

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

August 27, 2026

[REDACTED]
ALLIED SERVICES PERSONAL CARE INC
[REDACTED]
[REDACTED]

RE: ALLIED SERVICES MEADE STREET
RESIDENCE
260 SOUTH MEADE STREET
WILKES-BARRE, PA, 18702
LICENSE/COC#: 22812

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2026, 06/15/2026, 07/06/2026 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: ALLIED SERVICES MEADE STREET RESIDENCE **License #:** 22812 **License Expiration:** 10/02/2026
Address: 260 SOUTH MEADE STREET, WILKES BARRE, PA 18702
County: LUZERNE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: ALLIED SERVICES PERSONAL CARE INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 62 **Waking Staff:** 47

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 07/06/2026

Inspection Dates and Department Representative

05/27/2026 - On-Site: [REDACTED]
06/15/2026 - Off-Site: [REDACTED]
07/06/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 76 **Residents Served:** 48

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 15 **Residents Served:** 12

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 14 **Have Physical Disability:** 0

Inspections / Reviews

05/27/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/07/2026

08/11/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/26/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/18/2026

Inspections / Reviews (*continued*)

08/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/26/2026

08/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

142a - Secure Medical Care**1. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [REDACTED] resident [REDACTED] experienced a fall in their apartment and was found on the floor by staff at approximately 5:30 a.m. As confirmed by staff interviews, the resident's injuries were not assessed immediately following the fall and the resident did not receive medical attention until after taken out by family to an unrelated medical appointment later that morning. The resident was subsequently diagnosed with a [REDACTED] on the right forehead and elbow, and sustained [REDACTED] as a result of the fall. Staff interviews indicated information regarding the fall, was not communicated to staff on the subsequent oncoming shift which delayed diagnosis and treatment of the resident's acute injuries.

Plan of Correction**Accept [REDACTED] 08/24/2026)**

Resident [REDACTED] will not be returning to the facility, as [REDACTED] has been admitted to a Skilled Nursing Facility.

Administrator/Designee re-educated current nursing staff on Tag 142a (see attached)

Administrator/Designee educated current nursing staff on the Fall Risk Evaluation Policy (see attached)

Assistant Administrator/designee will complete a monthly audit x 4 months on incident and accidents reports to ensure compliance.

Administrator/Designee will review results of audits at the quarterly QA Meeting for review and/or recommendations.

Licensee's Proposed Overall Completion Date: 08/18/2026

Implemented [REDACTED] - 08/27/2026)**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

At 9:03 a.m. 3 full tanks of oxygen were observed being stored directly on the floor in the conference room located off the 1st floor common room of the home.

Plan of Correction**Accept [REDACTED] - 08/24/2026)**

All 3 oxygen tanks were removed from the conference room immediately on 5/27/26 by the respiratory therapist.

Administrator/Designee completed education with current nursing staff on Tag 185a and on safe oxygen tank storage (see attached)

Assistant Administrator/ designee will complete a weekly audit x 2 months to ensure oxygen tanks in the facility are being stored safely.

Administrator/Designee will review results of audits at the quarterly QA Meeting for review and/or recommendations.

185a *Implement Storage Procedures (continued)*

Licensee's Proposed Overall Completion Date: 08/18/2026

Implemented [REDACTED] - 08/27/2026)