



November 4, 2019

Ms. Emily Dooner
Executive Director
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 Ms. Dooner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 20, 2019 of the above facility, the violations 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.

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

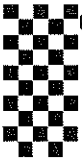
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report



Violation Report

Facility Information

Name: *SERENITY GARDENS AT MOUNT CARMEL*
Address: *135 VERMONT DRIVE,, KULPMONT, PA 17834*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

License Number: *22679*

Administrator

Name: *Lisa Sikes* Phone: *5703733000* Email: *JPOHLEN@SENIORMGMT.COM*

Legal Entity

Name: *SENIOR CARE OF KULPMONT LLC*
Address: *6157 28TH STREET SE, 7, GRAND RAPIDS, MI, 49546*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/20/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection

Type: *Full* BHA Docket #:
Reason: *Renewal*

Inspection Dates and Department Representative

08/20/2019 - On-Site: Amy Deluca, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes*

Area: *na*

Capacity: *22*

Residents Served: *16*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *2*

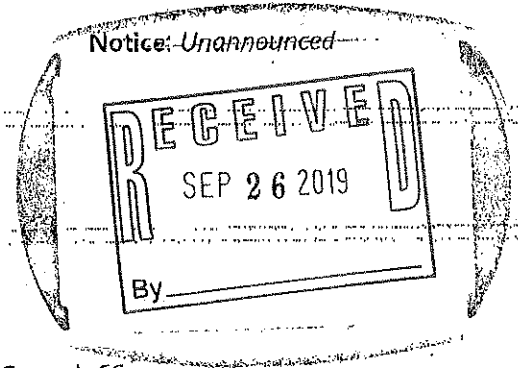
Are 60 Years of Age or Older: *66*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *0*



SERENITY GARDENS AT MOUNT CARMEL

22679

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:10am a binder containing Medication Administration Records (MARs) was left open and unattended on a medication cart in a common area of the home. Also in the vicinity of the medication cart was a medication room containing resident records that was left unattended with the door to the room open.

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 New file cabinets provided at each nursing station.
- ② Medication doors to be locked at all times when not attended.
- ③ HIPPA inservice provided to all staff 9/30/19 and annually along with new hire employees.

*** Within 5 days of receipt of the plan of correction:

The administrator or designee shall monitor weekly x3 months for ongoing compliance.

9-30-19

Legal Entity Representative

MM

[Handwritten Signature]

Signature

Lisa Sikes

Printed Name and Title

9/25/19
ADM

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

9-30-19
(Date)

Plan of correction implementation status as of

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(Date)

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(Initials)

- Fully Implemented
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SERENITY GARDENS AT MOUNT CARMEL

22679

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has 2 gas fired water heaters in the mechanical room across from resident room 103. A carbon monoxide (CO) monitor was installed inside the room, less than 15 feet from the water heaters with no CO monitor installed outside the room. The Care Facility Carbon Monoxide Monitoring Act requires that the CO monitor be installed no less than 15 feet from the fossil fuel burning apparatus.

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 Second Carbon monoxide was installed 8/21/19 to ensure compliance of Care Facility Carbon monoxide monitoring Act.

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Sikes ADM

Printed Name and Title

9/25/19

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SERENITY GARDENS AT MOUNT CARMEL

22679

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Staff person A did not have training in the required training topic medication self-administration training for the 2018 year.

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.)

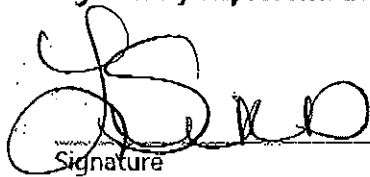
- ① Annual training for self administration for medication was given August 2019.
- ② Audit completed by HR to ensure compliance.
- ③ HR + Dow to ensure training and monitor.

***Within 5 days of receipt of the plan of correction:

The administrator or designee shall ensure that staff person "A" will have training in the required topic for training year 2018 as well as 2019. Documentation of the training shall be maintained by the home and available for review by the department upon request.

9-30-19 -- MM

Legal Entity Representative



Signature

Lisa Sikes, adm.

