



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [stacie@thepinescs.com](mailto:stacie@thepinescs.com)**  
**MAILING DATE: January 2, 2020**

Ms. Stacie Millett Rechlicz  
Administrator  
Millett Pines LLC  
1300 Morgan Highway  
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit  
License #: 226120

Dear Ms. Rechlicz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 18, 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, appearing to read "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name:** THE PINES AT CLARKS SUMMIT

**License Number:** 22612

**Address:** 1300 MORGAN HIGHWAY,, CLARKS SUMMIT, PA 18411

**County:** LACKAWANNA

**Region:** NORTHEAST

## Administrator

**Name:** Stacie Millett Rechicz

**Phone:** 5705877709

**Email:** STACIE@THEPINESCS.COM

## Legal Entity

**Name:** MILLETT PINES LLC

**Address:** 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA, 18411

## Certificate(s) of Occupancy

**Type:** I-1

**Date:** 06/30/2016

**Issued By:** South Abington Township

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 61

**Waking Staff:** 46

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

10/18/2019 - On-Site: Jason Harvey, Duane Valance

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 72

**Residents Served:** 46

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** Evergreen

**Capacity:** 24

**Residents Served:** 11

### Hospice

**Current Residents:** 1

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 46

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 15

**Have Physical Disability:** 5

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

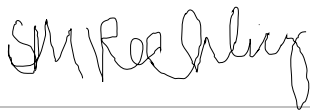
The resident home contracts between the home and resident #1 dated 7/5/19 and resident #2 dated 7/23/19 were not signed by residents #1 and #2 upon admission as required by this regulation.

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.)

The contracts for both Resident #1 and Resident #2, a husband and wife, were signed by the Residents' daughter who is also their POA. Both Resident #1 and Resident #2 preferred to have their daughter handle the contract and did not wish to sign. We felt that the signature of the daughter/POA was sufficient to constitute a pledge by all parties to abide by the specified terms of the contract. The Department Representatives at the time of the inspection suggested the best practice of documenting on the contract that the residents declined to sign the contracts. The contracts were updated with this documentation. (Photos attached).  
The Administrator/Designee will ensure ongoing compliance with contract signatures by reviewing the completed contracts.

Legal Entity Representative



Signature

Stacie Millett Rechlicz  
Administrator

Printed Name and Title

12-16-19

Date

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

The above plan of correction is approved as of 12-30-19  
(Date)

Plan of correction implementation status as of 12-30-19  
(Date)

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

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

103i - Outdated Food

Regulations

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the home's dry pantry was a dented 6 lbs. can of Bountiful Harvest sliced peaches.

REPEATED VIOLATION 10-19-18

Plan of Correction (POC)

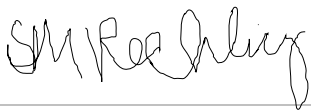
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

While most dents on canned products are due to damage during handling, dents can result from harmful bacteria. For this reason, the State requires that no dented cans be used. The can of peaches had just been delivered by the vendor on the morning of the inspection and noted to be dented. The can was awaiting return to the vendor. The Department Representative suggested at the time of inspection, that a shelf be specifically labeled for dented cans awaiting return. We implemented this suggestion (Photo attached).

The Director of Food and Beverage will monitor that the shelf is being utilized and that the dented cans are returned to the appropriate vendor.

The Administrator/Designee will ensure ongoing compliance.

Legal Entity Representative



Stacie Millett Rechlicz  
Administrator

12-16-19

Signature

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105g - Lint Removal and Duct Cleaning

Regulations

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

The two dryers in the General Laundry room used by staff to dry resident items were found to have a build-up of lint beneath the dryer screens of each dryer.

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.)

Due to the risk of fire, it is important that the internal and external duct work be regularly cleaned and free of lint. A "lint log" is utilized by the laundry staff to log the date and time of lint removal. The two dryers in the laundry room are used by residents who wish to do their own laundry and also by staff to do residents' laundry items. These driers were found to have lint beneath the dryer lint screen.

The driers came from the manufacturer with a screw in place which prevented the screen from being removed. This screw was immediately removed, allowing the screen to be taken out of the driers, and the driers were cleaned of any bits of lint beneath the screen (Photo attached).

The General Manager and laundry staff will ensure that these screens are removed and any lint beneath the screens are cleaned out to prevent any build-up of lint in the drier.

The Administrator/Designee will ensure on going compliance.

Legal Entity Representative

Signature

Stacie Millett Rechlicz  
Administrator

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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

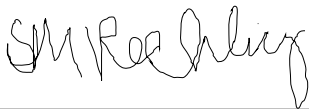
Resident #4 in bedroom # 216 had a prescribed medication of Triamcinolone 0.5% stored in his/her bathroom which contained a note that the medication is to be discarded after 6/11/2019.

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.)

The medication found on the top shelf of Resident #4's medicine cabinet in his bathroom had a note to discard the medication after 6/11/19. The medication was immediately removed from the room and discarded properly. After discussing the situation with Resident #4 it was determined that he had not been using the cream for a long time and it must have "gotten lost" on the top shelf of the cabinet. The Director of Wellness will monitor resident rooms and ensure that the directions of the prescriber are followed and residents only receive medications as ordered by their primary care provider. The Administrator/Designee will ensure ongoing compliance.

Legal Entity Representative



Signature

Stacie Millett Rechlicz

Administrator

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233c - Key-Locking Devices

Regulations

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.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

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.)

Posting the directions for the operation of key-locking devices that prevent immediate egress, help to ensure that persons in the Secured Dementia Care Unit (SDCU) who do not have an identified need to be in a SDCU can exit the secured unit on their own and at will.  
The door to the SDCU had recently been painted and the directions for operation of the locking mechanism were removed from the door temporarily. Unfortunately these instructions had not been replaced after the paint had dried.  
The directions for operation were immediately replaced (Photos attached).  
The General Manager will monitor the doors to ensure the instructions for operation of the locked exits are posted near the doors.  
The Administrator/ Designee will ensure ongoing compliance.

Legal Entity Representative



Signature

Stacie Millett Rechlicz  
Administrator

Printed Name and Title

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