

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

October 2, 2026

[REDACTED], ADMINISTRATOR
ECUMENICAL ENTERPRISES INC
200 LAKE STREET
DALLAS, PA, 18612

RE: THE MEADOWS MANOR
200 LAKE STREET
DALLAS, PA, 18612
LICENSE/COC#: 24365

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2026 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: THE MEADOWS MANOR

License #: 24365

License Expiration: 09/20/2027

Address: 200 LAKE STREET, DALLAS, PA 18612

County: LUZERNE

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ECUMENICAL ENTERPRISES INC

Address: 200 LAKE STREET, DALLAS, PA, 18612

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/04/1996

Issued By: DLI

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 54

Waking Staff: 41

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Interim

Exit Conference Date: 09/17/2026

Inspection Dates and Department Representative

09/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66

Residents Served: 48

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

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: 1

Have Mobility Need: 6

Have Physical Disability: 1

Inspections / Reviews

09/17/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/04/2026

10/02/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2026

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews *(continued)*

10/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #1's contract dated [REDACTED] states if the resident passes, the refund will be issued within 30 days, provided the room is cleaned out of all personal possessions. The contract indicates there is a daily fee until the room is cleaned out, but does not designate what that fee is. The home's contract does not break the monthly rate down to an amount for care need and an amount for room and board.

Resident #2 's contract dated [REDACTED] states if the resident passes, the refund will be issued within 30 days, provided the room is cleaned out of all personal possessions. The contract indicates there is a daily fee until the room is cleaned out, but does not designate what that fee is. The home's contract does not break the monthly rate down to an amount for care need and an amount for room and board.

Plan of Correction

Accept [REDACTED] - 10/02/2026)

On September 23rd, the facility issued a 30-day notice to all residents with updates to the contract of The Meadows Manor. (ATTACHMENT #1) This notice reflects that the daily rate would be reduced by \$51/day in care costs if a family makes the decision to hold the room after the date of death of the resident. Until the date that the 30-days' notice takes effect, the administrator will be responsible to oversee any refunds given to a resident's estate upon their passing and will audit the contract to ensure refund is provided appropriately and will be required to sign the refund letter to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 10/02/2026)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3's date of death was [REDACTED] The home inaccurately charged the resident until the room was cleaned out on [REDACTED] The home's contract does not break the monthly rate down to an amount for care need and an amount for room and board.

Plan of Correction

Accept [REDACTED] - 10/02/2026)

On Friday September 18th a refund was recalculated by the office and sent via certified mail to the responsible party per the signed contract (ATTACHMENT #2) The administrator will now become a second signature on any refunds provided to a resident's estate after their passing for the next 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 10/02/2026)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home has not submitted an update on the emergency plan to the Local Emergency Management Agency in over a year.

Plan of Correction

Accept () - 10/02/2026

On date of inspection, notice was emailed directly to Luzerne County EMA. (ATTACHMENT #3) which brought the facility back into immediate compliance with 107(d). Emergency preparedness and Fire Safety plans will be reviewed as scheduled during Quality Management meetings however, the facility updated the "Emergency Preparedness and Disaster Plan Annual Review Policy" to reflect this in detail. The policy was updated to include the emailing of EMA during those annual review meetings and additionally if any changes are made throughout the year. This coordination will be the responsibility of the administrator to complete to ensure continued compliance. (ATTACHMENT #4) The Q/M Team was in-serviced on the updated policy. (ATTACHMENT #5)

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026

187c - Refusal of Medication

4. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 has an order for Lispro Injection Solution 100 unit/ml on a sliding scale 4 times a day. The resident refused this medication 31 times between 9/1/26 and 9/16/26. There is not documentation in the resident's record of the prescriber being notified.

Plan of Correction

Accept () - 10/02/2026

Upon the Departments discovery of the inconsistent documentation of the refusals of Resident #4, the facility contacted the PCP and PCP responded onsite and provided the facility with a written order that reflects: "I am aware of Resident #4's frequent insulin refusals. Education was provided to the resident and was deemed appropriate to make the choice to refuse. I only desire a monthly update of refusals to myself by LPN of facility. It is not necessary to contact me on each occasion of refusal." This brought the facility into immediate compliance. (ATTACHMENT #6)

To ensure no other violations were present, the facility LPN Supervisors conducted a random eMAR audit of 5 residents on each floor plus any residents currently in the facility on insulin administration. (ATTACHMENT #7) No violations were found.

The facility updated the "Refusal of Medications and Treatments Policy (ATTACHMENT #8) to reflect the following: Upon review of the facility Medication Refusal Reports (if one exists); on a daily basis by the LPN Supervisors after 5

187c Refusal of Medication (continued)

consecutive refusals or at the discretion of the LPN Supervisors they will be responsible to meet with the resident to discuss the refusals and decide to either request a discontinuation of the medication or contact the PCP to discuss their desire of notification of any refusals and educate them on the requirements of 187(c).

Additionally, if a PCP does provide a different request for notification outside of the requirements of 187(c); the LPN Supervisor will ensure the facility obtains a signed order reflecting their preferences for notification and then will add into the resident profile on PCC under the "Special Instructions" section the updated request of the prescriber for all med techs and nurses to view. The special instruction will detail the prescriber's preference and the specific medication it applies to. Lastly, the LPN Supervisor will enact the new "Resident Frequent Refusal Tracking" (ATTACHMENT #9) The Med Techs and Nurses will be responsible to document the refusal on the eMAR and additionally on this form. Facility "Refusal of Medications and Treatments" Policy was also updated to reflect this new process. In Service was provided to all Med Techs & Nurses regarding updated form & policy and a review of the process. (ATTACHMENT #10)

To ensure continued compliance, the Administrator will be responsible for conducting bi weekly audits of the refusals by reviewing both eMAR and paper documentation for the next 3 months.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026

252 - Record Content**5. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The current photo in resident #5 's record is dated (), more then 2 years old.

Plan of Correction

Accept () - 10/02/2026

On Friday September 18th, the facility updated the photograph of Resident # 5 which corrected the violation immediately. (ATTACHMENT #11) Starting Monday September 21st, the facility completed an update of all resident photographs to ensure compliance with all resident photographs. The "Resident Picture" policy was updated to reflect that in September annually, all resident photographs are taken and then updated in Point Click Care. (ATTACHMENT #12) This will be the responsibility of the Administrator to direct completion of annually and ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026