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

August 6, 2026

[redacted]
MILLETT PINES LLC
[redacted]

RE: THE PINES AT CLARKS SUMMIT
1300 MORGAN HIGHWAY
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22612

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE PINES AT CLARKS SUMMIT* **License #**: *22612* **License Expiration**: *11/05/2026*

Address: *1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*

County: *LACKAWANNA* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MILLETT PINES LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *66* **Waking Staff**: *50*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *06/17/2026*

Inspection Dates and Department Representative

06/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *24* **Residents Served**: *18*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

06/17/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

08/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/06/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/06/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] Medical Evaluation dated [redacted] is incomplete, it does not indicate if the resident's needs can be met in a personal care home by a medical professional.

Repeated Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

The Resident's Medical Evaluation (DME) dated 11/17/2025 was immediately reviewed. The Resident had been seen and evaluated timely by [redacted] physician. The physician had left required boxes on the form unchecked when [redacted] signed the DME form. The Director of Wellness had overlooked the omission. The physician had been onsite again at The Pines on 5/19/2026 and evaluated the Resident on [redacted] monthly visit. The doctor was contacted and [redacted] confirmed that the Resident was in fact appropriate for Personal Care at the facility. The form was updated and signed again by the physician.
The Executive Director and the Administrator met with the Director of Wellness and reviewed [redacted] responsibility in verifying that all of the required information is recorded on the Medical Evaluation (DME). The DOW is responsible for ensuring that the evaluations are complete and they are filled out in their entirety.
The Administrator completed a random audit of a sampling of DME's to confirm completion of the forms.
The Administrator/Designee will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented [redacted] - 08/06/2026)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Staff interviews indicates Resident [redacted] no longer utilizes a walker independently in their room, and is transported via wheelchair to and from activities and meals. The resident is unable to evacuate in the event of an emergency without assistance. This information has not been updated in the residents Assessment and Support Plan.

Plan of Correction ***Accept [redacted] - 08/06/2026)***

The Resident's Support Plan (RASP) was immediately reviewed and revised to include the need for staff assistance to evacuate using the wheelchair in case of an emergency. The Resident's physical therapist reported that after the Resident's fall on 4/12/26 [redacted] was not comfortable using the walker unless [redacted] was walking with the therapist despite [redacted] ability to do so. Due to weakness from previous strokes the Resident felt safer being transported in [redacted] wheelchair. [redacted] has been able to communicate [redacted] needs and [redacted] wishes to the staff, and the staff were aware of [redacted] preferences.
Direct Care Staff were re-educated in a Staff Meeting on July 14, 2026 about communicating promptly any changes in the residents' condition to the DOW or designee. Prompt reporting of changes in the residents' condition or service needs is required by Care Staff.
The Executive Director and the Administrator met with the Director of Wellness and reviewed [redacted] responsibility to ensure that the residents' care needs are identified and documented accurately and updated whenever there is a

225c Additional Assessment (continued)

change in condition or service need.
Audits were conducted on a sampling of resident RASPs to ensure that care needs are being identified and documented accurately, and that the RASP reflects the appropriate plan to support those needs.
The Administrator/Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented [redacted] 08/06/2026)