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

October 26, 2026

[redacted], ADMINISTRATOR
ALLIED SERVICES PERSONAL CARE INC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2026 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: *ALLIED SERVICES MEADE STREET RESIDENCE* **License #**: *22812* **License Expiration**: *10/02/2027*

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

Type: *C-2 LP* **Date**: *12/16/2021* **Issued By**: *Inspections Inc.*

Staffing Hours

Resident Support Staff: *12* **Total Daily Staff**: *62* **Waking Staff**: *47*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *09/24/2026*

Inspection Dates and Department Representative

09/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Whispering Pines* **Capacity**: *15* **Residents Served**: *14*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *50*

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

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

Inspections / Reviews

09/24/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/09/2026*

10/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/23/2026*

Inspections / Reviews *(continued)*

10/26/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *10/26/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

10/26/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *10/26/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:40 AM several window screens installed on windows in the secure dementia unit sunroom had large tears in them.

Plan of Correction ***Accept ([redacted] - 10/26/2026)***

• Screens in the SDCU were repaired 10/7/26
• Administrator/Designee educated staff on Tag 88a on 10/9/26
• Facilities department /designee will complete a quarterly audit on the conditions of the screens 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: *10/23/2026*

Implemented ([redacted] - 10/26/2026)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Several of the pathway lights located in the secure dementia unit outdoor walkway are tipped over with wires exposed.

Plan of Correction ***Accept ([redacted] - 10/26/2026)***

• The damaged lights along the pathway were removed 10/8/26. Wiring was appropriately addressed and exposed wires are no longer present.
• Administrator/Designee educated current staff on Tag 95 on 10/9/16
• Facilities department /designee will complete a quarterly audit on the conditions of the pathway lights 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: *10/23/2026*

Implemented ([redacted] - 10/26/2026)

100a - Exterior - Free of Hazards

3. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 9:42 a.m. the secure dementia unit's outdoor patio walkway was obstructed by overgrown plants and bushes.

Plan of Correction ***Accept ([redacted] - 10/26/2026)***

• Overgrown plants and bushes in outdoor patio walkway in the SDCU were removed or trimmed on 9/28/26

100a Exterior Free of Hazards (continued)

• Administrator/Designee educated current staff on Tag 100a on 10/9/26
• Facilities department /designee will complete a quarterly audit on the conditions of the outdoor patio walkway in the SDCU 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: 10/23/2026

Implemented (- 10/26/2026)

125a - Combustible Storage

5. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 9/25/26 at approximately 9:40 AM, a sock was discovered behind the dryer in the first floor laundry closet. .

Plan of Correction ***Accept (- 10/26/2026)***

• Sock was removed from behind the dryer in the first floor laundry closet on 9/24/2026. Facility dryers were checked to ensure compliance.
• Administrator/Designee re educated current nursing staff on Tag 125a 10/9/26
• Administrator/Designee educated current nursing staff on combustible and flammable materials. 10/9/26
• Administrative Assistant /designee will complete a daily audit x 4 weeks on combustible and flammable items behind the dryer 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: 10/23/2026

Implemented (- 10/26/2026)

141b1 - Annual Medical Evaluation

6. Requirements

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

Description of Violation

The medical evaluation dated for resident #2 was missing the printed name and license number of the medical provider who completed the medical evaluation.

Plan of Correction ***Accept (- 10/26/2026)***

• Resident #2 DME was updated with the medical provider's printed name and license number on 9/25/26. Current resident's DME were check to ensure compliance.
• Administrator/Designee educated current nursing staff on Tag 141b1 10/9/26
• Administrative Assistant /Designee will complete a monthly audit x 4 months on current resident DME to ensure medical provider's printed names and license number provided on the DME to ensure compliance

141b1 Annual Medical Evaluation (continued)

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

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented ([redacted] - 10/26/2026)

183b - Meds and Syringes Locked

7. 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 9/24/26 at 9:40 AM, Med cart was unlocked, unattended, and accessible in right hallway on second floor.

