**Department of Human Services**
**Bureau of Human Service Licensing**

March 1, 2022

[redacted], ADMINISTRATOR

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021, 09/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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**: *SERENITY GARDENS AT MOUNT CARMEL* **License #**: *22679* **License Expiration**: *10/16/2022*

**Address**: *135 VERMONT DRIVE, KULPMONT, PA 17834*

**County**: *NORTHUMBERLAND* **Region**: *NORTHEAST*

## Administrator

**Name**: **Phone**: **Email**:

## Legal Entity

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *11/20/2001* **Issued By**: *PALI*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *75* **Waking Staff**: *56*

## Inspection Information

**Type**: *Full* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Renewal, Complaint* **Exit Conference Date**: *09/29/2021*

## Inspection Dates and Department Representative

*09/28/2021 - On-Site:*

*09/29/2021 - On-Site:*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *85* **Residents Served**: *54*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Ivy Lane* **Capacity**: *22* **Residents Served**: *16*

### Hospice

**Current Residents**: *3*

### Number of Residents Who:

**Receive Supplemental Security Income**: *2* **Are 60 Years of Age or Older**: *54*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *21* **Have Physical Disability**: *0*

## Inspections / Reviews

### 09/28/2021 - Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/09/2021*

### 09/28/2021 - POC Submission

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/20/2021*

### 02/16/2022 - POC Submission

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/20/2021*

### 03/01/2022 - Document Submission

**Reviewer**: [redacted] **Follow-Up Type**: *Not Required*

## 3c - Post Current License

**1. Requirements**

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**Description of Violation**

*The most current LIS dated 8-20-2019, was not posted in a conspicuous location.*

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

*The most current LIS from 8-20-19 was posted the day of inspection. Administrator will audit quarterly to ensure most current LIS posted for ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 26a - Quality Management Plan

**1. Requirements**

2600.
26.a. The home shall establish and implement a quality management plan.

**Description of Violation**

*There was no documentation of a periodic Quality Management meeting having been held within the last 12 months.*

**Plan of Correction** ***Do Not Accept***

*In addition to Morning meeting currently held Monday through Friday and resident council meeting held monthly, community will hold a quarterly Quality Management meeting to review Reportable Incidents and reporting procedures, Complaint procedures, staff training, licensing violations and plan of correction if applicable and review resident council minutes.*

**Update:** *12/13/2021*

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM*

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

*Administrator/Designee will hold Quality Management Meeting quarterly in January, April, July and October. This will start January 2022. Quarterly Management Meeting will be added to Administrator Quarterly audits to ensure ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 51 - Criminal Background Check

**1. Requirements**

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Staff member A had their Criminal Background check completed on 1/30/2017. The results stated that the request was under review for control. The background check did not indicate the offenses and the home had no documentation of*

## *51 - Criminal Background Check (continued)*

*receiving the results within 90 days.*

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

*Criminal History check for staff member A was completed day of inspection and staff member did not have a criminal history. A copy was placed in staff member A employee file. All current employee files were audited for compliance by HR. HR will ensure a copy of Criminal History check is placed in all new employee files. Employee files will be audited quarterly by Administrator to ensure ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 91 - Telephone Numbers

**1. Requirements**

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*The landline phone located in the room of resident 1 did not have emergency numbers posted near the phone.*

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

*Emergency telephone numbers were posted on phone for resident 1 day of inspection. All phones with an outside line were audited for compliance. Administrator will audit all phones with an outside line quarterly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 141b1 - Annual Medical Evaluation

**1. Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident 2's most recent Documentation of Medical Evaluation was dated [redacted] Resident 3's most recent DME was dated [redacted]*

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

*All DMEs were audited for compliance. Director of wellness will audit DMEs monthly and Administrator will audit quarterly to ensure ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 162c - Menus Posted

**1. Requirements**

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

## 162c - Menus Posted *(continued)*

**Description of Violation**

*On 9/28/2021, the meal menu was only posted up until 10/02/2021. Menu's are required to be posted for a full week in advance.*

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

*Menu for the next week was posted the day of inspection. Director of Dietary will ensure menu posted for at least 7 days. Administrator will audit weekly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident 4's glucometer had a blood sugar reading of 178 on 9/15/2021 at 7:26pm. It was documented incorrectly as 126 in the MAR log for the same date and time.*

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

*All medtechs were retrained on importance of accuracy in documention. Glucometer readings vs MAR log will be audited monthly by Director of wellness or Admin assistant to ensure ongoing compliance.*

**Update:** *12/13/2021*

*Please send/Attach proof of staff training. 12-13-2021 MM*

**Document Submission** ***Implemented***

*Attached*

## 224a - Preadmission Screen Form

**1. Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*The pre-admission screening form for Resident 5 and Resident 6 does not indicate that the resident's needs can be met by the home.*

