

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

April 28, 2025

[REDACTED], CEO  
NORTHEAST COUNSELING SERVICES  
[REDACTED]  
[REDACTED]

RE: NORTHEAST COUNSELING  
SERVICES  
320 S. FRANKLIN STREET  
WILKES-BARRE, PA, 18701  
LICENSE/COC#: 23133

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2025 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NORTHEAST COUNSELING SERVICES* License #: *23133* License Expiration: *02/28/2026*  
 Address: *320 S. FRANKLIN STREET, WILKES-BARRE, PA 18701*  
 County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *NORTHEAST COUNSELING SERVICES*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *05/06/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/03/2025*

**Inspection Dates and Department Representative**

*04/03/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *6*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/03/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2025*

**04/28/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/28/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

04/28/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 100a - Exterior - Free of Hazards

**1. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

*At 9:30 a.m. during the initial walkthrough of the home, a rusted-out hole approximately 12" x 12" in size was located on the second metal landing area of the rear exit stairs.*

**Plan of Correction****Accept (█ - 04/28/2025)**

*On 4/25/25, Northeast Counseling Services Maintenance repaired the hole of the rear exit stairs (see attached picture). Direct Care Staff will conduct a daily inspection that the exterior of the building and the grounds/yard are in good repair and free of hazards. Direct Care Staff will document any issues on the daily shift report sheet environmental issues section and report immediately to the Administrator (see attached shift report form). The Administrator will monitor for compliance and complete a monthly audit form (see attached audit form).*

**Licensee's Proposed Overall Completion Date: 04/25/2025**

**Implemented (█ - 04/28/2025)**

## 125a - Combustible Storage

**2. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*During a walkthrough of the home at 9:20 a.m., a sock and a towel were found lying on the floor touching the back of the home's clothes dryer.*

**Plan of Correction****Accept (█ - 04/28/2025)**

*On 4/3/25, the dryer ventilation area was cleared of debris by the Administrator during inspection (see attached picture). All Direct Care Staff were provided an education on 4/23/25, reminding them after every completed laundry cycle, the dryer vent and laundry area should be inspected for any existing debris and cleaned accordingly (see attached training document). Direct Care staff will monitor daily for compliance. The Administrator will monitor for compliance and complete a monthly audit form (see attached audit form). On 4/25/25, Northeast Counseling Services Maintenance conducted an inspection and cleaning of the laundry area ventilation, both internally and externally. A monthly inspection will be completed by Northeast Counseling Services Maintenance of the dryer ventilation area and the Administrator will monitor for compliance (see attached audit form).*

**Licensee's Proposed Overall Completion Date: 04/25/2025**

**Implemented (█ - 04/28/2025)**