

Department of Human Services
Bureau of Human Service Licensing

June 30, 2020

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

RE: SERENITY GARDENS AT MOUNT
CARMEL
135 VERMONT DRIVE
KULPMONT, PA, 17834
LICENSE/COC#: 22679

Dear Ms. Sikes,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

Name: *SERENITY GARDENS AT MOUNT CARMEL* License #: *22679* License Expiration Date:
 Address: *135 VERMONT DRIVE, KULPMONT, PA 17834*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: *Lauren Potter* Phone: *570-373-3000* Email: *lpotter@livecardinal.com*

Legal Entity

Name: *SENIOR CARE OF KULPMONT LLC*
 Address: *6157 28TH STREET SE, 7, GRAND RAPIDS, MI, 49546*
 Phone: *5703733000* Email: *lsikes@livecardinal.com*

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: *85* Waking Staff: *64*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/03/2020*

Inspection Dates and Department Representative

05/13/2020 - Off-Site: Pamela Harris

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *22* Residents Served: *20*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

05/13/2020 - Partial

Lead Inspector: *Pamela Harris* Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2020*

Inspections / Reviews *(continued)*

6/17/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *06/19/2020*

6/26/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 2/19/20, Resident #1 passed away. The home did not report this incident to the department until 2/24/20.

Plan of Correction - 06/16/2020

Accept

Administrator will assure all deaths are reported to DHS within 24 hours. An Incident report tracking sheet has been put into place to help assure Incidents are reported and follow up reports are submitted as required.

Completion Date: 06/14/2020

Document Submission - 06/26/2020

Implemented

As above. Supportive documentation attached.

Update - 06/17/2020

225a - Assessment 15 Days

1. Requirements

2600.

- 225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 2 was admitted on 4/10/20; however, the resident’s assessment was not completed until 5/14/20.

Plan of Correction - 06/16/2020

Accept

An audit was completed of all resident Assessments to assure compliance. Completion of Assessment was added to our new admission check list. The DOW (Director of wellness) will work with the RCC (Resident Care Coordinator) to assure all Assessments are completed within the time frame specified by DHS. Administrator will audit monthly to assure continued compliance.

Completion Date: 06/14/2020

Document Submission - 06/26/2020

Implemented

As above. Supportive documentation attached.

225c - Additional Assessment

1. Requirements

2600.

- 225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 3’s most recent assessment was completed on 3/29/19. His annual assessment was due on 4/12/20.

225c - Additional Assessment (*continued*)**Plan of Correction - 06/16/2020****Accept**

An audit was completed of all resident Assessments to assure compliance. The DOW (Director of wellness) will work with the RCC (Resident Care Coordinator) to assure all Assessments are completed within the time frame specified by DHS. Administrator will audit monthly to assure continued compliance.

Completion Date: 06/15/2020

Document Submission - 06/26/2020**Implemented**

As above. Supportive documentation attached.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 2 was admitted on 4/10/20; however, the resident's initial support plan was not completed until 5/14/20.

Plan of Correction - 06/16/2020**Accept**

An audit was completed of all resident Support plans to assure compliance. The DOW (Director of wellness) will work with the RCC (Resident Care Coordinator) to assure all Support Plans are completed within the time frame specified by DHS. Completion of support Plan was added to our new admission check list. Administrator will audit monthly to assure continued compliance.

Completion Date: 06/15/2020

Document Submission - 06/26/2020**Implemented**

As above. Supportive documentation attached.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 3's most recent support plan was completed on 3/29/19. His annual support plan was due on 4/12/20.

Plan of Correction - 06/16/2020**Accept**

An audit was completed of all resident Support plans to assure compliance. The DOW (Director of wellness) will work with the RCC (Resident Care Coordinator) to assure all Support Plans are completed within the time frame specified by DHS. Administrator will audit monthly to assure continued compliance.

Completion Date: 06/15/2020

Document Submission - 06/26/2020**Implemented**

As above. Supportive documentation attached.