

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

February 27, 2025

[REDACTED], ADMINISTRATOR
ALLIED SERVICES PERSONAL CARE INC
100 TERRACE LANE
SCRANTON, PA, 18508

RE: ALLIED TERRACE
100 TERRACE LANE
SCRANTON, PA, 18508
LICENSE/COC#: 20025

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/16/2025, 01/17/2025 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] or

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ALLIED TERRACE* License #: *20025* License Expiration: *12/08/2025*
 Address: *100 TERRACE LANE, SCRANTON, PA 18508*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ALLIED SERVICES PERSONAL CARE INC*
 Address: *100 TERRACE LANE, SCRANTON, PA, 18508*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/06/1998* Issued By: *City of Scranton*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *01/17/2025*

Inspection Dates and Department Representative

01/16/2025 - On-Site: [REDACTED]
 01/17/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *63*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

01/16/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2025*

02/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2025*

Inspections / Reviews (*continued*)

02/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

02/27/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

181c - Self-administration Assessment

1. 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

Resident #3 self-administers medications to include Amoxicillin 500mg PRN; however, the resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Resident #4 self-administers medications to include Hydrocortisone Gel 2%; however, the resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept (█) - 02/27/2025)

Residents identified DME was updated by their primary care physician on 1/16/25 (See attached DME). Audit was completed on 2/5/2025 (see attached audit). A quarterly audit will be completed by Wellness Director/ designee to review and update DME and audit will be reviewed by Administrator to ensure compliance and finding will be reported at QA.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 02/27/2025)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Tubes of Clobetasol Cream and Preparation H were noted in Resident #1's bathroom. These over-the-counter medications are not currently prescribed to the resident.

Plan of Correction

Accept (█) - 02/27/2025)

New orders were obtained for the OTC medication that was identified in Resident #1 room on 1/16/25 (see attached). Education to all nursing staff was done by Administrator on tag 183d on 2/3/25 (see attached). A notice was posted for all current residents and family member as a reminder that all OTC medication needs to be prescribed by a physician 2/6/25 (see attached).Room Audit was completed on 2/4/25 (see attached). Room audit will be completed monthly by Administrator to ensure compliance and finding will be reported at QA.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 02/27/2025)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

Description of Violation

Resident #3 is prescribed Acetaminophen with a total dose of 650mg daily. The tablet strength of 325mg was not included on the resident's medication administration record (MAR).

Resident #3 is prescribed Sotalol Hcl tablet with a total dose of 40mg daily. The tablet strength of 80mg was not included on the medication administration record (MAR).

Plan of Correction

Accept () - 02/27/2025

New orders were obtained for the identified medications on 1/16/25(see attached). Education to all Med-Tech was done by Administrator on 1/24/25. Cart and MAR Audit was completed on 2/6/25 and 2/7/25 (See attached) Monthly cart and MAR audits will be completed by Wellness Director to ensure compliance and finding will be reported at QA.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented () - 02/27/2025

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed 1mg. Xanax every 8 hours as needed. The home's Controlled Substance Record indicates that on 1/14/25 Resident #2 was administered 1mg Xanax at 4:50am and again at 9:30 am. Staff did not follow the prescriber's order and administered the medication too soon.

Plan of Correction

Accept () - 02/27/2025

Resident assessed and no adverse effects related to medication error accrued. Education to all nursing staff was done by the Administrator on tag 187d on 2/3/25 (see attached). Audit was completed on 2/6/25 and 2/7/25 (See attached) Monthly audits will be completed by Wellness Director to ensure compliance and findings will be reposted at QA

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented () - 02/27/2025