Plan of Correction ***Accept ([redacted] - 10/26/2026)***

• Administrator/Designee educated current nursing staff on Tag 183b 10/9/26.
• Assistant Administrator/designee will complete a daily audit x 4 weeks starting on 10/1/26 to ensure med carts are locked when unattended.
• Administrator/Designee will review results of audits at the quarterly QA Meeting for review and/or recommendations.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented ([redacted] - 10/26/2026)

185a - Implement Storage Procedures

8. 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

The numbers on Resident #1's glucometer do not match the numbers entered on [redacted] MAR for 9/6/26 at 0730 and 1130, 9/7/26 at 0730 and 1130, 9/12/26 at 1130, 9/14/26 at 1630, 9/21/26 at 1130, and 9/23/26 at 1130 and 1630.

Plan of Correction ***Accept ([redacted] - 10/26/2026)***

• Current resident's glucometers were checked to ensure compliance on 9/25/26
• Administrator/Designee educated current nursing staff on Tag 185a on 10/9/16
• Assistant Administrator/designee will complete a daily audit x 4 weeks on current resident's glucometer to ensure compliance
• Administrator/Designee will review results of audits at the quarterly QA Meeting for review and/or recommendations.

Proposed Overall Completion Date: 10/30/2026

Licensee's Proposed Overall Completion Date: *10/23/2026*

185a - Implement Storage Procedures *(continued)*

Implemented (- 10/26/2026)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2 has a bedside mobility device installed on their bed. The assessment dated did not include the specific need for the device, the intended use and risks associated with it's use, the resident's ability to use the device safely for it's intended purpose, or the specific device to be used and whether a cover is required to meet FDA guidelines.
Resident #3 has a bedside mobility device installed on their bed. The assessment dated did not include the specific need for the device, the intended use and risks associated with it's use, the resident's ability to use the device safely for it's intended purpose, or the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept (- 10/26/2026)***

• Resident #2 and Resident #3 RASP were updated on 9/25/26 to include the specific need for the bedside mobility devise, the intended use and risk associated with its use, their ability to use the device safety for its intended purpose, or the specific device to be used and whether a cover is required to meet FDA guidelines. Current residents RASP were checked to ensure compliance.
• Administrator/Designee educate current nursing staff on Tag 225c on 10/9/26
• Administrative Assistant /designee will complete a monthly audit x 4 months on current resident RASP 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: *10/23/2026*

Implemented (- 10/26/2026)

233c - Key-Locking Devices

10. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 9:35 a.m. the directions for operating the home's locking mechanism were not conspicuously posted near the Sheridan Street exit door in the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Accept (- 10/26/2026)***

• Directions for operating the locking mechanism were posted conspicuously near the Sheridan Street exit door in the SDCU on 9/24/2026. Exit doors in the SDCU were check to ensure compliance
• Administrator/Designee educated current staff on 233c 10/9/26

233c - Key-Locking Devices (continued)

• Assistant Administrator /designee will complete a weekly audit x 4 weeks on the directions for operating the locking mechanism are posted conspicuously on the exit doors in the SDCU 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: *10/23/2026*

Implemented (- 10/26/2026)

251b - Record Entries Legible

11. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #3's medical evaluation dated in the Evaluation Information section. Correction fluid was used on resident #4's Pharmacy Provider form dated in the Pharmacy supply preference section.

Plan of Correction ***Accept (- 10/26/2026)***

• Resident #3 medical provider was faxed a new DME on 10/5/36 and acquired back on 10/9/16. Resident #4's RP completed a new Pharmacy Provider form on 10/7/26. Current resident's admission paperwork was checked to ensure compliance.
• Administrator/Designee educate current admission staff on Tag 251b 10/8/26
• Administrative Assistant /designee will complete a monthly audit x 4 months on current resident admission paperwork 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: *10/23/2026*

Implemented (- 10/26/2026)

252 - Record Content

12. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #1'S record did not include a photograph of the resident that is no more than 2 years old. The photograph of resident #1 in the record was dated

Plan of Correction ***Accept (- 10/26/2026)***

• Resident #1's picture was updated on 9/25/2026. Current resident pictures were checked to ensure compliance on 10/7/26

252 - Record Content (continued)

• Administrator/Designee educate current administrative staff on Tag 252 on 10/8/26
• Administrative Assistant /designee will complete a monthly audit x 4 months on current resident pictures 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: 10/23/2026

Implemented ([redacted] - 10/26/2026)