

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

July 24, 2025

[REDACTED]
ALLIED SERVICES PERSONAL CARE INC
[REDACTED]
[REDACTED]

RE: ALLIED SERVICES MEADE STREET
RESIDENCE
260 SOUTH MEADE STREET
WILKES-BARRE, PA, 18702
LICENSE/COC#: 22812

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025 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: ALLIED SERVICES MEADE STREET RESIDENCE **License #:** 22812 **License Expiration:** 10/02/2025
Address: 260 SOUTH MEADE STREET, WILKES BARRE, PA 18702
County: LUZERNE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: ALLIED SERVICES PERSONAL CARE INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/16/2021 **Issued By:** Code Inspections Inc.

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/04/2025

Inspection Dates and Department Representative

06/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 76 **Residents Served:** 51

Secured Dementia Care Unit

In Home: Yes **Area:** NA **Capacity:** **Residents Served:** 15

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

06/04/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/05/2025

07/07/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/24/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/12/2025

Inspections / Reviews *(continued)*

07/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/21/2025

07/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

42b

On [redacted] at approximately 3:00 P.M., resident [redacted] and resident [redacted] who are placed on the secure dementia unit of the home were able to manipulate their way out of the home walking to a nearby residence before being located by emergency services at 3:40 P.M..

Plan of Correction

Accept [redacted] - 07/16/2025)

Resident [redacted] did not complain of any pain/discomfort and did not have any apparent injuries. [redacted] was escorted back to facility by staff. A full body audit was completed and emotional support was provided. Administrator placed a call to [redacted] PCP to make aware of elopement. [redacted] was placed on 30 min checks from [redacted] until [redacted] Recreational Therapy/DCS to offer frequent diversional activities in SDCU if exit seeking behaviors are exhibited. Diversional activities include but are not limited to puzzles, animal videos, 1:1 in sunroom.

Resident [redacted] was transported to GWV ED for full evaluation by EMS due to possible fall and resident being unable to verbalize pain/discomfort. [redacted] returned to the facility later that same evening transported by family with no injuries and no new orders.

On [redacted] code postings near secured doors were changed and hidden within pictures making it more difficult for residents to visualize codes.

All staff will be educated on new code postings by 7/11/25.

Facilities to check all doors in the SDCU daily to ensure they are functioning properly. Documentation of daily door checks will be kept on file by facilities. Administrator will monitor compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [redacted] - 07/24/2025)