



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]
MAILING DATE: February 27, 2019

Mr. Chuck Gray
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 #: 226790

Dear Mr. Gray:

As a result of the Department's Bureau of Human Services Licensing inspection on September 27, 2018 and October 16, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22679 - 09/27/2018 - Novak, Ryan
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 was sent to the hospital on 9/10/18 after being found unresponsive, the resident later passed away on [REDACTED] 18. The home did not submit an incident report to the Department regarding the residents death.

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.

Explanation: Facility was reporting on site deaths only and it was unclear that off-site deaths should be reported as well.

1. Ensuring reportable incidents will be sent to DHS by Director of Wellness and Administrator allows the PCH to explain the situation and reduces the need for the department to pursue additional information.
2. As of 2/6/2019 when a Resident passes away on or off site of the facility the Director of Wellness and Administrator will ensure that it is reported to DHS within 24 hours.

The Administrator will ensure that a record review will be conducted and any resident deaths previously unreported via Incident Reports will be completed and sent to the Northeastern Regional Office no later that 30 days after the receipt of this Plan of Correction. 2-14-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Kross*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCHA* Date *2/6/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-14-19</u> (Date) The above plan of correction was approved by <u><i>ag</i></u> (Initials)	Plan of correction implementation status as of <u>2-14-19</u> (Date) <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
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Violation Report: 22679 - 09/27/2018 - Novak, Ryan
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was seen by the doctor on 2/16/18 for choking on liquids, difficulty with speech and slurred speech, speech therapy was ordered. On 6/1/18 The resident was seen again by the doctor for the same reason. A pureed diet and thick liquids were ordered as well as a swallowing study. The resident had the swallowing study completed on 6/27/18. Recommendations from the study in which the doctor also agreed to were the following: Pureed diet add extra gravy, honey thick liquids. Crush all medications in honey thick liquids. Position resident at a 90 degree angle seating hip flexion with a 100% level of supervision at meals. Throat clear and re-swallow, small bites and sips, alternate liquids/solids slow rate of intake. Staff interviews indicated that at times staff would sit with the resident during meals, at other times the staff would supervise from a distance. Staff interviews indicated that the resident did not like the diet that was prescribed and often would take a bite or two and push it away. The resident was found unresponsive on 9/10/18 in the residents bed. Notes from the hospital indicate the resident had pressure sores located on the residents back side. The resident lost 12 pounds from June 2018-September 2018 when the resident passed away on [REDACTED] 18. The residents RASP has not been updated to reflect the residents needs until 8/24/18 from when the original RASP was completed on 11/14/17 upon admission to the home. The home failed to provide goods or services which are necessary to maintain the residents physical health.

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.

Please see attached.

Page 3A of 6

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Kross*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JESSICA KROSS LPN/DON/PCHA* Date *2/6/19*

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The above plan of correction was approved by <u>AK</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

Explanation: All nursing staff were educated on the Residents diet and order to assist with meals. The facility provided meals and snacks for the residents which met her diet, staff and family would sit with the resident and encourage her to eat, however the resident has the right to refuse both the meal and the alternatives offered to her. The family was aware that the resident was refusing her meals and the facility faxed her Doctor on 7/27/18 stating "Family has a concern that their mom simply won't eat the pureed food. They are requesting to try her food to be chopped instead. Do you agree Yes or No?" To which the Doctor replied on 7/30/18 "This diet is not advised by speech therapist after swallowing study. If family wants diet change they must assume potential risk of aspiration, pneumonia, choking, possible death." Due to the risk, the family verbalized they did not want the diet change. Her Doctor was also sent weekly weights notify her of her weight loss starting 6/1/18 and the facility was not given any alternative suggestions to increase her nutrition intake or reduce weight loss. The residents Level of Care was fairly independent and she did not required assistance from the facility for dressing, bathing, or toileting. As a facility, we believe that the respect and dignity of our residents is extremely important. We will not invade a Residents privacy to examine them when they are able to their care needs independently unless staff believe there is a decline in the ADL's. Thus explaining why, the facility was unaware of pressure sores before resident was admitted to the Hospital.

1. A Residents wellbeing and safety is the Homes #1 priority.
2. The Home conducted an audit on 2/6/19 on all Resident's RASP forms to ensure documentation is correct and they are meeting the needs of the residents.
3. Nursing Staff were educated on the importance of documentation on 2/5/19.
4. An educational training will be provided to Licensed and Certified staff by 3/15/19 on how to properly update Resident RASP forms. The Education will be provided by Vice President of Operations of and Executive Director.
5. Staff will monitor for changes in Residents needs and will timely notify the Director of Wellness and Administrator if any arise.

While dignity and privacy are required elements of care in a Person Care Home, the primary role of a Licensed Personal Care Home is the health and safety of all residents at all times. In the event a situation arises where the home cannot meet the resident's needs for health and safety, the home is obliged to issue a 30-day notice and assist the resident and family with relocation assistance. This will include understanding and abiding by physicians' orders and periodic examinations/evaluations of residents in order to assure residents' needs are being met. While a resident has a right to refuse a variety of things, the home may determine that it can no longer meet the resident's needs under those circumstances.

