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

October 26, 2026

[redacted] ADMINISTRATOR
NORTH PENN MANOR INC
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2026 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: *NORTH PENN MANOR* **License #**: *22032* **License Expiration**: *10/08/2027*

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: *240 NORTH SHERMAN STREET, WILKES BARRE, PA, 18702*

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *05/31/1990* **Issued By**: *DLI*

Staffing Hours

Resident Support Staff: *21* **Total Daily Staff**: *74* **Waking Staff**: *56*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *09/29/2026*

Inspection Dates and Department Representative

09/29/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *52*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older**: *52*

Diagnosed with Mental Illness: *15* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *1*

Inspections / Reviews

09/29/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *10/23/2026*

Inspections / Reviews *(continued)*

10/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/29/2026*

10/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/30/2026*

10/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/22/26-9/27/26, resident #1 requested their PRN Hydroxyzine HCL 25mg which was not available. The home did not report this medication error to the department.

Plan of Correction ***Accept ([redacted] - 10/23/2026)***

Per regulation 16c, the administrator sent a reportable incident on 10/14/26 for the PRN medication that wasn't available for the period 9/22-9/27/26 for resident #1. The medication was not available because the pharmacy was waiting for a signature from the physician to fill it. A training was held on 10/22/26 for PCA's regarding regulation 16C for proper reporting requirements for reportable incidents. The administrator will ensure that reportable incidents will be completed whenever medications are not available and are a part of a resident's MAR beginning 09/29/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/22/2026*

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

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:33 a.m., there was an approximate 1-inch accumulation of lint in the lint traps in both laundry room stacked dryers. There were no clothes in the dryer at the time.

Plan of Correction ***Accept ([redacted] - 10/23/2026)***

Per regulation 105g, the lint was removed from the lint trap by maintenance in both of the laundry room dryers at the time of inspection on 9/29/26. A sign has been displayed on the dryers by the administrator on 9/30/26 instructing all staff to remove the lint from the dryers after each cycle. A training was held by the Administrator on 10/5/26 with all PCA's on the proper lint removal process. The administrator will monitor the lint trays weekly to ensure ongoing compliance with this regulation beginning 9/30/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/22/2026*

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

121a - Unobstructed Egress

3. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress *(continued)*

Description of Violation

At 9:25 a.m. near room #1, there were 3 large black garbage bags and 4 boxes that were obstructing egress to an emergency exit.

Plan of Correction ***Accept (- 10/23/2026)***

Per regulation 121a, the 3 large black garbage bags and 4 boxes that were obstructing egress to an emergency exit were immediately removed on the day of inspection 9/29/26 by maintenance. The items were placed there to be taken to the outside shed for storage. Maintenance was instructed on 9/29/26 that items to be taken out to the shed must be done so immediately so that they are not blocking the emergency exit. The administrator will monitor weekly for ongoing compliance with this regulation beginning 9/29/26.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented (- 10/26/2026)

124 - Notice to Fire Department

4. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification letter dated 2/17/26 to the fire department, states that the home has a census of 60 residents. However, at the time of the inspection the resident census was 52.

Plan of Correction ***Accept (- 10/22/2026)***

Per regulation 124 our notification letter dated 2/17/26 to the fire department stated that there were currently 60 residents in the facility at that time. It is not a requirement to provide the current amount of residents in the building since the number of residents can change daily. An updated letter to the fire department was given on 10/14/26. All future fire department letters will have this additional information omitted. The administrator will ensure compliance with this regulation beginning 9/29/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented (- 10/26/2026)

144c1 - Smoking Area Guidelines

5. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:27 a.m. there were approximately 10 cigarette butts that were discarded over the designated smoking area's

144c1 Smoking Area Guidelines (continued)

porch railing.

Repeated Violation: 10/28/25.

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

Per regulation 144c1, approximately 10 cigarette butts were discarded over the designated smoking area's porch railing. The cigarette butts were picked up by housekeeping on the date of inspection 09/30/26. Housekeeping will check the surrounding area of the gazebo daily beginning 09/30/26 to ensure compliance with this regulation. A sign was placed in the smoking area reminding all smokers to dispose of their cigarette butts properly in the smoking receptacles that are located in the smoke area. The administrator will monitor for compliance beginning 09/30/26 with this regulation on an ongoing basis.

Licensee's Proposed Overall Completion Date: *10/16/2026*

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

183e - Storing Medications

6. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's Tramadol HCL50 medication card was tampered with and had tape on the back of the card holding tablet #3 in place.
Resident #5's Diphenoxyl Atrop 2.5 0.02 medication card was tampered with and had tape on the back of the card holding tablets #9, #16, #24 in place.
Resident #6's Alprazolam 0.25 medication card was tampered with and had tape on the back of the card holding tablet #7 in place.

Plan of Correction ***Accept ([redacted] - 10/23/2026)***

Per regulation 183e, there were 3 medication blister packs that had tape across one of the slots to hold the pill in place because there was a puncture hole in the metal covering. A training was held on 10/1/26 and staff were instructed to be more careful handling the blister packs so that they do not get damaged. The administrator will monitor weekly to ensure compliance with his regulation beginning 9/30/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/22/2026*

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

185a - Implement Storage Procedures

7. 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 #3's glucometer reading on 9/26/26 at 6:24 a.m. was 391 but the MAR entry was transcribed as 262.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept (- 10/23/2026)***

Per regulation 185a, resident #3's glucometer reading on 9/26/26 at 6:24am and MAR entry did not match. A staff training was held on 10/1/26 stressing the importance of correct documentation on the MAR. The administrator will monitor weekly for this regulation beginning 9/30/26 and ongoing to ensure compliance.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented (- 10/26/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 9/26 at 6:24 a.m., resident #3's glucometer reading was 391 the sliding scale for Admelog Solostar 100 Unit states to administer 15 units. The resident was administered 9 units.

Resident #1's PRN Hydroxyzine HCL 25mg was requested but not administered each day from 9/22/26-9/27/26.

Plan of Correction ***Accept (- 10/23/2026)***

Per regulation 187d, on 9/26 at 6:24am according to the documentation, resident #3 received 9 units instead of 15 units of insulin and Resident #1 requested her PRN medication from 9/22-9/27 but it wasn't available because the pharmacy was waiting for the physician's signature on the order. A training was held by the administrator for medication techs on 10/1/26 regarding the importance of following the directions of the prescriber and the staff were instructed to notify the administrator if a resident's medication has been ordered and is waiting for physician signature and is down to a 3 day supply. The administrator will then contact the physician's office for immediate signature. The administrator will monitor for compliance with this regulation weekly beginning 9/29/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented (- 10/26/2026)

225c - Additional Assessment

9. Requirements

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

Description of Violation

Resident #4 has an order for speech therapy and a special diet from the doctor dated . Their most recent Resident Assessment and Support Plan dated has not been updated to reflect this change.

Plan of Correction ***Accept (- 10/22/2026)***

Per regulation 225c, resident #4's RASP was updated on 10/1/26 by the administrator to include the speech therapy and special diet. The special diet was posted in the kitchen and the resident was receiving the correct diet but the

225c - Additional Assessment (continued)

addendum to the RASP was not completed in a timely manner. On 10/1/26 the administrator reviewed all of the resident RASP's to ensure compliance. The administrator will ensure compliance with this regulation beginning 9/30/26 and ongoing.

Licensee's Proposed Overall Completion Date: *10/16/2026*

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