

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

April 24, 2026

[REDACTED]
NORTH PENN MANOR, INC.
[REDACTED]

RE: NORTH PENN MANOR
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702
LICENSE/COC#: 22032

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2026, 03/16/2026, 03/19/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information		
Name: NORTH PENN MANOR	License #: 22032	License Expiration: 10/08/2026
Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702		
County: LUZERNE	Region: NORTHEAST	

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

Legal Entity	
Name: NORTH PENN MANOR, INC.	
Address: [REDACTED]	
Phone: [REDACTED]	Email: [REDACTED]

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 05/31/1990	Issued By: L&I

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 61	Waking Staff: 46

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 03/19/2026	

Inspection Dates and Department Representative	
02/24/2026 - On-Site:	[REDACTED]
03/16/2026 - Off-Site:	[REDACTED]
03/19/2026 - Off-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 80		Residents Served: 60	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 50		Are 60 Years of Age or Older: 54	
Diagnosed with Mental Illness: 14		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 1		Have Physical Disability: 2	

Inspections / Reviews		
02/24/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/04/2026

Inspections / Reviews *(continued)*

04/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

04/24/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at approximately 9:10 a.m. a medication cart was observed unlocked, unattended, and accessible in the hallway in front of room [REDACTED].

Plan of Correction

Accept [REDACTED] 04/09/2026)

Per regulation 183b all medications need to be kept in an area or container that is locked. On 2/24/26 staff member B was in room [REDACTED] and [REDACTED] cart was unlocked and unattended in the hallway in front of room # [REDACTED]. The administrator had a meeting with Staff member B on the date of inspection 2/24/26 enforcing the importance of keeping the med cart locked when unattended. Staff member B reassured me that [REDACTED] would ensure compliance with this regulation beginning 2/24/26. The supervising PCA will monitor for this regulation daily beginning 2/24/26 and the administrator will ensure compliance with this regulation on an ongoing basis beginning 2/24/26.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/20/2026)

185a - Implement Storage Procedures

2. 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

Resident [REDACTED] has an order for [REDACTED] one tablet every 4 hours as needed. Resident [REDACTED] has an order for [REDACTED] one tablet every 6 hours as needed. Resident [REDACTED] has an order for [REDACTED], one tablet every 6 hours as needed. Resident [REDACTED] has an order for [REDACTED], one tablet every 6 hours as needed. On [REDACTED] the home reported that blister packs of the above medications that were delivered to the home in December, January and February were missing from the home. Through review of the Medication Administration Records (MARs) and staff interview it was determined that the medications were re-ordered by staff person A in December, January, and February but were destroyed when it was discovered they weren't needed. Staff person A reported that the medications were disposed of in the garbage by themselves alone. The home's policy indicates that narcotic medications that are no longer needed must be returned to the pharmacy or destroyed by pouring the medications into a can with coffee grounds until dissolved and that two staff persons must be present during the destruction.

Plan of Correction

Accept [REDACTED] - 04/09/2026)

Per regulation 185a, staff must follow the home's policy for the safe storage, access, security distribution and use of medications by trained staff persons. A meeting was held by the administrator with Staff person A on 3/23/26 upon [REDACTED] return from a health and bereavement leave of absence, regarding the importance of following the home's policy for regulation 185a. Staff person A acknowledged that [REDACTED] didn't follow the facility's policy. Staff person A stated that [REDACTED] was overwhelmed and didn't follow proper procedures. On 2/26/26, the administrator revised the policy for the safe storage, access, security distribution and use of medications by trained staff persons to include additional safety measures to ensure compliance with regulation 185a. The administrator will ensure compliance with this

185a Implement Storage Procedures (continued)

regulation on an ongoing basis beginning 2/24/26.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [redacted] - 04/24/2026)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] from 9:15 a.m. to approximately 9:30 a.m. staff persons B and C were observed administering medications without the Medication Administration Records (MAR) binders present. Both staff persons B and C stated that they were administering morning medications but had not yet recorded the administrations on the MARs. Staff persons B and C did not initial the MARs for 8:00 a.m. medications that they had administered to the following residents: Resident [redacted] resident [redacted] resident [redacted] and resident [redacted]

Plan of Correction

Accept ([redacted] - 04/09/2026)

On 2/24/26 Staff person B and staff person C administered medications for Resident [redacted] and [redacted] and did not have the MAR's with them and also didn't document their initials on the MAR immediately after completion of the administration. All documentation should be completed immediately following each resident's administration of medications and the MAR should be present with each administration. A meeting was held by the administrator on 2/24/26 with Staff person B and staff person C reinforcing the proper way of completing the administration cycle. The immediate supervising PCA will monitor for this daily beginning 2/24/26 and the administrator will monitor for this regulation on an ongoing basis beginning 2/24/26 to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [redacted] - 04/20/2026)