

Department of Human Services  
Bureau of Human Service Licensing

December 15, 2021

[REDACTED]  
SENIOR CARE OF KULPMONT LLC  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk

Enclosure  
Licensing Inspection Summary (LIS)

cc: 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:  
Address: *135 VERMONT DRIVE, KULPMONT, PA 17834*  
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: 570-373-3000 Email: [REDACTED]

Legal Entity

Name: *SENIOR CARE OF KULPMONT LLC*  
Address: *6157 28TH STREET SE, 7, GRAND RAPIDS, MI, 49546*  
Phone: 5703733000 Email: [REDACTED]

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: 83 Waking Staff: 62

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *06/23/2020*

Inspection Dates and Department Representative

06/05/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 60

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 60  
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

06/05/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2020*

**Inspection Dates and Department Representative (*continued*)**

12/01/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/10/2021*

06/05/2020 - Document Submission

Reviewer: [REDACTED]

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 [redacted] Resident 1 was admitted to the facility. [redacted] was prescribed Quetiapine Fumate 100 mg to be given at 4:00 pm and Tolterodine Tartrate 2 mg to be given at 8:00 pm. Neither of these medications were on hand. On 6/3/20, Divalproex 125 mg was not given at 2:00 pm. The medication errors were not reported to the department.

Plan of Correction

Accept

All med trained staff will be educated on the need to report to Administrator/designee immediately if a prescribed medication is not available to administrator. Administrator/designee will report med error to DHS within 24 hours.

Completion Date: 07/24/2020

Update: 07/27/2020

Immediately and Ongoing:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. Documentation of the training shall be maintained by the home and available for review by the Department.

Document Submission

Implemented

All Reportable Incidents for 2021 will be reviewed with staff at our staff meeting in January 2022. Moving forward all Reportable incidents will be reviewed quarterly as a part of our Quarterly Quality Management meetings starting in January 2022.

Completion Date: 12/14/2021

20b4 - Use of Funds

1. Requirements

2600.

20.b.4. Resident funds and property shall only be used for the resident’s benefit.

Description of Violation

Resident 1 was admitted to the facility on [redacted], around 3:00pm. on 6/3/20, Resident 1 was due for morning medications at 8:00am. Medications were not received from the pharmacy until 11:30AM. Staff A directed Staff C to borrow other residents’ medications and give them to Resident 1. The medications that were borrowed were the same named medication and same dosage as Resident 1 was prescribed. When the pharmacy order was received, the borrowed medications were replaced. Residents property, their medications, must be used only for the resident's benefit.

Plan of Correction

Accept

All med trained staff will be educated to never "borrow" a medication from another resident. All med trained staff will also be educated to report to Administrator/designee immediately if a prescribed medication is not available to administer.

Completion Date: 07/24/2020

Update: 07/27/2020

Immediately and Ongoing:

Staff shall receive training regarding --Resident funds and property will only be used for the resident's benefit. Training documentation shall be maintained by the home and available to the Department upon request.

## 20b4 - Use of Funds (continued)

**Document Submission****Implemented***2021 Training on Resident Rights attached.***Completion Date:** 04/21/2021

## 42s - Privacy

**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

The homes COVID 19 isolation room is the Therapy room that is in the back of the dining room. The isolation room has a large window that does not have a covering on it. During an interview with Staff B, it was admitted that a Resident [REDACTED] was changed in full view of that window.

**Plan of Correction****Accept**

I do not feel privacy was not provided. When a resident is in bed in the "temporary COVID-19 isolation room" you can not see the resident through the window. Care can be provided in the bed without anyone being able to view from the window. This is not an outside window and window is to dining room. A window covering was not placed due to the room being off the main part of the unit on the other side of the dining room and kitchenette. As this room is on the secure dementia unit it was felt that a window covering would be a resident safety concern as staff needs to be able to view room to see if resident in room were to try to get out of bed unassisted. This room is currently not being used and is only being used if a resident needs to be quarantined as a COVID-19 precaution due to hospital/ER visit. A curtain has been placed over the window in case room is needed for COVID-19 precautionary isolation in the future.

**Completion Date:** 07/20/2020**Update:** 07/27/2020

Ongoing- The home will ensure that the a resident's right to privacy of self and possessions is protected.

**Document Submission****Implemented***This is a given.***Completion Date:** 12/14/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident 1 was admitted to the facility on [REDACTED] at approximately 3:00 pm. [REDACTED] prescriptions were faxed to The Danville Pharmacy and they were delivered at 11:30am on 6/3/20. Resident 1 did not receive Quetiapine 100mg and Tolterodine Tartrate 2mg on 6/2/2020 and Divalproex 125 mg on 6/3/2020.

**Plan of Correction****Accept**

All med trained staff will be educated on the need to call pharmacy anytime Community receives a new resident or anytime a current resident receives a new med order. A verbal conversation must be had between community and pharmacy to assure orders were received via fax.

**Completion Date:** 07/24/2020

187d - Follow Prescriber's Orders (continued)

**Update:** 07/27/2020

*Within 10 days of receipt of this plan of correction, the administrator or designee shall AUDIT residents medications and ensure the home is following the prescribes orders. Documentation of the AUDIT shall be maintained by the home.*

**Document Submission**

**Implemented**

*Completed*

**Completion Date:** 12/14/2021

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

**Description of Violation**

*Resident 1 is prescribed Quetiapine 100mg and Tolterodine Tartrate 2mg. However, these medications were not administered to resident on 6/2/20. Additionally, on 6/3/20, Divalproex 125 mg was not given at 2pm. These medication omissions were not documented or reported to the physician.*

**Plan of Correction**

**Accept**

*All med trained staff will be educated on the need to contact the Administrator/designee immediately if a med error occurs. Also educated on the need to inform resident, contact and inform POA and call and report to prescriber and to also call Administrator/designee immediately.*

**Completion Date:** 07/24/2020

**Update:** 07/27/2020

*Provide proof of staff education.*

**Document Submission**

**Implemented**

*See attached proof of employee education*

**Completion Date:** 07/13/2020