



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: July 1, 2021

[REDACTED]  
Administrator  
Senior Care of Kulpmont LLC  
135 Vermont Drive  
Kulpmont, Pennsylvania 17834

RE: Serenity Gardens at Mount Carmel  
License #: 226790

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 3, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: SERENITY GARDENS AT MOUNT CARMEL

License Number: 22679

Address: 135 VERMONT DRIVE,, KULPMONT, PA 17834

County: NORTHUMBERLAND

Region: NORTHEAST

## Administrator

Name: [REDACTED]

Phone: 5703733000

Email: [REDACTED]

## 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:

Issued By:

## Staffing Hours

Resident Support Staff:

Total Daily Staff: 99

Waking Staff: 74

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

## Inspection Dates and Department Representative

10/03/2019 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 85

Residents Served: 74

### Secured Dementia Care Unit

In Home: Yes

Area: Ivy Lane

Capacity: 22

Residents Served: 21

### Hospice

Current Residents: 7

### Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 74

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 0

16c - Written Incident Report

Regulations

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 [redacted] Resident #1 fell and sent to the Emergency Room and was admitted for a right arm hematoma. This incident was not reported to the Department.

REPEATED VIOLATION 2-1-19

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.)

All reportable incidents will be reported by Administrator/designee or Director of Wellness to ensure compliance.

The Adm will also ensure that all staff are trained in all 19 reportable events. In addition, the Adm will ensure there is a system in place to send report to the Northeast Regional Office so reports are received timely, even on weeknights, weekends and holidays. AG 5-20-21

Legal Entity Representative

[Redacted Signature]

Director of Wellness [Redacted Name]

Signature

for [Redacted] Administrator

Printed Name and Title

Director of Wellness Date 02/13/2020

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The above plan of correction is approved as of 6-10-21 (Date)

Plan of correction implementation status as of 6-10-21 (Date)

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

- Fully Implemented on site verification
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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 fire drill record for the drill conducted on 7/24/19, 8/15/19 and 9/30/19 does not include number of resident in the facility, number of resident that evacuated and AM or PM for the time of drills.

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.)

Administrator/designee will review documentation after each fire drill with Maintenance director to ensure completion.

Once fire drills have resumed following the Governor's Order post pandemic, the home will submit their fire drill log to the Northeast Regional Office for review, attn AG. AG, 5-20-21

Legal Entity Representative

[Redacted Signature]

[Redacted Printed Name and Title]

Director of Records 8/13/2020

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[X] Fully Implemented on site verification
[ ] Partially Implemented - Adequate Progress
[ ] Partially Implemented - Inadequate Progress
[ ] Not Implemented
The above plan of correction was approved by ag (Initials)

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 9/13/19 at 6:20pm the fire alarm sounded, resident #2 who is immobile was not evacuated by staff to a designated meeting place away from the building or within the 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.)

January 2020 a "fire board" was implemented. Each of the 3 units have a clipboard in med room. Medtech on unit is responsible to get the board in the event of fire or drill. All residents and mobility status (for each unit) are listed. This is also used as a check off to ensure all residents evacuated.

Going forward, any resident refusing to evacuate will be counseled after the 1st event. Any subsequent events will result in the issuance of a 30 day notice for failure to adhere to the Home's rules. AG, 5-20-21

Legal Entity Representative

[Redacted Signature]

Signature

See [Redacted]

Administrative

[Redacted Name and Title]

Printed Name and Title

Dow 2/13/2020

Date

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