

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

February 26, 2026

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]

ATTN LICENSING
[REDACTED]

RE: CLARKS SUMMIT SENIOR LIVING
950 MORGAN HIGHWAY
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22821

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/20/2026, 01/28/2026 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: CLARKS SUMMIT SENIOR LIVING License #: 22821 License Expiration: 01/01/2027
 Address: 950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411
 County: LACKAWANNA Region: NORTHEAST

Administrator

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

Legal Entity

Name: SNH PENN TENANT LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 14 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/28/2026

Inspection Dates and Department Representative

01/20/2026 - On-Site: [REDACTED]
 01/28/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 93

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

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

01/20/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2026

02/26/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/26/2026
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

02/26/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

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 or about [REDACTED], Resident [REDACTED] reported to the home via an advocate that Staff Member A spoke harshly to the resident about what clothes the resident wanted to wear that day and disrespected the resident's wishes regarding personal items in the resident room. The home did not report this incident to the department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/26/2026)

- On 1/28/26, when Director of Health & Wellness (DHW) spoke to DHS inspector about the incident from 1/6/26, reportable incident form was submitted to the Department's regional office.
- On 1/28/26, the resident involved was notified of the incident outcome and corrective actions taken.
- On 1/28/26, Staff Member A was immediately removed from direct resident contact pending review.
- On 1/28/26, a meeting was held with Staff Member A to discuss the incident, expectations, and regulatory requirements.
- On 1/20/26, Staff Member A received a corrective action per company policy.
- On 1/28/26, DHW reviewed the facility's Incident Reporting and Management Policy with Staff Member A along with the topics listed below:
 - o 2600.42 Resident Rights
 - o Abuse prevention and prohibition
 - o Respectful communication
 - o Resident choice and autonomy
 - o Definition of reportable incidents, emphasizing violation of resident rights.
 - o Clear steps and timelines for reporting to the Department (within 24 hours).
 - o Escalation procedures to supervisors or administrators.
 - o Staff responsibilities for initiating reports immediately.
- Executive Director (ED) or DHW will conduct an in-service training for all direct care and supervisory staff by 2/25/26 on the following topics:
 - o Residents' rights (including dignity, respect, and personal preferences).
 - o What constitutes a reportable incident.
 - o The requirement to report incidents within 24 hours per § 2600.16(c).
 - o How to complete and submit a reportable incident form.
- Training completion records will be maintained in staff files.
- Starting 2/16/26, ED or designee will review all incident reports weekly for 90 days, then bi-weekly for 90 days to ensure ongoing compliance with regulation 16c.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [REDACTED] 02/26/2026)

42c Treatment of Residents

2. Requirements

42c Treatment of Residents (*continued*)

2600.

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

Description of Violation

On or about [REDACTED] Resident [REDACTED] was spoken to harshly by Direct Care Staff Member # A. Staff Person A disregarded what Resident [REDACTED] selected to wear that day and chose another set of clothing for the resident. When the resident said "NO" a second time, Staff Member A told the resident "You will wear what I say". The Staff member also rearranged all of the resident's shoes in a pile in the corner. The resident asked them repeatedly to STOP but the Staff Member told the resident "Be quiet, I can do what I want".

Plan of Correction

Accept [REDACTED] - 02/26/2026)

- On 1/28/26, upon learning of the incident, the Business Office Manager and DHW immediately met with Resident #1 to assess well-being and ensure the resident felt safe and respected.
- On 1/28/26, a formal apology was provided to Resident [REDACTED] by facility leadership.
- On 1/28/26, resident [REDACTED] clothing and personal items were returned to [REDACTED] preferred arrangement which was of resident's choosing.
- On 1/28/26, resident [REDACTED] was reminded of [REDACTED] right to choose clothing and personal belongings without coercion.
- On 1/28/26, the resident's service plan was reviewed to reinforce personal choice and dignity preferences.
- A full internal investigation was started on 1/28/26 and completed on 1/31/26.
- On 1/20/26, Staff Member A received corrective action in accordance with company policy.
- In addition, all direct care staff will receive mandatory in-service training on the following topics by the ED or DHW by 2/25/2026:
 - o Resident Rights
 - o Dignity
 - o Appropriate communication
 - o De-escalation strategies
 - o Respecting resident personal preferences
- During the next Resident Council meeting on 2/18/26, residents will be reminded of their rights and how to report concerns.
- Starting 2/16/26, ED or designee will conduct 3 observational audits of staff-resident interactions weekly for 4 weeks then bi-weekly for an additional 4 weeks to ensure ongoing compliance with regulation 42c. Any identified concerns will result in immediate retraining and corrective counseling.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [REDACTED] - 02/26/2026)