The home will review all current residents' RASPs with this in mind. Documentation of this review will be retained by the home. 2-14-19

AG

Violation Report: 22679 - 09/27/2018 - Novak, Ryan
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 9/1/18 the home had 65 residents in the home and 27 residents with mobility needs. At a minimum the home was required to have 93 hours of direct care staff available, the home only had 84.75 total hours.

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.

Explanation: Based on the homes DME records, there were 22 residents with mobility needs in house on 9/1/18. However, based on interview conducted by inspector while at the facility, 5 more Residents were added to the mobility needs list, going from 22 to 27. With 22 Residents with mobility needs our regulatory hours needed to be 87hrs. Originally the Director of Wellness (DOW) had 96 hours scheduled, she was aware that a Personal Care Aide (PCA) abruptly quit leaving us with 88hrs, which had us in compliance with the state regulation hours according to our DMEs. However, do to abdominal pain; a PCA left to go to the E.R in the middle of her shift, shorting the staffing hours by 3.25hrs, and another PCA arriving 2 hours late for her shift due to family issues the facility was left with 84.75 hours total and were unable to fill those additional hours due to short notice.

1. Staffing Calculations are determined by the number of mobile and immobile Residents residing in the PCH to determine the amount of staff needed to care for each individual.
2. Nursing schedules are made bi-weekly by DOW and are checked for adequate hours and observed by Administrator.
3. When a nursing employee quits or calls off, the Charge Nurse on duty will find coverage or the DOW will cover the shift.
4. Audits will be done monthly using census to ensure that residents needs are being met based off assessments and not solely on DME

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Kross*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Kross LPN/DOW/PCA</i>	Date <i>2/16/19</i>
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Violation Report: 22679 - 09/27/2018 - Novak, Ryan
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 9/1, 9/2 and 9/3/18 the home had 65 residents in the home and 27 residents with mobility needs. At a minimum the home was required to have 69.75 hours of direct care available from 7am-11pm. On 9/1/18 the home had 62.75, on 9/2/18 the home had 65.5 and on 9/3/18 the home had 65.25 hours available.

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.

Explanation: According the facility's DME reports with 22 Residents with mobility needs in house, waking hours required would be 65.25hrs, therefore according to the facility records were in compliances for 9/2-9/3. The DOW scheduled 96 hours for 9/1/18 – 9/3/18. Please refer to previous page for explanation for 9/1/18.

1. Staffing Calculations are determined by the number of mobile and immobile Residents residing in the PCH to determine the amount of staff needed to care for each individual.
2. Nursing schedules are made bi-weekly by DOW and are checked for adequate hours.
3. When a nursing employee quits or calls off, the Charge Nurse on duty will find coverage or the DOW will cover the shift.
4. Audits will be done monthly using census to ensure that residents needs are being met based off assessments and not solely on DME

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Violation Report: 22679 - 09/27/2018 - Novak, Ryan
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was seen by the doctor on 2/16/18 for choking on liquids, difficulty with speech and slurred speech, speech therapy was ordered. On 6/1/18 The resident was seen again by the doctor for the same reason. A pureed diet and thick liquids were ordered as well as a swallowing study. The resident had the swallowing study completed on 6/27/18. Recommendations from the study in which the doctor also agreed to were the following: Pureed diet add extra gravy, honey thick liquids. Crush all medications in honey thick liquids. Position resident at a 90 degree angle seating hip flexion with a 100% level of supervision at meals. Throat clear and re-swallow, small bites and sips, alternate liquids/solids slow rate of intake. Staff interviews indicated that at times staff would sit with the resident during meals, at other times the staff would supervise from a distance. Staff interviews indicated that the resident did not like the diet that was prescribed and often would take a bite or two and push it away. The resident was found unresponsive on 9/10/18 in the residents bed. Notes from the hospital indicate the resident had pressure sores located on the residents back side. The resident lost 12 pounds from June 2018-September 2018 when the resident passed away on [redacted] 18. The residents RASP has not been updated to reflect the residents needs until 8/24/18 from when the original RASP was completed on 11/14/17 upon admission to the home.

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

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Explanation: The resident received new diet orders on 6/27/18 and although the RASP was not updated until 8/24/18, nursing staff, family and Doctor were aware of new diet orders. Nursing staff were educated on resident's new dining needs and how to assist her during meal times per staff interviews during survey.

1. To ensure that the residents needs are met and that there is documentation to show those needs are firmly established within the facility.
2. An audit was conducted on 2/6/19 to ensure all RASP forms are up to date to current Resident's needs.
3. Director of Wellness and Dementia care Coordinator will ensure RASP forms are properly updated when new orders/needs come in for the Residents.
4. An educational training will be provided to Licensed and Certified staff by 3/15/19 on how to properly update Resident RASP forms. The Education will be provided by Vice President of and Executive Director.

The Adm will also ensure that there is a system of communication between direct care staff and the Director of Wellness and Dementia Care Coordinator to ensure that all info, observations and concerns are related fully and in a timely fashion to ensure each resident's needs are met.

2-14-19

AG

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jessica Kross

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

Jessica Kross LPN/DOW/PCA

Date

2/6/19

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 (Date)

Plan of correction implementation status as of 2-14-19
 (Date)

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

The above plan of correction was approved by AG
 (Initials)