

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

March 3, 2026

[REDACTED]  
HIGHLAND PARK SENIOR LIVING LLC  
[REDACTED]

RE: HIGHLAND PARK SENIOR LIVING  
874 SCHECHTER DRIVE  
WILKES-BARRE TOWNSHI, PA, 18702  
LICENSE/COC#: 22630

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *HIGHLAND PARK SENIOR LIVING* License #: *22630* License Expiration: *02/18/2026*  
 Address: *874 SCHECHTER DRIVE, WILKES BARRE TOWNSHI, PA 18702*  
 County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *HIGHLAND PARK SENIOR LIVING LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *03/01/2021* Issued By: *Dept of L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident, Interim, Settlement* Exit Conference Date: *01/28/2026*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *160* Residents Served: *91*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *SDCU* Capacity: *24* Residents Served: *21*

Hospice  
 Current Residents: *1*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *91*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *30* Have Physical Disability: *1*

**Inspections / Reviews**

01/28/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2026*

03/03/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/03/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/10/2026*

Inspections / Reviews *(continued)*

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

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], at approximately 11:35 p.m., the fire department responded to the home due to a malfunction of the home's sprinkler system. The home did not report the incident to the department until 4:25 p.m. on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 02/18/2026)

Incident was reported by [REDACTED] LPN, ED on 1/28/26 after it was found during inspection that incident was not reported due to oversight during the winter storm. [REDACTED], Owner has provided training to all managers on 2/10/26 on PCH regulations 2600.16c written incident report with special attention to reporting of fire dept and or police response to PCH. [REDACTED], DOW, [REDACTED], Wellness Coordinator, and [REDACTED] LPN, Bridges Coordinator, will file any incident reports in [REDACTED] absence. All managers were trained for MOD weekends to ensure understanding of what incident reports are and to ensure incident reports are brought to [REDACTED] attention so that the incident reports are filed within 24hours.

Licensee's Proposed Overall Completion Date: 02/17/2026

Implemented [REDACTED] - 03/03/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s insulin order states to contact physician for blood glucose readings of [REDACTED] or greater. There is no order to administer insulin when blood glucose reading is greater than [REDACTED]. On [REDACTED] the resident had a reading of [REDACTED] and on [REDACTED] had a reading of [REDACTED] and [REDACTED] of insulin were administered for both readings prior to the staff contacting the physician.

Plan of Correction

Accept ([REDACTED] - 02/18/2026)

[REDACTED], LPN, ED has trained all med techs on 2/10/2026 on following prescribers orders with special attention to insulin orders. Resident [REDACTED]'s orders were changed on 2/6/26 to new sliding scale orders and no instructions to reach out to MD due to new coverage. All residents with insulin sliding scale with "call out to MD orders" have audit forms in MAR so that med techs can track calls out to MDs along with documentation on the back of the MAR. [REDACTED], LPN, DOW and [REDACTED], MTT, Wellness Coordinator, will be auditing during daily MAR reviews to ensure orders are written in MAR correctly and are easily interpreted. [REDACTED], LPN, DOW and [REDACTED], MTT, Wellness Coordinator will ensure that med techs are aware of any new insulin orders and ensure med techs know how to interpret these orders. [REDACTED], LPN, ED will also be reviewing during weekly MAR audits.

Licensee's Proposed Overall Completion Date: 02/17/2026

Implemented [REDACTED] - 03/03/2026)