Printed Name and Title

9/25/2019

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SERENITY GARDENS AT MOUNT CARMEL

22679

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons A and B did not have annual training in fire safety by a fire safety expert for the 2018 year.

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 Annual training scheduled for 2019 training is scheduled for 10/1/19 for all staff.
- ② HR and administrator to monitor all training.

***Within 15 days of receipt of the plan of correction:

The administrator or designee shall ensure that staff persons "A" and "B" will have training in the required topic for training year 2018 as well as 2019. Documentation of the training shall be maintained by the home and available for review by the department upon request.

9-30-19 -- MM

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Sikes Adm 9/25/19

Printed Name and Title

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103d - Storing Food Off Floor

Regulations

2600.

103.d. Food shall be stored off the floor.

Description of Violation

In a large office, which also serves as a pantry for the home's food supply, there were boxes of Chex Mix, mini pretzels, and packages of French bread being stored directly on the floor of the office/pantry.

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 New shelf unit was purchased to store food.
- ② Audit sheet created for Dietary to be used to ensure proper storage.

*** Within 5 days of receipt of the plan of correction:

The administrator or designee shall monitor weekly x3 months for ongoing compliance.

9-30-19 --MM

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name]

Printed Name and Title

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SERENITY GARDENS AT MOUNT CARMEL

22679

124 - Notice to Fire Department

Regulations

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 home's most current notice to the fire department dated 8/1/2019 indicates there are 19 residents residing in the memory care unit requiring assistance with evacuating. The letter was not since updated to reflect that there were only 16 residents in the memory care unit, and that there were 7 additional residents requiring evacuation assistance outside the memory care unit. The letter also did not list the total capacity of the home.

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 New letter sent to local fire department with correction of residents needing assistance 9/25/19.
- ② Chart audit of all residents charts to ensure correct information of all mobile, moderate & unmobile residents.
- ③ New bed board provided that shows residents needs, to use during fire drills & emergencies.

Legal Entity Representative

[Handwritten Signature]

Lisa Sites RDM

9/25/19

Signature

Printed Name and Title

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22679

125a - Combustible Storage

Regulations

2600.

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

Description of Violation

There was a plastic hanger and dryer sheets found behind the dryer located in the home's laundry room.

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 House Keeping audit sheets created to ensure compliance.
- ② All staff education on checking behind dryer after each use to ensure no articles are behind dryer.

*** Within 5 days of receipt of the plan of correction:

The administrator or designee shall monitor weekly x3 months for ongoing compliance.

9-30-19 -- MM

Legal Entity Representative

Signature

Lisa Sikes

Printed Name and Title

9/28/19

ADM

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not document the number of residents present in the home and the number of residents evacuated on their fire drill logs for the following fire drills: 1/11/19, 2/28/19, 3/15/19, 4/9/19, 5/24/19, 6/29/19, and 7/24/19.

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 Maintenance educated on proper documentation of fire drill.
- ② New Log Sheet Created that list # of residents + # residents evacuated.

*** Within 5 days of receipt of the plan of correction:

The administrator or designee shall monitor monthly x6 months for ongoing compliance.

9-30-19 -- MM

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Signature] ADM

Printed Name and Title

9/25/19

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SERENITY GARDENS AT MOUNT CARMEL

22679

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home conducted their required sleeping hour drills on 2/28/19 at 6:32am and 8/20/2018 at 5:18am. On 2/28/19 there were 5 staff participating; on 8/20/18 there were 6 staff participating. The home normally has on 4 staff persons scheduled for 3rd shift. The home conducted sleeping hour drills during times in which additional staff were present and available to participate in evacuating residents.

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 Education with maintenance on importance on conducting fire drills on 11-7 shift when only 11-7 scheduled employees participate.
- ② Fire Safety meeting scheduled 10/1/19 w fire expert.

*** Within 5 days of receipt of the plan of correction:

Legal Entity Representative The administrator or designee shall monitor weekly x6 months for ongoing compliance. 9-30-19

[Handwritten Signature]

Signature

Lisa Sukes ADM MM
9/28/19

Printed Name and Title

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 2/28/2019 the home conducted a fire drill at 6:32 am. During the drill resident #1 refused to evacuate to a fire safe area.

