

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

April 9, 2026

[REDACTED], ADMINISTRATOR  
ALLIED SERVICES PERSONAL CARE INC  
100 TERRACE LANE  
SCRANTON, PA, 18508

RE: ALLIED TERRACE  
100 TERRACE LANE  
SCRANTON, PA, 18508  
LICENSE/COC#: 20025

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026, 02/17/2026 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: *ALLIED TERRACE* License #: *20025* License Expiration: *12/08/2026*  
 Address: *100 TERRACE LANE, SCRANTON, PA 18508*  
 County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *ALLIED SERVICES PERSONAL CARE INC*  
 Address: *100 TERRACE LANE, SCRANTON, PA, 18508*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *03/06/1998* Issued By: *City of Scranton*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/17/2026*

**Inspection Dates and Department Representative**

01/29/2026 - On-Site: [REDACTED]  
 02/17/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *84* Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

01/29/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/20/2026*

Inspections / Reviews *(continued)*

03/31/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/02/2026

04/09/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( ) - 03/31/2026

Corrective action was taken day of survey 1/29/26. Administrative Assistant will complete quarterly audit to ensure current license, current inspection summary, and a copy of 55 Pa.Code § 2600 are in a public place. Findings will be reviewed in QA by Administrator for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented ( ) - 04/09/2026

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 1:00 p.m., two medication carts were unlocked, unattended, and accessible to residents' records. Medication cart #1 had a post it note with resident's vital signs information exposed. Medication cart #2 had a laptop exposing resident's vital signs summary.

Plan of Correction

Accept ( ) - 03/31/2026

Education given to Direct Care staff by Administrator to ensure unattended carts are locked and inaccessible to residents' records. Weekly rounds will be completed by Wellness Director to monitor staff compliance with confidentiality and findings will be reviewed in QA meeting by Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented ( ) - 04/09/2026

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The influenza poster was not posted as required by the Influenza Awareness Act.

18 - Compliance With Laws (continued)

Plan of Correction

Accept (█ - 03/31/2026)

Corrective action was taken day of survey 1/29/26. Administrative Assistant will complete quarterly audit to ensure influenza poster is posted and findings will be reviewed in QA by Administrator for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated █ for Resident #1 was not signed by the Administrator or Designee.

Plan of Correction

Accept (█ - 03/31/2026)

Resident-home contract for Resident #1 has been signed. Audit of all current resident contracts was completed by Administrator and all are compliant with regulatory requirement. Quarterly audit will be completed by Administrator and reviewed in QA meeting by Wellness Director for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/18/26, 1/21/26, and 1/23/26 over 50 residents were present in the home. No staff were certified in CPR during this time on all 3 shifts. The home is required to have 2 staff persons present in the building at all times certified in CPR.

Plan of Correction

Accept (█ - 03/31/2026)

Audit of all current staff CPR cards was completed by Wellness Director. Staff identified to have worked on 1/18/26, 1/21/26, and 1/23/26 will be CPR certified on 3/25/26. An audit will be conducted prior to posting the nursing schedule to ensure that at least one staff person for every 50 residents, who is trained in first aid and certified in obstructed airway techniques and CPR, is present in the home at all times. The Wellness Director will ensure compliance with this requirement when scheduling the nursing staff. The Administrator will audit the results bi-weekly to maintain compliance and results will be shared at the QA meeting.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█ - 04/09/2026)

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of Direct care staff person A's 2025 training year does not include source and content information.

Plan of Correction

Accept (█ - 03/31/2026)

Audit of staff 2025 training records was completed by Administrator. Administrator will review staff training records monthly to ensure it includes source and content information. Findings will be reviewed in QA by Wellness Director to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 4:08 p.m. in room 319, there was a non-grip rug that was placed on the floor in front of the bathroom shower, that created a potential slipping hazard.

Plan of Correction

Accept (█ - 03/31/2026)

Corrective action was taken day of survey 1/29/26. An audit to identify any non-grip rugs in resident bathrooms was completed. Direct Care staff was educated on Tag 88a and quarterly audit of resident bathrooms will be completed by Wellness Director and finding will be reviewed in QA by Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

93a - Handrails

8. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The facility's staircase's spindled side railing was not secure, when shaken, the railing wobbled back and forth approximately 1 1/2 inches on levels 1,2, and 3.

Plan of Correction

Accept (█ - 03/31/2026)

█ Construction Company will be installing oak post at the mid-span location to the second floor overlook and will be reinforcing the staircase's spindle side rail throughout the entire staircase. All work will be completed on 3/26/26.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented (█ - 04/09/2026)

101j3 - Bed/Linens/Pillows/Blankets

9. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At 3:33 p.m. Resident #1's bed was not dressed in sheets and bedding.

Plan of Correction

Accept (█ - 03/31/2026)

Resident #1's bed had been made and █ has since been added to the assignment task list to ensure the bed is dressed in sheets and bedding. Direct Care staff were educated on Tag 101j3. An audit was conducted by the Wellness Director to identify residents requiring bed care and bed assignment task list was updated accordingly. A quarterly audit will be conducted by the Wellness Director. The results of the audit will be reviewed by the Administrator during QA meeting to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 1/29/26, there was an approximate 3/4 of an inch accumulation of lint in the lint trap of both dryers #1 and #3. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 03/31/2026)

Correction action was taken day of survey 1/29/26. Direct Care staff were educated on Tag 105g and a sign was posted on dryer "Remove lint after every cycle" to remind staff of the importance of this task. Daily check will be completed by Administrative Assistant and finding will be reviewed by Administrator in QA to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█ - 04/09/2026)

123b - Emergency Procedures Posted

11. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's municipality emergency procedures plan was not available in the home. The home's emergency procedures plan was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 03/31/2026)

Copy of the municipality emergency procedures plan has been requested and will be posted in a conspicuous and public place in the home once obtained. A copy will also be kept onsite. Administrative Assistant will complete quarterly audit to ensure the home's emergency procedures plan is visibly posted and that a copy is available.

**123b - Emergency Procedures Posted (continued)**

*Findings will be reviewed in QA by Administrator for ongoing compliance*

**Licensee's Proposed Overall Completion Date: 05/01/2026**

**Implemented (█ - 04/09/2026)**

**124 - Notice to Fire Department****12. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

*The home's written notification to the local fire department dated on 8/4/25 did not include a general description of the mobility needs of the residents served.*

**Plan of Correction**

**Accept (█ - 03/31/2026)**

*Home's written notification to the fire department was reviewed and update with the mobility needs of the residents. New letter was sent to the fire department on 3/19/2026*

**Licensee's Proposed Overall Completion Date: 03/20/2026**

**Implemented (█ - 04/09/2026)**

**190a - Completion Medication Course****13. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person B's annual practicum that should have been completed by 1/2026 was missing one of the required two medication administration observations.*

**Plan of Correction**

**Accept (█ - 03/31/2026)**

*Staff person B's medication observation was completed on 1/29/26. Audit of Med-Tech certification was completed by Wellness Director and ongoing review of compliance with the home's annual practicum's will be completed quarterly. Findings will be reviewed at QA by Administrator to ensure ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 03/20/2026**

**Implemented (█ - 04/09/2026)**