

Department of Human Services  
Bureau of Human Service Licensing

January 6, 2022

[REDACTED]  
SNH PENN TENANT LLC  
[REDACTED]

RE: CLARKS SUMMIT SENIOR LIVING  
950 MORGAN HIGHWAY  
CLARKS SUMMIT, PA, 18411  
LICENSE/COC#: 22821

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021 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  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *CLARKS SUMMIT SENIOR LIVING* License #: *22821* License Expiration: *01/01/2022*  
Address: *950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5705868080* Email: [REDACTED]

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*  
Phone: *5705868080* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/22/1999* Issued By: *PALI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *07/27/2021*

**Inspection Dates and Department Representative**

07/27/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *120* Residents Served: *66*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

**07/27/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2021*

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

12/02/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/06/2021*

01/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 20b4 - Use of Funds

## 1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

**Description of Violation**

*\$731.50 of resident money held by the home went missing and was unable to be found. Resident 1 had \$200 missing. Resident 2 had \$140 missing. Resident 3 had \$91.50 missing. Resident 4 had \$100 missing, Resident 5 had \$200 missing.*

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

*This regulation was violated because resident funds were missing from the following resident's accounts: Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5*

- *During an audit of Resident #1 account, it was discovered the funds were missing. All resident funds were then audited.*
- *Home began an investigation and reported missing funds to South Abington Police, DHS, Aging, as well as residents and family members.*
- *All missing funds were refunded to each resident account by home.*
- *██████████ was in community and interviewed employees who had access to the safe. No conclusive evidence to confirm person of interest.*
- *Home reviewed process and made the following changes:*
  - o *Only Business Office Manager has key/combo and access to the safe.*
  - o *Only Business Office Manager will disperse funds upon resident request.*
  - o *Lock box where spare keys were kept had combination changed. Only BOM and Maintenance Director have combination.*
  - o *BOM will keep office locked and keys on person whenever ██████ leaves ██████ office.*
  - o *Only BOM and ED will review resident funds monthly.*
  - o *Previous concierge whom had access, no longer works for community.*
  - o *Ongoing, only BOM and ED will have access to resident funds.*
- *Since July incident, all resident accounts have been balanced and accurate. See attachment. Business office manager or designee will review at quarterly Quality Management meetings.*

**Completion Date:** 11/12/2021

**Document Submission****Implemented**

*See attached monthly reconciliation of resident funds.*

**Completion Date:** 12/21/2021

## 182c - Medication Administration

## 1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

182c - Medication Administration (continued)

- 6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

**Description of Violation**

*2 pills were observed in a cup on the table of Resident 1’s room. Resident 1 is not assessed to self-administer medications. The pills were left for Resident 1 in [redacted] room by a staff member who did not watch to ensure they were taken.*

**Plan of Correction**

**Accept**

*This regulation was violated because 2 pills were observed by inspector in resident room.*

- *All staff that pass meds were trained on medication administration to ensure compliance. Training sign in log attached.*
- *LPN supervisor on duty was immediately coached by DRC.*
- *LPN supervisor followed up with resident and observed resident taking meds.*
- *DRC observed med passes at least once a week through August, September, and October to ensure that the medication administration process was being followed correctly. See attached.*
- *DRC or designee will review at the quarterly quality management meeting.*

**Completion Date:** 11/12/2021

**Document Submission**

**Implemented**

*See attached checklist and training.*

**Completion Date:** 12/21/2021