pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [redacted]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 2, 2025

[redacted]
Highland Park Senior Living LLC
874 Schechter Drive,
Wilkes-Barre Township, Pennsylvania 18702

RE: Highland Park Senior Living
Certificate #: 226300

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 21, 2025, and February 11, 2025, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (226300) to operate the above facility. The Department's decision to revoke your license is based on the violations attached to this notice and your failure to comply with the Department's regulations, gross incompetence, negligence and misconduct in operating the facility, and failure to submit an acceptable plan to correct noncompliance items and is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(5);(6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. Highland Park Senior Living is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *HIGHLAND PARK SENIOR LIVING* **License #**: *22630* **License Expiration**: *10/05/2025*

Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA 18702*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *HIGHLAND PARK SENIOR LIVING LLC*

Address: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *121* **Waking Staff**: *91*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Interim* **Exit Conference Date**: *02/11/2025*

Inspection Dates and Department Representative

02/11/2025 - On- [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* **Residents Served**: *92*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *24* **Residents Served**: *23*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *1*

Inspections / Reviews

02/11/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/07/2025*

Inspections / Reviews *(continued)*

03/11/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/07/2025*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

03/20/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *03/11/2025*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 fell on [redacted]/24 resulting in a closed head injury that required treatment at the hospital. The home did not submit an incident report to the Department regarding the injury.

Plan of Correction ***Directed [redacted] 03/11/2025)***

Resident #1 was discharged the same day as the incident so [redacted] did not file an incident report. Moving forward to be compliant with regulation 16.C. the [redacted] will file an initial report the same day as a resident is sent to the ER or discharged and it can be updated and sent in as the final report. Training on reportable incidents to be completed within 24 hours has been completed by [redacted] on 3/5/2025. Incident Report has been completed from 8/21/24 and sent to DHS on 3/7/2025 as per inspector suggestion during onsite partial inspection/ complaint on 2/11/25. [redacted] Administrator will monitor for continued compliance.

Proposed Overall Completion Date: 03/07/2025

(Directed)
All staff members will be trained in reportable incidents and conditions. This training will include the homes internal reporting policy and who is responsible for reporting on weekends and holidays. All future incidents will be reported as required. Documentation of the trainings will be maintained.

Directed Completion Date: *04/10/2025*

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.

Description of Violation

Resident #2, utilizes a bed rail on their bed. The resident's assessment and support plan, dated [redacted]/2024, does mention the use of the device, the specific need for the device, the intended use and any risks associated with such use, the resident's ability to use the device safely for its intended purpose, and an Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Directed [redacted] - 03/11/2025)***

To be compliant with regulation 227.d. and in an abundance of care and after consulting with Hospice and the Physician, the Administrator [redacted] has decide to remove the bed rails from the residents bed. The bed rail will be replaced with a hospice ordered bed wedge for safety. [redacted] was notified of the change. [redacted], [redacted] have been trained on regulation 227.d. regarding the information required

227d - Support Plan Medical/Dental (continued)

to be documented on the RASP for bed mobility devices. Training completed on 3/5/2025. On 3/5/2025 [redacted] *updated resident #2 that resides in SDCU, support plan to reflect the use of bed wedges for safety and to reduce the risk of* [redacted] *the Administrator will monitor for continued compliance.*

Proposed Overall Completion Date: 03/07/2025

(Directed)
The home will audit all resident records to ensure all support plans are accurate and complete. The home will hold weekly meetings starting 2/17/25 to ensure the residents constantly changing care needs are being addressed and the support plans are being updated accordingly. The home will create a tracking sheet to track these updates during the meetings. Documentation of the audits, weekly meetings and tracking sheet for updates to the support plan will be maintained.

