

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

November 25, 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 10/08/2025 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: 10/08/2026
 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/08/2025

Inspection Dates and Department Representative

10/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 66

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

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 52
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 2

Inspections / Reviews

10/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2025

11/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/30/2025

Inspections / Reviews *(continued)*

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] Assessment and Support plan dated [REDACTED] indicates the resident requires supervision while outside of the facility. On [REDACTED], the resident was unsupervised during an outdoor activity and left unnoticed. Resident [REDACTED] was later found by local police in a parking lot half a mile away.

Plan of Correction

Directed [REDACTED] 11/19/2025)

Per regulation 23b, the resident was sitting in the walkway leading to the front door with the other residents and staff members while eating her ice cream during an outdoor activity with [REDACTED]. She decided to go for a walk and left unnoticed by the staff who were participating in the activity. The local police called us and said that she was found at the end of our street. The administrator immediately went to get her on 9/14/25 and brought her back to the facility. An assessment was completed with no injuries. The resident was gone for approximately 10 minutes. The administrator notified all PCA staff on 9/14/25 that the resident would have to be one on one with a staff member for any future outdoor activities. The administrator will monitor for this regulation on an ongoing basis beginning 10/8/25.

Proposed Overall Completion Date: 11/18/2025

Directed: In addition to the above plan of correction, the home will provide supervision for residents in accordance with each Resident's Assessment and Support Plan.

Directed Completion Date: 11/20/2025

Implemented [REDACTED] - 11/24/2025)

42b - Abuse

2. 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 [REDACTED] was admitted to the home on [REDACTED], with a diagnosis of dementia, and utilizes a Wander Guard to alert staff if the resident walks out of the facility. Their support plan dated 8/4/25 indicates that the resident requires supervision when outside of the home. On [REDACTED] the resident was not properly supervised by staff during an outdoor activity. Staff were unaware that the resident had left the premises until contacted by local police that the resident was found in a parking lot half a mile away from the facility. The police report indicated that witnesses observed the resident walking into traffic.

Plan of Correction

Directed [REDACTED] - 11/19/2025)

On 9/14/25 the resident did leave the facility unattended while attending an outdoor activity with the staff. She

42b Abuse (continued)

later stated that she was just going for a walk. Since the resident was new to our facility and had some confusion, we had the resident wear a wanderguard even though she was not considered a "wanderer". She never tried to leave the facility. It was for precautionary measures only because of her confusion. To this day, other than already being outside and leaving the facility to go for a walk, the resident has not tried to leave the facility at any other time. The residents updated RASP reflects the change to one on one for any outdoor activities to ensure the safety of the resident which was updated on 10/8/25 by the administrator. The administrator will monitor for this regulation beginning 10/8/25 and ongoing for compliance with this regulation.

Proposed Overall Completion Date: 11/18/2025

Directed: In addition to the above plan of correction, Resident [REDACTED] will be assessed at a minimum monthly for elopement risk from the home. The Resident's Assessment and Support Plan will be updated immediately if elopement risk changes. These monthly assessments will be documented with the date, person completing the assessment, and changes if any to the resident's elopement risk.

Directed Completion Date: 11/30/2025

Implemented ([REDACTED] - 11/24/2025)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:10 a.m. in the designated smoking area, upwards of 5 cigarette butts were discarded on the ground over the porch right side railing.

Repeat Violation: [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/19/2025)

Per regulation 144c1, cigarette butts were found and picked up around the surrounding area of the smoking gazebo on the date of inspection, 10/8/25 by housekeeping. Housekeeping will check the surrounding area of the smoking gazebo daily for compliance with this regulation beginning 10/8/25. The administrator will monitor for this regulation beginning 10/8/25 and ongoing.

Licensee's Proposed Overall Completion Date: 11/18/2025

Implemented ([REDACTED] - 11/24/2025)

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.

185a Implement Storage Procedures (continued)

Description of Violation

At 9:08 a.m., 10 oxygen tanks were stored on the hallway floor across from room [redacted] and were not properly secured or held in a stand.

Repeat Violation: [redacted]

Plan of Correction

Directed [redacted] 11/19/2025)

Per regulation 185A, the oxygen tanks were properly secured in the stand on the date of inspection, 10/8/25 by the Sup PCA. Housekeeping will check for compliance with this regulation daily beginning 10/8/25 and the administrator will monitor ongoing for compliance with this regulation beginning 10/8/25.

Proposed Overall Completion Date: 11/18/2025

Directed: In addition to the above plan of correction, all staff will be educated on requirements of proper oxygen tank storage. Training will include actions to be taken if any oxygen tank is seen stored incorrectly.

Directed Completion Date: 11/30/2025

Implemented [redacted] - 11/24/2025)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] support plan dated [redacted] was not updated to include information on the resident's [redacted] elopement from the facility.

Plan of Correction

Directed [redacted] - 11/19/2025)

Per regulation 225c, the resident's support plan was updated by the administrator on 10/8/25 to include information regarding the resident's elopement from the facility. Beginning 10/8/25 and ongoing, the administrator will ensure that any updates to the RASP are made within the required timeframe for any significant changes to be in compliance with this regulation.

Proposed Overall Completion Date: 11/18/2025

Directed: In addition to the above plan of correction, all resident RASP's will be audited to ensure they are updated and current with the needs of each resident. Any required updates will be completed within 24 hours of completed audit.

Proposed Overall Completion Date: 11/30/2025

Directed Completion Date: 11/30/2025

Implemented [redacted] - 11/25/2025)