

Department of Human Services  
Bureau of Human Service Licensing

February 16, 2022

[REDACTED], CEO

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2021, 11/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

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: *01/01/2023*  
Address: *950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/22/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *11/17/2021*

**Inspection Dates and Department Representative**

11/16/2021 - On-Site: [REDACTED]

11/17/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *120* Residents Served: *78*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *0*

## Inspections / Reviews

11/16/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/04/2022*

02/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/14/2022*

02/16/2022 - 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], facility staff C was made aware that a chest lock was damaged in a Resident #8’s room, where the resident stored costume jewelry and precious medals. It was not reported to the Department until [REDACTED]

Plan of Correction

Accept

This regulation was violated because staff was made aware that a chest lock was damaged in a resident room on [REDACTED], however it was not reported to DHS until [REDACTED].

- ED held in-service with leadership team to review reportable incident regulation. (See attached training)
- o Specifically reviewed all items that are considered to be reportable incidents.
- o Reviewed timeline for reporting incidents.
- List of reportable incidents and blank reportable form was emailed to each member of the leadership team.
- Reportable incidents are reviewed as part of the quarterly QA meetings.

Document Submission

Implemented

Attached documents include reportable incident training with all managers.

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries on the homes CO2 detector located in the kitchen. The batteries had a date of 10/12/16. The Pennsylvania care facility carbon Monoxide alarm standard act indicates that carbon monoxide detector batteries must be checked annually and dated when that occurs.

Plan of Correction

Accept

This regulation was violated because the batteries in theCO2 detector were dated 10/12/16.

- Corrected date of inspection
- CO2 detectors are tested weekly as part of our preventative maintenance system. Director of Maintenance or designee will observe dates to ensure all batteries are changed annually. (See attached picture of dated batteries)
- Will be reviewed as part of the quarterly QA meetings

Document Submission

Implemented

Attachments include picture of dated batteries that have been installed in CO2 detectors and a checklist to verify that CO2 detectors are tested weekly.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Room 211 did not have an operable lamp or other source of lighting that could be turned on at bedside.*

**Plan of Correction**

**Accept**

*This regulation was violated because room 211 did not have an operable lamp or other source of lighting at bedside.*

- *Corrected on date of inspection. (See attached picture)*
- *All rooms have been checked for compliance with bedside lighting.*
- *Housekeeping staff, as they are in every room daily, have been in-serviced and instructed to immediately report to either ED or Maintenance, any room that is missing bedside lighting.*
- *Housekeeping supervisor or designee will review as part of quarterly QA meetings.*

**Document Submission**

**Implemented**

*Attached documents include the following: Staff training, picture of lamp placed near bedside, and audit of all rooms to ensure compliance.*

103i - Outdated Food

**1. Requirements**

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*On 11/17/21, at 10:00am, in the refrigerator located in the kitchen there was a large unsliced deli ham that was opened but was not dated when opened.*

**Plan of Correction**

**Accept**

*This regulation was violated because there was a large unsliced deli ham that was opened in the refrigerator but not dated.*

- *Corrected date of inspection.*
- *Kitchen staff was educated on the importance of labeling and dating all food. (See attached training)*
- *Food Service director/designee will verify all items are labeled in community's refrigerator at least weekly, for 6 months.*
- *FSD will review as part of the quarterly QA meetings.*

**Document Submission**

**Implemented**

*Attached is a copy of staff training.*

121a - Unobstructed Egress

**1. Requirements**

- 2600.
- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 11/17/21, at 12:30pm, in the North dining room was a walker and a chair in front of the door. There was a chair in front of the fire exit door in the activity room, blocking immediate use of doors in the event of an emergency*

121a - Unobstructed Egress (*continued*)**Plan of Correction****Accept**

*This regulation was violated because in both the north dining room and the new seasons room there were objects blocking the immediate use of exit doors in the event of an emergency.*

- *Corrected immediately*
- *All dining staff and activity staff were educated on the importance of keeping egress doors unobstructed. (see attached training)*
- *Signs have been posted on egress doors as a reminder*

**Document Submission****Implemented**

*Attached is a copy of staff training and Door sign.*

## 141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #6 most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. The resident's medical evaluation was not completed within the timeframe allowed.*

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

*This regulation was violated because resident #6 had a medical evaluation completed outside the allotted timeframe.*

- *Medical evaluations to be done annually and or due to a significant change. (see attached)*
- *DRC created a master copy to track medical evaluation dates. (see attached)*
- *Facility implemented Point Click Care and going forward will be able to scan medical evaluations in PCC and will be able to track due dates and significant changes electronically.*
- *DRC/ED will review all medical evaluations quarterly at QA meetings*

**Document Submission****Implemented**

*Attached copies include an example of an updated DME as well as the staff training and tracking log.*

## 182b - Prescription Medication

**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

**Description of Violation**

*Staff person A's and Staff person B's annual medication training summary and certification were incomplete. The original certification date and completed date are blank.*

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

*This regulation was violated because staff person A and staff person B were incomplete.*

- *Med tech trainer reviewed and corrected missing information. (see attached)*
- *Staff Member A's annual certification was completed on 12/20/2021.*
- *Staff Member B's annual certification will be completed in 7/2022.*

**182b - Prescription Medication (continued)**

- DRC and Med tech trainer will review all med tech files quarterly to ensure ongoing compliance as part of the QA meetings.

