

Department of Human Services
Bureau of Human Service Licensing

June 4, 2021

██████████ REGIONAL DIRECTOR
EMBASSY MERCER LLC
25201 CHAGRIN BOULEVARD, STE 190
Suite 190
BEACHWOOD, OH 44122

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/18/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE LAKES AT JEFFERSON* License #: *45151* License Expiration Date: *08/04/2021*
Address : *7271 WEST MARKET STREET, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724-704-0039 ext 1407* Email: [REDACTED]

Legal Entity

Name: *EMBASSY MERCER LLC*
Address: *25201 CHAGRIN BOULEVARD, STE 190, Suite 190, BEACHWOOD, OH, 44122*
Phone: *216-246-4848* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/18/2021*

Inspection Dates and Department Representative

05/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* Residents Served: *21*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Resident : *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

05/18/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *Not Required*

No Deficiencies Identified