Directed Completion Date: *04/10/2025*

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HIGHLAND PARK SENIOR LIVING* **License #:** *22630* **License Expiration:** *10/05/2025*

Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA 18702*

County: *LUZERNE* **Region:** *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *HIGHLAND PARK SENIOR LIVING LLC*

Addres [redacted]

Phone:

Certificate(s) of Occupancy

Type: *I-1* **Date:** *03/01/2018* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *122* **Waking Staff:** *92*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Incident* **Exit Conference Date:** *02/07/2025*

Inspection Dates an epresentative

01/21/2025 - On-Site [redacted]
01/22/2025 - Off-Site
01/23/2025 - Off-Site
01/24/2025 - Off-Site
01/31/2025 - Off-Site
02/03/2025 - Off-Site

Resident Demograp nspection Dates

General Informati

License Capacity: *160* **Residents Served:** *93*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *secured* **Capacity:** *24* **Residents Served:** *23*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *93*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *29* **Have Physical Disability:** *1*

Inspections / Reviews

01/21/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/16/2025*

03/11/2025 - POC Submission

Submitted By [redacted] **Date Submitted:** *02/18/2025*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

03/11/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *03/11/2025*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 was admitted to the home on [redacted] as a personal care home resident. Resident #1 was admitted from a [redacted] center, where they were a patient starting on [redacted]/24 due to a fall where they sustained an unspecified skull fracture. On [redacted]/25, the home completed a prescreening assessment, indicating resident needed assistance with toileting, personal hygiene, and managing health care. Residents' diagnoses listed on the preadmission screening form dated [redacted]/25 were Diabetes type II, Gout, Anxiety, Dementia, GERD, and Depression. Staff A indicated Resident #1 was appropriate for personal care. During the assessment, which was completed by Staff A, Staff A spoke with residents' family, staff from the rehabilitation center and reviewed documents from the rehabilitation center. The Residents' family indicated that the resident was significantly confused after the fall in December and was only alert and oriented to person and sometimes time. Documentation from the rehab center, dated [redacted]/25, indicated that Resident #1 had a fall history, confusion, and required visual checks every 2 hours.

Staff C, stated the home has a verbal policy that at change of shift, including between 2:30pm and 3:00pm, where staff are required to complete rounds and visually see all residents. On 1/20/25, Staff B indicated they saw Resident #1 at change of shift at 2:30pm and at 3:45pm. Staff B stated that at 3:45pm the resident was sitting in their chair in their room. When Staff B went back to the resident's room at 4:50pm to remind them about dinner at 5:00pm, Resident #1 was not in the room. Staff B contacted Staff C, and a search of the interior began. When the resident was not found during the internal search, the search moved to the exterior of the building. The police were called at 6:16pm and the resident's [redacted] was called at 6:57pm.

Police report indicated that video footage obtained from the hotel behind the facility showed that Resident #1 exited the building through a door at ground level and the door locked behind them at 2:25pm. The resident was unable to get back into the building through the door that they used to exit the facility. The resident was seen moving around the area by the door and fell behind the HVAC system at 2:30pm, where they remained until being found at 7:32pm. The police report also indicates that the video footage time may be up to 22 minutes behind actual time indicating Resident #1's approximate departure from the building was between 2:25pm and 2:47pm.

The Local Fire Department was called and completed a mechanical extraction, and resident was sent to [redacted] Emergency room, where they arrived without blood pressure, pulse, heart sounds, spontaneous respirations, had a comminuted laceration to the center aspect of the upper forehead and scalp and was cold to touch. The resident was pronounced [redacted] at 8:21pm. The death certificate indicates the cause of death to be [redacted]

Plan of Correction ***Directed [redacted] 03/04/2025)***

We have received your February 12, 2025, correspondence with your Licensing Inspection Summary and request for a "Plan for a Correction." It is clear that the incident in question does not involve "intimidation," "physical or verbal abuse," "corporal punishment," "mistreatment," or "discipline." Thus, no response is required as it is simply not applicable. Regarding your allegations of "neglect," we vehemently deny that Highland Park Senior Living neglected [redacted] in any manner. Prior to [redacted] moving into the Highland Park facility, we met with [redacted] and discussed all potential living options, and it was jointly determined that [redacted] would move from his [redacted] center into our Personal Care unit. Staff at the [redacted] center approved [redacted] move to assisted living as [redacted] discharge plan from their facility. The plan we are going to implement going forward is to enhance our intake procedures to ensure that the joint course of action plan we implement, with the consent of the [redacted] is all in

42b - Abuse (continued)

writing along with the verbal confirmations from the [redacted] that they are aware of all potential care options.

