACTED] - 01/14/2025)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (*continued*)**Description of Violation**

Resident [REDACTED] has an order for [REDACTED], one tablet daily, hold if top number of blood pressure is under 100. The pharmacy label for the medication states the medication is to be held if the top number of the blood pressure is under [REDACTED]

Resident [REDACTED] has an order for [REDACTED], one half tablet twice per day. The pharmacy label for the medication indicated the order for the medication is on half tablet every evening.

**Plan of Correction****Accept [REDACTED] - 01/10/2025)**

Per regulation 184a, all prescription medications should have a pharmacy label attached with the prescribed dosage and instructions for administration. Resident [REDACTED] had a label that had a pharmacy typographical error on it stating to hold the lisinopril if less than 110, it should have read less than 100 as stated in the MAR. The pharmacy was contacted on the date of inspection, 12/11/24 by the PCA supervisor and a new label was created and placed on the bottle of lisinopril on the date of inspection, 12/11/24 by the PCA supervisor to match the MAR and physicians order. Resident [REDACTED] had a label stating [REDACTED] one half tablet two times a day which should have been changed to [REDACTED] in the evening when we received the medication on 12/6 per physician order. The MAR was updated to match the pharmacy label on the date of inspection, 12/11/24 by the supervising PCA. A training was held for all medication staff on 12/16/2024 by the supervising PCA and the administrator which included paying attention to comparing changes being made on the MAR and prescription labels. The supervising PCA on each shift will monitor all medication documentation daily and the administrator will monitor the medication documentation on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

**Implemented [REDACTED] 01/14/2025)**

## 185a - Implement Storage Procedures

**11. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

During the inspection, it was observed that there were multiple oxygen tanks located in the hallway outside of Resident Room [REDACTED]. Four tanks were not properly secured in a tank storage holder. Additionally, one of these tanks was positioned in a manner that obstructed the closing of the resident room door, posing a potential hazard.

**Plan of Correction****Accept [REDACTED] - 01/10/2025)**

Per regulation 185a, all medical equipment shall be stored in a safe and secure manner. 4 oxygen tanks located outside of room [REDACTED] were not secured in a tank storage holder and one of the tanks was too close to the resident room door. The tank located next to the door was immediately removed by the supervising PCA and placed in the tank holder and the 4 tanks that were not in the tank holder were placed in the holder on site the date of the inspection, 12/11/24, by the supervising PCA. Maintenance and housekeeping will check daily to make sure that the medical equipment is properly stored and the administrator will monitor this on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

**Implemented [REDACTED] - 01/14/2025)**

187d - Follow Prescriber's Orders

12. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted] one tablet twice per day, hold for pulse less than 60 or systolic blood pressure (SBP) less than 110. On [redacted] at 8am the SBP was 103 and the medication was not held.

Resident [redacted] has an order for blood glucose readings 4 times daily with meals and at bedtime and insulin to be administered based on a sliding scale at those times. On [redacted] at 5pm the blood glucose reading was recorded as [redacted] but was not found in the resident's glucometer. The medication administration record (MAR) indicates [redacted] of [redacted] were administered as per the sliding scale.

Resident [redacted] has a sliding scale order for [redacted], three times a day with meals:

[redacted]

Greater than [redacted] give [redacted] and call MD at the VA.

On [redacted] Resident [redacted] blood glucose measured [redacted] at 5pm. On [redacted] the resident's blood glucose measured [redacted] at 5pm. On [redacted], the resident's blood glucose measured "high" at 5pm. There was no documentation that the home had contacted the resident's physician on [redacted], or [redacted].

Additionally, on [redacted] at 5:00pm, resident [redacted] glucometer measured a blood glucose of [redacted] and [redacted] of [redacted] should have been administered. However, the home documented a reading of [redacted] and administered [redacted] of [redacted]

On [redacted] at 7:00am, resident [redacted] had a blood glucose reading of [redacted] and [redacted] of [redacted] should have been administered; the MAR indicates [redacted] were administered.

Plan of Correction

Accepted [redacted] - 01/10/2025)

Per regulation 187d, all medications should be given as ordered by a physician. Resident [redacted] had a SBP under 110 and [redacted] should have been held. Resident [redacted] had a blood glucose reading of [redacted] at 5 pm but was not found in the resident's glucometer. Resident [redacted] had blood glucose readings greater than [redacted] with physician orders to contact the physician. It was not documented on the MAR that the physician was notified. Additionally for resident [redacted] the glucometer measured a reading of [redacted] with [redacted] of [redacted] to be administered and the MAR documentation read [redacted] with [redacted] of [redacted] administered. Also for resident [redacted] there was a blood glucose reading of [redacted] and [redacted] of [redacted] should have been administered but the MAR documentation indicates that 6 units were administered. A training was held on [redacted] by the administrator and PCA supervisor for all medication trained staff. Included in this training, the staff were instructed to document their accuchecks and insulin directly on the MAR instead of writing them on a piece of paper and then transferring the information to the MAR. This was the main cause when identifying the reasons for incorrect documentation. The annual diabetic training will also be held in January to reinforce proper diabetic administration. The supervising PCA's will monitor all diabetic documentation for each shift and the administrator will also monitor this on an ongoing basis to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented [redacted] 01/14/2025)