



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SENIOR CARE OF KULPMONT LLC

LEGAL ENTITY

To operate SERENITY GARDENS AT MOUNT CARMEL

NAME OF FACILITY OR AGENCY

Located at 135 VERMONT DRIVE, KULPMONT, PA 17834

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 85
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 1, 2017 until October 1, 2017,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226791**

Robert E. Robinson

ISSUING OFFICER

Tom Baul

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/16



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Mr. Joseph T. Pohlen,
Member
Senior Care of Kulpmont LLC
6157 28th Street SE #7
Grand Rapids, Michigan 49546

RE: Serenity Gardens at Mount Carmel
135 Vermont Drive
Kulpmont, Pennsylvania 17834
License #: 226791

Dear Mr. Pohlen:

As a result of the Department of Human Services' licensing inspection on January 10, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SERENITY GARDENS AT MOUNT CARMEL		License Number: 21223
Address: 135 VERMONT DRIVE, KULPMONT, PA 17834		County: Northumberland
Administrator: Tracy Shingara		Region: NORTHEAST
Legal Entity Name: SERENITY PROPERTY HOLDINGS LLC		
Legal Entity Address: 4550 LENA DRIVE, MECHANICSBURG, PA 17055		
Certificate(s) of Occupancy C-2 LP 12/20/2001 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 89	Waking Staff: 67
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/10/2017: Rushin, Julienne; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 70 Secured Dementia Care Unit in Home: Yes Area: 1st floor Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

Violation Report: 21223 - 01/10/2017 - Rushin, Julienne PCH Name: SERENITY GARDENS AT MOUNT CARMEL	
1. REGULATION 55 Pa.Code §2600 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	
2a. DESCRIPTION OF VIOLATION Department Representatives observed the Emergency Numbers posted near the telephone located in resident room 109. The Personal Care Home Complaint Hotline Number posted is not the correct number.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
1. This regulation is warranted to facilitate a quick response from the appropriate agency in the event of an emergency. 2/3 The number posted was not the correct updated number. 4. All residents received an updated current list of numbers. 5. The lists will be checked monthly to assure they are current and available to the residents. The administrator will be responsible to monitor compliance of regulation 2600.91	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCHA</i>	Date <i>2/2/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>2/4/17</i></u> (Date)	Plan of correction implementation status as of <u><i>2/4/17</i></u> Date
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julienne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the gate that leads from the secured courtyard of the secured dementia care unit. The gate is blocked by approximately 1-2 inches of snow/ice.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is warranted to ensure the safety of residents during an emergency evacuation.
- 2/3. During inspection, our courtyard gate did not open completely due the leaves/snow buildup.
4. The maintenance man immediately cleared the area of debris to ensure proper opening of the gate.
5. This task has been added to a daily maintenance regimen and the maintenance man will ensure this area will be free of debris for safe evacuation purposes.

The administrator shall monitor and assure ongoing compliance.

2/4/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative: *Tracey Shingara PCHA*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Tracey Shingara PCHA* Date: *2/2/17*
 (Required on EVERY Page)

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The above plan of correction is approved as of *2/4/17* (Date) Plan of correction implementation status as of *2/4/17* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julianna
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed for resident #1 on 12/15/16 does not include whether the resident requires body positioning or movement.

The medical evaluation completed for resident #2 on 10/20/16 did not include an evaluation of the resident's Mobility Needs, or Immunization history. These items were completed after the resident was evaluated and also after the physician completed the documentation of the medical evaluation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is important to help determine residents care needs to assure a home can manage the needs.
2. Not all fields of the required form were completed as per regulation.
3. All DME's will be thoroughly checked for missing information.
4. When completed by MD and returned to facility, if missing information MD will be called and updated on corrections being made to DME with all proper documentation included ie. Date, change, who spoke to at office, etc.

The administrator will monitor all DME's to assure complete and accurate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tracey Shingara PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Tracey Shingara PCHA

Date *2/2/17*

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Plan of correction implementation status as of

The above plan of correction is approved as of

2/4/17
 (Date)

The above plan of correction was approved by

[Signature]

- Date *2/4/17*
- Fully implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julianne PCH Name: SERENITY GARDENS AT MOUNT CARMEL	
1. REGULATION 55 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION The clotrimazole cream prescribed to resident #6 (twice daily as needed), expired 12/2006.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
1. This regulation is to ensure that any medications not current are properly destroyed and disposed of. 2. A topical ointment expired 12/2016 and was disposed of as per regulation. 3. The cream was disposed of on day of inspection and going forward all treatment supplies will be audited monthly by the Administrator to assure current order and expiration dates are within limits.	
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCHA</i>	Date <i>2/2/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/4/17</u> (Date)	Plan of correction implementation status as of <u>2/4/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julienne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 A bottle of Hydrocerin Lotion and a tube of Triple Antibiotic ointment were noted in the "side 2" medication cart not labeled or dated.
 A jar of Equate Vaporizing Rub was noted on top of the medication cart in the Secured Unit not labeled or dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is to prevent creams and lotions from being used on anyone other than the resident it is supplied to.
- 2/3/4. Two lotions were not properly labeled but were labeled immediately upon inspection.
5. Re-educate staff members on importance of labeling resident supplies.
6. All treatment supplies will be audited by the administrator monthly to ensure compliance with regulation.