Proposed Overall Completion Date: 02/18/2025

Directed: The home will review preadmission screening policy and procedures to include level of supervision needed prior to admission for all new residents. Update staff schedule accordingly to ensure new admission have proper supervision.
Home shall schedule qualified and trained staff persons in the secured dementia care unit and non-secured dementia care unit capable of meeting or exceeding the supervision and service needs of the residents as defined by each resident's preadmission screening and/or assessment and support plan.
The home will develop and implement elopement prevention policies and procedures to address alarms on doors and resident's ability to reenter the building after exiting, preadmission screening process and adequate supervision of new residents.
Elopement prevention and elopement risk training will be provided at least every six months for all staff persons who work in the personal care home in both the secured dementia care unit and the non-secure section. Mock elopement drills will be conducted as part of the training.
Mock elopement drills will be documented to include date, time, name of staff person conducting the drill, whether staff followed proper procedures and problems encountered. Mock elopement drill documentation will be immediately available to the Department upon request.
Within 30 days, an elopement risk assessment will be completed for each resident who resides in the personal care home, both the secure dementia care unit and the non-secure care section. Direct care staff will be consulted during the elopement risk assessment process. This assessment will be completed at least every six (6) months and more frequently if a resident demonstrates evidence of exit-seeking behavior.

Directed Completion Date: *04/10/2025*

224a - Preadmission Screen Form

2. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1 was admitted to the home on [redacted]25. The records from the previous [redacted] facility where Resident #1 was discharged from on [redacted]25, indicated the resident was a transfer assist of 2, and had a fall history, confusion, and required visual checks every 2 hours. The home completed a preadmission screening form on [redacted]/25 indicating resident needed assistance with toileting, personal hygiene, and managing health care but failed to include safety checks on the resident 1. The home failed to assess the current needs of resident 1 and ensure their safety needs were being met.

Plan of Correction ***Directed [redacted] 03/04/2025)***

We have received your February 12, 2025, correspondence with your Licensing Inspection Summary and request for a "Plan for a Correction." We disagree with this alleged violation and believe that we were in compliance with regulation 224a.
The preadmission screen form was filled out on 1/16/25 using information provided from the rehabilitation facility as well as family support and approval.

224a - Preadmission Screen Form (continued)

This was the correct assessment prior to admission to Highland Park Senior Living.
On [redacted]2025 Highland Park Senior Living received a discharge care plans for[redacted]from the[redacted] facility that confirmed appropriate placement. The records being referred to in the alleged violation was a Kardex report which is an internal document from the [redacted]facility and not part of the discharge plan from the [redacted]facility. Staff at the [redacted]enter approved [redacted]move to assisted living as[redacted]discharge plan from their facility. The plan we will implement going forward to ensure continued compliance with regulation 224a, is to enhance our intake procedures to ensure that the joint course of action plan we implement, with the consent of the[redacted]is all in writing along with the verbal confirmations from the family that they are aware of all potential care options.

Proposed Overall Completion Date: 02/18/2025

Directed: The home will review preadmission screening policy and procedures to include level of supervision needed prior to admission for all new residents. Update staff schedule accordingly to ensure new admission have proper supervision.
Home shall schedule qualified and trained staff persons in the secured dementia care unit and non-secured dementia care unit capable of meeting or exceeding the supervision and service needs of the residents as defined by each resident's preadmission screening and/or assessment and support plan.
The home will develop and implement elopement prevention policies and procedures to address alarms on doors and resident's ability to reenter the building after exiting, preadmission screening process and adequate supervision of new residents.

Directed Completion Date: *04/10/2025*