

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

February 12, 2026

[REDACTED]  
MILLETT PINES LLC  
[REDACTED]

RE: THE PINES AT CLARKS SUMMIT  
1300 MORGAN HIGHWAY  
CLARKS SUMMIT, PA, 18411  
LICENSE/COC#: 22612

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/22/2025 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:** THE PINES AT CLARKS SUMMIT **License #:** 22612 **License Expiration:** 11/05/2026

**Address:** 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411

**County:** LACKAWANNA **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** MILLETT PINES LLC

**Address:** [REDACTED]

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

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 06/30/2016 **Issued By:** South Abington Township

**Staffing Hours**

**Resident Support Staff:** 72 **Total Daily Staff:** 144 **Waking Staff:** 108

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**

**Reason:** Renewal, Complaint, Incident **Exit Conference Date:** 12/22/2025

**Inspection Dates and Department Representative**

12/22/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 72 **Residents Served:** 52

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** SDCU **Capacity:** 24 **Residents Served:** 20

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 52

**Diagnosed with Mental Illness:** 2 **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 20 **Have Physical Disability:** 0

**Inspections / Reviews**

12/22/2025 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/26/2026

01/30/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 02/12/2026

**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/06/2026

Inspections / Reviews *(continued)*

02/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/12/2026

02/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] the home became aware that Staff Person A had made threatening comments toward Resident [REDACTED]. This was not reported to the department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/05/2026)

This regulation requires that the facility report certain incidents to the Department of Human Services within 24 hours so that they can respond promptly to serious situations. The Executive Director, Director of Wellness and the Memory Care Coordinator took immediate action once they became aware of the report by another staff member that Staff Member A had made threatening comments toward Resident [REDACTED]. A written statement was obtained from the staff reporting the incident. Staff Member A was immediately removed from the schedule and terminated on 12/9/2025. The incident was reported to all appropriate agencies and the resident's family and physician. Regulation 2600.16c and 2600.16(d) were reviewed with the Executive Director, Memory Care Coordinator and Director of Wellness. Meeting the 24 hour reporting guideline takes precedent over a complete investigation of the events that occurred. An initial report can always be followed up with an update or final report with the Department following the conclusion of the investigation.

The Executive Director will ensure the 24 hour reporting guideline for reportable incidents is followed.

The Administrator/Designee will monitor and ensure compliance by reviewing charts weekly, identifying reportable incidents and verifying their submission within the 24 hour reporting requirement.

Licensee's Proposed Overall Completion Date: 02/04/2026

Implemented [REDACTED] - 02/12/2026)

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], Staff Person A said in the presence of resident [REDACTED] "If [REDACTED] slaps me one more time, I'm going to punch [REDACTED] in the face."

Plan of Correction

Accept [REDACTED] - 01/30/2026)

Ensuring that all residents are treated with dignity and respect is a top priority. Staff training for all employees related to resident rights occurred in October of 2025. Staff Member A attended this training as did the staff person who reported the disrespectful statement of Staff Member A. The Executive Director, Director of Wellness and the Memory Care Coordinator took immediate action once they became aware of the report of the threatening comments toward Resident [REDACTED]. A written statement was obtained from the staff reporting the incident. Staff Member A was immediately removed from the schedule and terminated on 12/9/2025. The incident was reported to all appropriate agencies and the resident's family and physician.

The Executive Director will ensure an in-service with all current staff on resident rights and abuse will be completed in 2026 and upon hire for new employees.

42c - Treatment of Residents (continued)

The Administrator/Designee will monitor and ensure compliance.

Licensee's Proposed Overall Completion Date: 01/26/2026

Implemented [redacted] - 02/12/2026)

91 - Telephone Numbers

3. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:12 a.m., the Memory Care Unit kitchenette landline phone did not have emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline posted on or near the telephone.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/30/2026)

This regulation, which requires phone numbers be posted on all phones with outgoing lines, is meant to ensure a quick response from the appropriate agency in the event of an emergency. Calling 911 from the phone is always an option in an emergency situation. The list of required phone numbers is routinely checked by Housekeeping to make sure each telephone has the numbers posted. In this situation, the list of numbers had slipped behind the phone and Housekeeping had not yet identified the situation. The numbers were immediately replaced on the Memory Care Kitchenette landline.

The importance of this regulation was reviewed with Housekeeping and Housekeeping will continue to diligently monitor that the list of numbers is posted on or by each telephone with an outside line.

Random checks will be conducted by the Executive Director.

The Administrator/Designee will monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/26/2026

Implemented [redacted] - 02/12/2026)

103e - Left Overs

4. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:13 a.m., in the memory care kitchenette refrigerator, an unmarked plastic container, and its contents identified by staff as margarine, was not labeled or dated.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 01/30/2026)

To ensure that food is safe for use, it is important to observe for expiration dates on food stored in the home. If the item is not dated and labeled with its contents, a violation of this regulation is cited. The margarine was immediately discarded. The Kitchen supervisor, servers and kitchen staff were made aware of the situation and re-instructed on

103e - Left Overs (continued)

*the importance of labeling and dating all food items.*

*The Kitchen supervisor will continue daily monitoring to ensure dating and labeling of all food.*

*The Director of Food and Beverage will conduct random inspections to ensure compliance.*

*The Administrator/Designee will monitor and ensure compliance.*

**Licensee's Proposed Overall Completion Date: 01/26/2026**

**Implemented ( ) - 02/12/2026)**

121a - Unobstructed Egress

5. 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 10:23 a.m., the egress from the memory care courtyard had the fences double doors locked with a wire bike lock.*