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 Resident and family educated on importance of evacuating during a fire drill.
- ② Will be monitored by the administrator 30 day notice will be given if resident refuses to evacuate

*** Within 5 days of receipt of the plan of correction:

The administrator or designee shall monitor weekly x6 months for ongoing compliance.

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Bukes 09/25/19

Printed Name and Title

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The exit door located in the hallway outside of the office/pantry was not labeled with an exit sign.

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 Exit sign installed immediately
- ② Daily walk through of facility will be conducted by administrator and OR designee.

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name: Louie Rom]

Printed Name and Title

9/25/19

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The annual practicum documentation for staff persons C and D were incomplete because they were not signed and dated by the trainer.

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 Going forward audit to be completed to ensure documentation is correct.
- ② Trainer will observe employee C & D to ensure they have proper training and sign off that it is completed.

***Within 5 days of receipt of the plan of correction: The administrator or designee shall monitor monthly x6 months for ongoing compliance. 9-30-19 --MM

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Sikes ADM 9/25/19

Printed Name and Title

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

183e - Storing Medications

Regulations

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

During the medication cart audits, one loose white pill was found in the 2nd drawer of the memory care unit cart and one loose white half tablet was found in the side of the 1st cart.

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 Pharmacy (Brookie) Scheduled for quarterly audits.
- ② Monthly carts audits by designated staff (LPN/CMT) and Director of Wellness.

***Within 10 days of receipt of the plan of correction:

The administrator or designee shall monitor monthly x6 months for ongoing compliance.

Documentation of the AUDITS shall be maintained and made available to the department upon request.

9-30-19 --MM

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Sikes ^{ADM} 9/28/19

Printed Name and Title

Date

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22679

184c - Sample Prescription Meds.

Regulations

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident #2 has an order for Lasix 20mg 1 tablet every Monday, Wednesday, and Friday. The dosage instructions on the blister pack states take one tablet once daily. The label instructions doesn't match the medication administration record.

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 Dose change label was put on medication card.
- ② Staff educated that anytime change of order sticker is placed bottle/punchcard until new one is delivered from pharmacy.

*** Within 10 days of receipt of the plan of correction:

The administrator or designee shall monitor monthly x6 months for ongoing compliance.

Documentation of ORDER/CART AUDITS shall be maintained and made available to the department upon request.

Legal Entity Representative

9-30-19 --MM

[Handwritten Signature]

Signature

Lisa Sikes

Printed Name and Title

9/28/19

ADM

Date

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SERENITY GARDENS AT MOUNT CARMEL

22679

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #3 has an order for 34 units of Novolog insulin to be administered 3 times daily with meals, and to administer 24 units if the blood sugar is less than 150. On 8/17/19 at 4:25pm the blood sugar reading was 96. On 8/15/19 at 3:36pm the blood sugar reading was 95. Staff did not document the number of insulin units administered on these dates.

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 Staff is now documenting blood sugar and the amount of insulin given

② Staff educated that anytime blood sugar is taken it is documented along with the amount of insulin given

***Within 10 days of receipt of the plan of correction:

The administrator or designee shall monitor weekly x6 months for ongoing compliance.

Documentation of the GLUCOMETER AUDITS shall be maintained and made available to the department upon request.

9-30-19 --MM

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Sikes

Printed Name and Title

9/25/19
ADM.

Date

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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the home's memory care unit on 1/8/2019. The home completed a preadmission cognitive screening for the resident on 12/21/18, more than 72 hours prior to admission.

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(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 Admission director will be educated on preadmission screening on personal care + memory care.
- ② Each new Resident Record will be reviewed by Administrator and/or Director of Wellness.

***Within 10 days of receipt of the plan of correction:

The administrator or designee shall monitor NEW ADMISSIONS x6 months for ongoing compliance.

9-30-19 -- MM

Legal Entity Representative

[Handwritten Signature]

Signature

Lisa Surces ^{AOM} *9/25/19*

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-30-19
(Date)

Plan of correction implementation status as of 9-30-19
(Date)

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

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