**Document Submission****Implemented**

Attachments include corrected information as well as a completed annual student practicum.

**184a - Labeling OTC/CAM****1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

In the first-floor med cart were two bottles of Cranberry 4200mg, 2 bottle of Juice Festive daily fruit, and 2 bottles of Juice Festive daily vegetable. The bottles did not have a pharmacy label or a resident's name on it.

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

This regulation was violated because OTC medications were not properly labelled to include resident's name.

- Staff educated on process of receiving OTC meds. (see attached)
- When OTC med is received from family, nursing staff will promptly create label to include the following:
  - o Resident name
  - o Name of medication
  - o Date the prescription was issued
  - o Dosage and instructions
  - o Name and title of prescriber.
- DRC completed OTC audit to ensure all OTC's were labelled correctly. (See attached)
- DRC or designee will continue to audit OTC meds monthly for 6 months to ensure on going compliance.

**Document Submission****Implemented**

Attached documents include staff training on receiving OTC meds.

**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 # 2 and Resident #3's glucometers were not calibrated to the correct time.

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

This regulation was violated because resident #2 and #3's glucometers were not calibrated.

- All glucometers were audited for correct date and time.
- Diabetic flow sheets now include a column to verify date and time accuracy. (see attached)
- DRC or designee will monitor glucometers for 6 months to ensure compliance.
- DRC will review at quarterly QA meetings.

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented**

*Attached documents include staff training and updated diabetic flow sheets that include a column to verify date and time accuracy.*

## 225c - Additional Assessment

**1. Requirements**

2600.

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

1. Annually.

**Description of Violation**

*Resident # 4's current Assessment was completed on [REDACTED]. Resident #4's previous assessment was completed on 11/14/19. Resident #4's assessment was not completed in the allowable timeframe.*

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

*This regulation was violated because resident #4 had an assessment that was not completed timely.*

- *Resident assessment to be completed annually and or due to a significant change.*
- *DRC created a master copy to track resident assessment due dates. (see attached)*
- *Facility implemented Point Click Care and going forward will be able to complete all assessments and support plans in PCC and will be able to track due dates and significant changes electronically.*
- *DRC will be alerted when annual assessment is due.*
- *DRC/ED will review all assessments and support plans at quarterly at QA meetings*

**Document Submission****Implemented**

*Attached documents include two examples of assessments that were completed timely as well as staff training and RASP/DME checklist.*

## 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 #4's current support plan was completed on [REDACTED]. Resident #4's previous support plan was completed on [REDACTED]. Resident #4's support plan was not completed in the allowable timeframe.*

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

*This regulation was violated because resident #4 had a support plan that was not completed timely.*

- *Resident support plant to be completed annually and or due to a significant change. (See attached)*
- *DRC created a master copy to track resident support plan due dates.*
- *Facility implemented Point Click Care and going forward will be able to complete all assessments and support plans in PCC and will be able to track due dates and significant changes electronically.*
- *DRC will be alerted when annual assessment is due.*
- *DRC/ED will review all assessments and support plans at quarterly at QA meetings*

227c - Support Plan Revision (continued)

Document Submission

Implemented

Attached documents include two examples of support plans that were completed timely as well as staff training and RASP/DME checklist.

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 #1 was admitted on [REDACTED]. Upon admission, Resident was on a mechanical soft diet ordered by the Residents PCP. However, Resident #5's Assessment and support plan did not indicate a special diet. Resident #5 had an order for a mechanical soft diet on [REDACTED]. However, Resident #5's Assessment and support plan was not amended to indicate the change in diet.

Plan of Correction

Accept

This regulation was violated because resident #1 and resident #5 special diets were not properly updated in RASP.

- A full audit of all special diets will be completed by DRC and designee by 2/4/2022 to ensure that all RASPs are updated with correct diet information.
- LPN's will be educated on updating RASPs with all pertinent information. (See attached)
- Going forward, every time facility receives a new diet order from physician RASP will be updated promptly.
- DRC or designee will review at quarterly QA meetings.

Document Submission

Implemented

Attached documents include staff training.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:  
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #7 record did not include Resident #7's eye color, hair color, or distinguishing marks.

Repeat violation - 1/26/21

Plan of Correction

Accept

This regulation was violated because the identifiable marks were not addressed on resident #7.

- Resident #7's chart was updated immediately to address missing eye color, hair color and any distinguishing marks. (see attached)
- A complete audit of all resident charts has been conducted by DRC and designee.
- All nursing staff has been educated on regulation 2600.252 to ensure ongoing compliance. (See attached)

**252 - Record Content (continued)**

- ED/DRC or designee will continue to monitor by reviewing all new admission charts until compliant. Then will be reviewed at quarterly QA meetings.

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

*Attached documents include Resident #7 updated record, an example of a completed record of another resident and staff training.*