Plan of Correction

**Accepted ( ) - 02/05/2026)**

*It is important to keep exits unblocked so people can evacuate in an emergency situation. During a recent high wind storm the courtyard gate was stabilized with a wire bike lock to prevent strain upon the gate. The bike lock was being utilized with its code so that the lock could be opened and the egress not obstructed. The bike lock was immediately removed from the gate upon inspection by the Department representative.*

*The Executive Director will monitor for any obstruction to stairways, hallways, doorways and egress routes on a daily basis.*

*The Administrator/Designee will monitor for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 02/04/2026**

**Implemented ( ) - 02/12/2026)**

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

*Resident ( ), annual medical examination dated ( ) was completed on the departments older form. Effective ( ) the home was to have implemented use of the new form for Documentation of Medical Examination.*

Plan of Correction

**Accepted ( ) - 01/30/2026)**

*The resident had an annual medical evaluation completed within 12 months of the most recent medical evaluation as per regulations, however it was done on the older form. The DME on the new form was completed on 12/30/2025 and uploaded to the residents Medical Record. The violation was reviewed with the Director of Wellness and the Executive Director.*

*The Director of Wellness will ensure that all DME's are completed on the new form.*

*The Executive Director will randomly audit DME forms to ensure the correct form is being utilized.*

*The Administrator/Designee will monitor for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 01/26/2026**

141b1 - Annual Medical Evaluation (continued)

Implemented [REDACTED] - 02/12/2026)

181c - Self-administration Assessment

7. 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 [REDACTED], apply bilaterally to toes 2 x daily but is not assessed to self-administer.

Plan of Correction

Accept [REDACTED] - 01/30/2026)

This regulation ensures that residents who wish to self-administer medications are able to do so safely. Resident [REDACTED] was assessed to be capable to self-administer the cream to [REDACTED] toes by the Director of Wellness. The resident was assessed to be able to recognize the cream needed, know how much to apply and when/how often to use it. The resident's daughter, who is a physician, also felt confident in [REDACTED] father's ability to self medicate the cream to [REDACTED] toes. The resident's physician was in agreement with the self-medication as well, however we did not receive a written order from the physician reflecting this.

The need for the cream to the resident's toes finished on 12/23/25 and the cream was discontinued.

The Director of Wellness will ensure going forward that all residents assessed to be able to safely self administer medication will have a written order from their healthcare provider indicating they are assessed to be able to do so.

The Executive Director will monitor that all residents who self administer medications have been assessed by the appropriate health care provider to do so and an order reflecting this has been obtained.

The Administrator/Designee will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [REDACTED] - 02/12/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [REDACTED] has an order for [REDACTED] take 1 capsule by mouth three times daily as needed. The pharmacy label indicates to take one or two capsules by mouth three times daily as needed.

Plan of Correction

Accept [REDACTED] 01/30/2026)

Proper labeling of medications reduces the possibility that medication will be administered to the wrong resident or improperly administered. In this case the order for the prescribed dosage did not match the pharmacy label on the medication bottle. A change of order label was immediately applied to the pharmacy bottle. On 1/2/2026 the medication was discontinued for non-use. Medication Cart audits are conducted by the 11-7 am Med Tech and any

184a - Resident's Meds Labeled (continued)

issues identified are referred to the Director of Wellness. A Medication Cart Audit had been conducted on 12/4/2025 however the need for a change in order label to the pharmacy bottle had not been completed. This error was reviewed with the Med Tech auditing the cart. Primecare Pharmacy audits will continue as well. The Director of Wellness will do random audits of the Med Carts to ensure accuracy. The Executive Director will ensure that audits are ongoing. The Administrator/Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] - 02/12/2026)

185a - Implement Storage Procedures

9. 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

Residents [redacted] has a PRN order for [redacted] Resident [redacted] has a PRN order for [redacted] and resident [redacted] has a PRN order for [redacted]. These medications were not available in the home at time of inspection.

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] 01/30/2026)

Policies and procedures are in place to ensure that residents' medications and medical equipment are safely stored, accessed secured, distributed and used at The Pines. The Clonidine had been reordered with the pharmacy but had not yet arrived to the facility. The pharmacy was immediately contacted and the Clonidine arrived that day. The Tussin DM Max was a prn (as needed) medication and was not being used. The resident was using an order for Guaifenesin cough medication. The Triamcinalone cream was also a prn medication and was not being used. Discontinuation orders for the Tussin DM and the Triamcinalone cream were obtained and the medications were removed from the MAR of each resident. The Director of Wellness will continue to ensure that medication cart audits are routinely conducted by the overnight Med Tech as well as onsite inspection by Primecare Pharmacy. The DOW will conduct random audits along with the pharmacy to ensure that this regulation is being followed. The Administrator/Designee will monitor to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] - 02/12/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.



187d Follow Prescriber's Orders (continued)

**Description of Violation**

Resident [redacted] is prescribed [redacted] to inject SQ with meals per sliding scale [redacted]. On [redacted] the resident had a reading of [redacted] and was administered [redacted] units.

**Plan of Correction**

Accept [redacted] - 01/30/2026)

The Pines has developed Policies and Procedures to ensure that residents receive medications as ordered by their healthcare provider. Following the Policy and Procedures helps to ensure the safety of the residents and greatly decreases the potential for error. The error in recording the correct glucometer reading, and the proper policy and procedure of checking the glucometer reading with the reading recorded in the MAR for the "3 check rule" was reviewed with the Med Tech responsible. The Director of Wellness will review glucometer entries on a weekly basis for correct documentation. The Administrator/Designee will ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] 02/12/2026)