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

*All pre-admission screening forms were audited for compliance. Director of admissions will ensure pre-screening form accurately completed. Director of wellness will review at time of admission and Administrator will audit quarterly to ensure ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 225a - Assessment 15 Days

**1. Requirements**

## 225a - Assessment 15 Days *(continued)*

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 6 was admitted to the home on 8/24/2021 but does not have a completed assessment plan as of 9/28/2021.*

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

*Resident 6 assessment was completed. Director of wellness will audit assessments monthly and administrator will audit quarterly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 225c - Additional Assessment

**1. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

*Resident 7's most current assessment plan is dated [redacted]. The most current assessment plan for Resident 2 is dated [redacted].*

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

*Resident 7 and 2 assessments were completed. All assessments were audited for compliance. Director of wellness will audit monthly and Administrator will audit quarterly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 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 6 was admitted to the home on [redacted] but does not have a completed support plan as of [redacted]*

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

*Resident 6 Support Plan was completed. All Support Plans were audited for compliance. Director of Wellness will audit Support Plans monthly and Administrator will audit quarterly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 227c - Support Plan Revision

**1. Requirements**

2600.

## 227c - Support Plan Revision *(continued)*

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 7's most current support plan is dated [redacted]. The most current support plan for Resident 2 is dated [redacted].*

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

*Resident 7 and 2 support plan was completed. All resident Support Plans were audited for compliance. Director of wellness will audit Support Plans monthly. Administrator will audit quarterly to ensure continued compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident 3's diet was changed to a puree diet effective 1/4/2021. The current diet is not reflected in their current RASP dated 2/2/2021.*

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

*RASPS and RASP addendums were audited for accuracy. Director of wellness and/or Resident Care coordinator will accurately complete RASPs. Administrator will review all RASPS after completion to ensure accuracy.*

**Document Submission** ***Implemented***

*Acknowledged*

## 231b - Medical Evaluation

**1. Requirements**

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident 7 was transferred from the PCH into the SDU on [redacted]. Their most current DME is from [redacted]*

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

*Director of admissions will ensure all admissions have a DME upon admission or move to secure dementia unit. Director of wellness will double check new admission DMEs at time of admission. Admisistrator will audit quarterly to ensure ongoing compliance.*

**Update:** *12/13/2021*

*Please send/Attach updated DME for resident #7.*

## 231b - Medical Evaluation *(continued)*

**Document Submission** ***Implemented***

*Attached*

## 231c - Preadmission Screening

**1. Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident 7 was admitted to the SDU on [redacted] without a documented cognitive preadmission screening in the resident record.*

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

*Director of Admissions will ensure all admissions to Secure Dementia unit have completed preadmission screening. Administrator will audit quarterly to ensure ongoing compliance.*

**Update:** *12/13/2021*

*Please send/Attach proof of compliance. -12-13-2021 MM*

**Document Submission** ***Implemented***

*Attached*

## 231e - No Objection Statement

**1. Requirements**

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident 7 resides in the Secured Dementia Unit but there is no documented non objection statement in the resident record. Resident 5 was admitted into the SDU on [redacted] but there is not a non objection statement documented in the resident record.*

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

*Non objection statement was signed by resident 7 POA day of inspection. Director of Admissions will insure a non objection statement signed by POA and resident for all Secure Dementia admissions. Administer will audit quarterly to ensure ongoing compliance.*

**Update:** *12/13/2021*

*Please send/Attach proof of compliance. 12-13-2021 MM*

**Document Submission** ***Implemented***

*Attached*

## 231f - Assessed Annually

**1. Requirements**

2600.
231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

## 231f - Assessed Annually *(continued)*

**Description of Violation**

*Resident 7 was admitted to the SDU on [redacted] and was not assessed for their continuing need to be in SDU after a year of placement.*

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

*DME was updated. All DME were audited for compliance and will be audited monthly by Director of Wellness and quarterly by Administer to ensure ongoing compliance.*

**Document Submission** ***Implemented***

*Acknowledged*

## 233c - Key-Locking Devices

**1. Requirements**

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 instructions to open the locked gate from the SDU outside patio were faded and unable to be read.*

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

*Instructions were reprinted/laminated and posted at locked gate day of inspection. Administrator will audit monthly to ensure ongoing compliance.*

**Update:** *12/13/2021*

*Please send/Attach (picture) of compliance. 12-13-2021 MM*

**Document Submission** ***Implemented***

*Attached*

## 234d - Support Plan Revision

**1. Requirements**

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

*Resident 7 was admitted to the SDU on [redacted] but did not have a new RASP completed within 1 year of being admitted into the SDU. The most current RASP was dated [redacted].*

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

*RASP was completed and all Rasps were audited for compliance. Director of wellness will audit all RASPS monthly to ensure continued compliance. Administrator will audit quarterly to ensure ongoing compliance,*

**Document Submission** ***Implemented***

*Acknowledged*