

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

March 10, 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 02/10/2026 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

Type: C-2 LP Date: 12/22/1999 Issued By: Dept of L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/10/2026

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 81

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: 81
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

02/10/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2026

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

Inspections / Reviews *(continued)*

03/10/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident # [redacted] initial support plan dated [redacted] indicates the resident requires a standby assist with toileting. On [redacted], the resident utilized their call bell requesting assistance for toileting and staff did not respond for two hours according to resident interview. Call bell records for the resident show a wait time of over an hour and of over 1 hour and 30 minutes on [redacted].

Plan of Correction

Accept [redacted] - 03/10/2026)

- On [redacted] the Director of Health and Wellness and Assistant Director of Health and Wellness reviewed resident [redacted] resident assessment and support plan with current direct care staff. Direct care staff were reminded of resident [redacted] need for standby assistance with toileting and the expectation that all call bells must be answered promptly.
- The Executive Director conducted a retraining of timely response to call bells, resident dignity, and adherence to resident support plans with current direct care staff on 2/17/26, 2/18/26, 2/27/26 & 3/5/26.
- The Director of Health and Wellness reviewed current resident assessments and support plans for residents requiring toileting assistance to ensure the individual resident's need and the plan to meet the resident's need is accurately reflected. This audit was completed on 2/17/26. This information was reviewed with current direct care staff as part of the retraining on 2/17/26, 2/18/26, 2/27/26 & 3/5/26.
- Starting March 6, 2026, the Executive Director, Director of Health and Wellness, or designee will review call bell response reports twice a week for 8 weeks, then once a week for 4 weeks to ensure timely responses. Any identified delays will be addressed through additional training and counseling, as needed.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented [redacted] - 03/10/2026)