

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

July 29, 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 05/29/2025 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]

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: DLI

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 05/29/2025

Inspection Dates and Department Representative

05/29/2025 - 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: 0

Inspections / Reviews

05/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/30/2025

07/01/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/14/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/08/2025

Inspections / Reviews *(continued)*

07/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/15/2025

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a Unobstructed Egress

1. 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

At approximately 9:05 a.m. a walker blocked the egress from the home's exit near room [REDACTED]

At approximately 9:10 a.m., a Hoyer lift blocked the egress from the home's exit door near room # [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/11/2025)

Per regulation 121A, all egress routes from rooms and from the building must be unobstructed. The walker blocking the egress near room [REDACTED] and the hoyer lift blocking the egress near room # [REDACTED] were immediately removed by the supervising PCA on the date of the inspection on 5/29/25. The PCA's and housekeeping staff will check the hallways every 2 hours throughout the day beginning 5/30/2025 to ensure that there are no obstructions. The staff will report to the administrator any obstructions that they have encountered. A staff training was held on 6/5/25 by the administrator regarding compliance with [REDACTED] regulation. The administrator will monitor for this daily beginning 6/5/25 and will ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented [REDACTED] - 07/29/2025)

181c Self administration Assessment

2. 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 [REDACTED] self-administers medications to include [REDACTED] and [REDACTED]; however Resident [REDACTED] was assessed by a physician on [REDACTED], the medical evaluation indicates the resident cannot self-administer medications.

Plan of Correction

Accept [REDACTED] - 07/11/2025)

Per regulation 181c, any resident that self-administers medications must be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer. Resident [REDACTED] was not assessed as being able to self administer [REDACTED] medications per [REDACTED] medical evaluation on 1/31/25. The over the counter aspercreme and ben gay were immediately removed from the resident's room on the date of inspection by the supervising PCA on 5/29/25. The supervising PCA discussed this with the resident on 5/29/25 and the administrator discussed this with the resident on 6/5/25, explaining to [REDACTED] that all of [REDACTED] medication including the creams need to be administered by staff and be kept in a locked cart. The resident is agreeable to this. A training was held for the med techs on 6/5/25 by the administrator regarding compliance with this regulation. The med techs checked all resident rooms on 6/5/25 and will check weekly beginning 6/5/25 to make sure that there are not any medications in any of the resident's rooms if they do not self administer. The administrator will monitor for this monthly beginning 6/5/25 and will ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/04/2025

181c - Self-administration Assessment (continued)

Implemented (█ - 07/29/2025)

181d - Storing Medication

3. Requirements

2600.

181d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

At approximately 11:30 a.m. Resident █ room was approached to ask for an interview. The door was open, unlocked, unsecured, and the resident was not in their room. During the interview the resident disclosed they had medications in their unsecured and unlocked bedside table. The medications were █ and █

Plan of Correction

Accept █ - 07/11/2025)

Per regulation 181d, all medications need to be kept locked in a safe and secure location to protect against contamination, spillage and theft. Resident █ had two over the counter cremes in █ room where the door was open, unlocked, unsecured, and the resident was not in █ room. The two creams were immediately removed on the date of inspection 5/29/25 by the PCA supervisor. The supervising PCA discussed this with the resident on 5/25/25 and the administrator spoke to the resident on 6/5/25 explaining that all medications including the topical creams must be kept in a locked area and that since █ was not assessed to self-administer █ medications that we needed to keep them in our locked cart for administration. █ was agreeable to this. All resident rooms were checked for compliance with this regulation on 6/5/25. A training was held for the med techs on 6/5/25 by the administrator regarding compliance with this regulation. The med techs will check weekly beginning 6/5/25 to make sure that there are not any unlocked medications in any of the resident's rooms if they do not self administer. The med techs were trained on this regulation on 6/5/25 by the administrator. The administrator will monitor for this monthly beginning 6/5/25 to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented █ 07/29/2025)

185a - Implement Storage Procedures

4. 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

The facility procedures indicate the Narcotic count is to be completed by the off-going and on-coming shift together. And if the count is correct, both staff will sign the Narcotic Sign off sheet.

Resident █ Narcotic Sign off sheet for Hydrocodone was not signed on the following dates and times: 7:00 a.m. off going shift on █ and █. 11:00 p.m. ongoing shift on █ and █. On █ there was no number indicated on the count column. On █ the 3:00 p.m. shift had pre-signed the count sheet before 3:00p.m. it was signed before 10:00 a.m. of the same day.

Resident █ Narcotic Sign off sheet for █ was not signed on the following dates and times: 7:00

185a Implement Storage Procedures (continued)

a.m. off going shift on [redacted] and [redacted]. 11:00 p.m. ongoing shift on [redacted] and [redacted]. On [redacted] and [redacted] the 11:00 p.m. oncoming shift does not indicate the number of narcotics counted.

Resident [redacted] Narcotic Sign Off Sheet for [redacted] was not signed on the following dates and times: 7:00 a.m. oncoming and off going on [redacted] 11:00 p.m. oncoming shift on [redacted]. On [redacted] the 3:00 p.m. shift had pre signed the count sheet before 3:00 p.m. it was signed before 10:00a.m. of the same day.

Plan of Correction

Accept [redacted] - 07/11/2025)

Per regulation 185a, the facility shall develop and implement procedures for the safe storage, access, security, distribution and use of medications. The facility's procedures state that a narcotic count is to be completed by the off going and on coming shift together and then signing if the count is correct. This procedure was not being followed correctly for the above referenced narcotic sheets. The supervising PCA immediately addressed this with the two med techs that weren't following procedure on 5/30/25 and a formal training for all med techs was held on 6/5/25 by the administrator. The training form is attached. The supervising PCA will check the narcotic sign off sheet daily for compliance beginning 6/5/25 and the administrator will monitor weekly beginning 6/5/25 to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented [redacted] - 07/29/2025)