

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

December 2, 2025

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2025 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: *10/02/2026*
 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: *62* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *10/30/2025*

Inspection Dates and Department Representative

10/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whispering Pines* Capacity: *15* Residents Served: *13*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

10/30/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/23/2025*

11/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/01/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/01/2025*

Inspections / Reviews *(continued)*

12/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 10/13/2025 at approximately 12:30p.m., Resident 1 entered Resident 2 's room and smashed [REDACTED] television violating [REDACTED] right to privacy and possessions.

Plan of Correction

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

Resident #2's television was immediately replaced. No other damage was noted in Resident #2's room. Resident #2 was not present in room at time of incident. Resident #1 no longer resides at facility.

On 11/18/25 all staff members were re-educated by Assistant Administrator on the resident rights to privacy and possessions, as well as how to de-escalate resident behaviors if future events should occur.

On 11/21/25 during the facilities monthly house meeting, all residents were encouraged to keep room doors locked and educated by the Administrator on the importance of respecting each other's personal space and belongings.

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented ([REDACTED] - 12/02/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Staff person D was conducting a narcotic count at 3:00p.m. and accidentally dropped a pill on top of the unsanitary medication cart. Staff D picked up the pill with their fingers and put it in the bottle.

Plan of Correction

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

On 11/17/25, Staff person D was educated by Assistant Administrator on proper sanitary conditions when handling medications.

All staff responsible for medication administration received retraining on 11/17/25 by the Assistant Administrator on the following:

-Proper infection-control practices

-Correct procedures for handling dropped or contaminated medication

-Requirement to sanitize medication surfaces before performing narcotic counts

Medication preparation observations will be completed by Assistant Administrator weekly for 30 days, then monthly thereafter, to ensure ongoing compliance.

Medication preparation observations will be reviewed by Administrator as part of the quarterly QA.

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented ([REDACTED] - 12/02/2025)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

101j7 - Lighting/Operable Lamp (*continued*)

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 11/24/2025)

On 10/31/25, an operable lamp was placed next to Resident #3's bedside.

All resident rooms were inspected by Assistant Administrator on 11/4/25 to ensure each has an operable bedside lamp or lighting source accessible from the bed. All rooms were found to be in compliance.

Staff were re-educated by Administrator on 11/18/25 on the regulatory requirement for bedside lighting and the need to report any missing or malfunctioning lamps.

All resident rooms will be audited by Assistant Administrator monthly to ensure compliance with this regulation.

Monthly room audits will be reviewed by Administrator as part of the quarterly QA.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

121a - Unobstructed Egress

4. 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

On 10/30/25 at 9:27 a.m., 4 chairs blocked an egress from the home's courtyard entrance.

Repeat Violation: 11/06/24

Plan of Correction

Accept (█ - 11/24/2025)

Chairs obstructing egress door were moved at the time of inspection.

All staff were educated by Administrator on 11/19/25 on the importance of keeping emergency egress doors unobstructed at all times.

Assistant Administrator to inspect all emergency egress routes weekly to ensure compliance with this regulation.

Administrator to review weekly audits of emergency egress routes as part of the quarterly QA for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

181d - Storing Medication

5. Requirements

2600.

181.d. 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

Resident #4 self-administers medications and stores medications in their room. During an interview held 10/30/2025 at 2:25p.m. , Resident #4 stated that they do not have a lock box in their room for medications, and that they do not

181d - Storing Medication (continued)

lock their door when leaving their room.

Plan of Correction

Accept (█ - 11/24/2025)

On 10/31/25, staff assisted Resident #4 in securing self-administered medications in locked drawer of night stand. Resident #4 was educated by the Administrator on the importance of keeping medications locked in drawer of nightstand.

All other residents residing in the home who self-administer their medications were verbally re-educated on 10/31/25 by the Administrator on the importance of keeping their self-administered medications in the locked drawer provided to them.

Direct care and medication-trained staff were re-educated by Assistant Administrator on 11/17/25 on the regulatory requirement that self-administered medications must be locked at all times unless actively being taken by the resident.

The rooms of residents who self-administer medications will be inspected monthly by Assistant Administrator to ensure proper storage of medications.

Monthly room inspections will be audited by Administrator as part of the quarterly QA.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

184b - Labeling OTC/CAM**6. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Bottles of OcuVite, fish oil, calcium, and vitamin C belonging to resident #6 were in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (█ - 11/24/2025)

OTC medication for Resident #6 were immediately labeled by the Administrator at the time of inspection.

A medication cart audit was completed on 11/6/25 by Administrator and Assistant Administrator to ensure all OTC meds were labeled per regulation. All OTC meds were found to be in compliance.

All medication-trained staff were educated by Assistant Administrator on 11/18/2025 on the importance of labeling all OTC medications when received.

Assistant Administrator to audit medication carts monthly to ensure all OTC medications are labeled per regulation.

Administrator to review monthly medication cart audits as part of the quarterly QA for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

187a - Medication Record**7. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.

187a - Medication Record (continued)

Description of Violation

Resident #5's is prescribed B-12 500mcg tablet daily. The medication administration record lists the medication as Cyanocobalamin and not b-12.

Plan of Correction

Accept (█ - 11/24/2025)

The medication record for Resident #5 was immediately updated by the Administrator at the time of inspection to reflect the correct name of the medication as B-12.

During pharmacy medication exchange on 11/5/25, all pill packs were compared against the MAR to ensure the names of the medication matched.

All medication-trained staff were re-educated by the Assistant Administrator on 11/5/25 on the importance of ensuring the MAR and medication name on pill packs match.

All pill packs will be checked against the MAR weekly on Wednesdays during pharmacy medication exchange by the medication-trained staff to ensure accuracy.

If any errors are found during weekly checks, the medication-trained staff will make necessary corrections to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

190c - Record of Training

8. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

On 10/30/2025, staff 2025 Annual Summary and Requalification forms were reviewed. Staff person B's form did not document any completed medication record reviews or medicine administration observations but had a completion date of 9/21/2025 and was documented as requalified.

On 10/30/2025, staff 2025 Annual Summary and Requalification forms were reviewed. Staff person C's form documented one of the two required medication record reviews and one of two required medicine administration observations and did not list a completion date on the top of the form and was documented as requalified.

Plan of Correction

Accept (█ - 11/24/2025)

On 11/6/25, the Assistant Administrator received a call from █ (Temple University Training Director for the Medication training program). █ reviewed the proper form completion with Assistant Administrator. Upon further review, MAR and medication observations were completed but not documented in proper placement. █ reviewed records and updated recerts with correct dates of reviews and observations.

Administrator to review proper documentation of MAR/Medication observations as part of the quarterly QA to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/02/2025)

231b - Medical Evaluation

9. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #7's annual medical evaluation completed on [REDACTED] did not include their medication list.

Plan of Correction

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

On 10/31/25, the medical evaluation form for Resident #7 was revised and updated to include the full list of prescribed medications, ensuring compliance with the requirement for complete documentation.

The updated evaluation was verbally reviewed with Resident #7's physician to verify that all necessary medical information, including the medication list, is included and accurate.

On 11/10/25, the Assistant Administrator was re-educated by the Administrator on the importance of ensuring the full list of prescribed medications is attached to a resident's medical evaluation.

Medical Evaluation forms will be audited by the Administrator monthly to ensure ongoing compliance.

Medical Evaluation audits will be reviewed as part of the quarterly QA.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([REDACTED] - 12/02/2025)