Repeat Violation: No | Date(s) of Previous Violation(s) |

Signature of Legal Entity Representative (Required on EVERY Page) *Tracey Shingava PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tracey Shingava PCHA* Date *2/2/17*

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The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julianne PCH Name: SERENITY GARDENS AT MOUNT CARMEL	
1. REGULATION 55 Pa.Code §2600 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.	
2a. DESCRIPTION OF VIOLATION The Dulcolax 10 mg suppositories prescribed to Resident #7 (PRN) were not on hand.	
3. PLAN_OEC ORRECTION (ROC)(Attach pages as necessary. Remember that you must sign and date any attached _____) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
1. This regulation is to ensure all resident supplies are available to the residents. 2/3. The above medication was not on hand for use if requested. 4. The medication was ordered from pharmacy. 5. When med techs are doing daily cart checks they will also check for all PRN medications as well. 6. The administrator will audit monthly to assure med techs are managing appropriately.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCMA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Shingara PCMA</i>	Date <i>2/2/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>02/14/17</i> (Date)	Plan of correction implementation status as of <i>02/14/17</i> (Date)
The above plan of correction was approved by <i>M</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julienne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolog Insulin based upon a sliding scale of the resident's blood glucose levels (BGL). On 1/7/17 at 12:00pm the residents (BGL) was measured at 170. The resident's Medication Administration Record (MAR) does not indicate how many units of insulin were administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

- 1. This regulation is to ensure all residents medication will be able to be tracked to ensure they are administered as prescribed.
- 2/3. Med tech failed to document amount of units given on MAR.
- 5. In the future assure that all documentation is correctly stated on MAR by completing on MAR check daily on all 3 shifts.
- 6. All med techs will be reminded of the importance of documentation by administrator.

The administrator shall monitor and assure ongoing compliance

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/13/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Tracey Shingara PCHA* 2/4/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tracey Shingara PCHA* Date *2/2/17*

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Plan of correction implementation status as of 2/4/17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julianne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

2600.231 (b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the Secured Dementia Care Unit on [redacted]/16. The resident's Medical Evaluation completed on [redacted]/16 was completed more than 60 days prior to the resident's admission.

Resident #5 was admitted to the Secured Dementia Care Unit on [redacted] 16. The resident's medical evaluation completed on [redacted] 16 does not include a diagnosis of Dementia or Alzheimer's disease which is required for admission to the Secured Dementia Care Unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This regulation is warranted to ensure all information is obtained on resident to determine if home can meet the needs of resident.

Information (DME) on resident #4 was obtained earlier than regulation permits and information was missing on resident #5 DME.

All DME's returned to facility will be checked by administrator going forward to ensure all information is completed by MD.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tracey Shingara PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Tracey Shingara PCHA

Date

5/2/17

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2/4/17
(Date)

Plan of correction implementation status as of

2/4/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

m
(Initials)

Violation Report: 21223 - 01/10/2017 - Rushin, Julianne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the door leading from the dining room of the Secured Dementia Care Unit to the courtyard. The door is enabled with a magnetic locking device. The door does not have the directions/code posted in order to operate the magnetic locking device.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is to allow persons the information required to open locked areas for egress.
2. The code was not posted by the dining room exit door on the SDU.
3. Recent remodel of dining room and it was overlooked and not placed to wall.
4. The sign was posted immediately upon inspection.
5. Upon any future renovations administrator will ensure proper signage is replaced to wall.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracey Shingara PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracey Shingara PCHA* Date *2/2/17*

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 (Date)

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 (Date)

The above plan of correction was approved by *m*
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 21223 - 01/10/2017 - Rushin, Julianne
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL


1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan finalized on 8/16/16 for resident #5 does not include the summary and determination of the assessment, which is required to be completed.

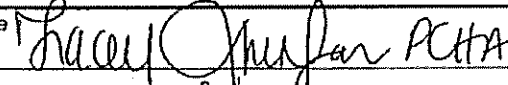
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This regulation is to ensure there is a plan in place to care for a resident with challenging behaviors.
2. Summary section was not completed upon admission by administrator.
3. All information will be completed by administrator/LPN on RASP including "summary" section.

The administrator shall monitor and assure ongoing compliance.



 2/4/17


Repeat Violation: No | Date(s) of Previous Violation(s):

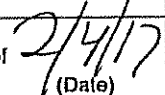
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracey Shingara PCHA | Date 2/2/17

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The above plan of correction is approved as of 
 (Date) 2/4/17

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 
 (Date) 2/4/17

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- Not Implemented