

Department of Human Services  
Bureau of Human Service Licensing

August 28, 2022

[REDACTED], MANAGING MEMBER  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: SERENITY CARE OLD FORGE  
246 SOUTH MAIN STREET  
OLD FORGE, PA, 18518  
LICENSE/COC#: 23057

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 CARE OLD FORGE* License #: *23057* License Expiration: *03/28/2023*  
Address: *246 SOUTH MAIN STREET, OLD FORGE, PA 18518*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SERENITY CARE OLD FORGE LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/24/2013* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/16/2022*

**Inspection Dates and Department Representative**

06/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *50* Residents Served: *21*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *19*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

06/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2022*

Inspections / Reviews (*continued*)

07/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

08/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #1 does not specify the conditions under which refunds will be made upon the resident's death for residents both under the age of 60, as well as over the age of 60 in accordance with the Elder Care Payment Restitution Act.

Plan of Correction

Accept

I [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 25.c.

At a minimum, the contract must specify the following:

The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

The home failed to include refunds for resident's under and over age 60 in accordance to the Elder Care Payment Restitution Act.

The contract was updated and corrected in accordance to RCG 2600. 25.c.

Going forward the home/administrator will ensure resident refunds according to the Elder Care Payment Restitution Act are included in every contract.

Completion Date: 06/29/2022

Update: 07/24/2022

Please send in a copy of that section of the corrected/updated contract. This will verify compliance.

[REDACTED] 7-24-22

Document Submission

Implemented

I [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 25.c.

At a minimum, the contract must specify the following:

The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

The home failed to include refunds for resident's under and over age 60 in accordance to the Elder Care Payment Restitution Act.

The contract was updated and corrected in accordance to RCG 2600. 25.c.

Going forward the home/administrator will ensure resident refunds according to the Elder Care Payment Restitution Act are included in every contract.

Update: 08/28/2022

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

The home currently has 21 residents, and requires 1 staff person certified in CPR & First Aid in the home at all times. On the following dates and times, the home did not have a staff present in the home certified in CPR & First Aid:

- 6/12/22 from 11:00pm to 12:00am
- 6/13/22 from 12:01am to 7:30am; from 7:30pm to 12:00am
- 6/14/22 from 11:00pm to midnight
- 6/15/22 from 12:01am to 7:00am

Plan of Correction

Accept

I [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600.63a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. Administrator didn't ensure that a trained CPR staff was on at all times. Administrator revised schedule making sure a trained CPR staff is on at all times, also all untrained nursing staff will be CPR trained on 6/30/22 with PA Ambulance ([REDACTED]). Moving forward the Administrator will ensure that CPR trained staff are on the schedule at all times.

Completion Date: 06/29/2022

Update: 07/24/2022

Please send in a copy of the new cards and proof that in person training was provided as evidence of compliance. [REDACTED] 7-24-22

Document Submission

Implemented

I [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600.63a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. Administrator didn't ensure that a trained CPR staff was on at all times. Administrator revised schedule making sure a trained CPR staff is on at all times, also all untrained nursing staff will be CPR trained on 6/30/22 with PA Ambulance ([REDACTED]). Moving forward the Administrator will ensure that CPR trained staff are on the schedule at all times.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The date Resident #1 was evaluated for their medical evaluation form was [REDACTED]. Resident #1's evaluation was not completed within 60 days prior to admission, as required by this regulation.

Plan of Correction

Accept

[REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 141.a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Administrator ([REDACTED]) failed to perform a chart check ensuring admission paperwork dates are in range.

141a - Medical Evaluation (continued)

Administrator will ensure all medical evaluations are within 60days prior or 30 days after admission. Going forward Administrator will review and ensure all admission/medical evaluation paperwork are completed within range according RCG 2600. 141.a before placing documents in the chart.

Completion Date: 06/29/2022

Update: 07/24/2022

The Adm will over see an audit of existing med evals to ensure that all existing med evals are correct and complete. This will ensure current compliance.

7-24-22

Document Submission

Implemented

I (Administrator) is responsible for all violations including but not limited to 2600. 141.a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Administrator failed to perform a chart check ensuring admission paperwork dates are in range. Administrator will ensure all medical evaluations are within 60days prior or 30 days after admission. Going forward Administrator will review and ensure all admission/medical evaluation paperwork are completed within range according RCG 2600. 141.a before placing documents in the chart.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated was missing required information regarding the resident's body temperature, health status, cognitive functioning, and body positioning/movement.

Plan of Correction

Accept

I (Administrator) is responsible for all violations including but not limited to 2600. 141.a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: A general physical examination by a physician, physician's assistant or nurse practitioner.

141a 1-10 Medical Evaluation Information (continued)

- Medical diagnosis including physical or mental disabilities of the resident, if any.
- Medical information pertinent to diagnosis and treatment in case of an emergency.
- Special health or dietary needs of the resident.
- Allergies.
- Immunization history.
- Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- Body positioning and movement stimulation for residents, if appropriate.
- Health status.
- Mobility assessment, updated annually or at the Department's request.

Administrator [REDACTED] Failed to review received medical evaluation before placing it in the chart. A new medical evaluation was completed and updated in the chart on 6/20/22 from PCP. Going forward Administrator will ensure all documents are filled out completely according to RCG 2600. 141.a.

Completion Date: 06/29/2022

Update: 07/24/2022

The Adm will over see an audit of existing med evals to ensure that all existing med evals are correct and complete. This will ensure current compliance.

[REDACTED] 7-24-22

Document Submission

Implemented

- [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 141.a
- A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - A general physical examination by a physician, physician's assistant or nurse practitioner.
  - Medical diagnosis including physical or mental disabilities of the resident, if any.
  - Medical information pertinent to diagnosis and treatment in case of an emergency.
  - Special health or dietary needs of the resident.
  - Allergies.
  - Immunization history.
  - Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - Body positioning and movement stimulation for residents, if appropriate.
  - Health status.
  - Mobility assessment, updated annually or at the Department's request.

Administrator ([REDACTED]) Failed to review received medical evaluation before placing it in the chart. A new medical evaluation was completed and updated in the chart on 6/20/22 from PCP. Going forward Administrator will ensure all documents are filled out completely according to RCG 2600. 141.a.

141a 1-10 Medical Evaluation Information (continued)

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident #3 is prescribed [REDACTED], with parameters to hold if the resident's systolic blood pressure is under 90, or heart rate is under 60bpm. Per staff interviews, staff are measuring Resident #3's heart rate, but they are not documenting these parameters on the medication record.

**Plan of Correction**

**Accept**

[REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 187.a  
A medication record shall be kept to include the following for each resident for whom medications are administered:

Administrator failed to review the MARS for accuracy and documentation. Administrator retrained staff on 6/20/22 on BP/HR documentation. Administrator will review MARS monthly to ensure proper documentation is completed according to RCG 2600. 187.a.

**Completion Date:** 06/29/2022

**Update:** 07/24/2022

The Adm will oversee an audit that similarly situated residents with like parameters for blood pressures, brittle diabetics on sliding scale insulin and blood thinners on changing Rx med timetables will have their MARs audited to ensure correct records are transcribed and being administered.

A copy of the audit will be sent in Step 2.

[REDACTED], 7-24-22

**Document Submission**

**Implemented**

[REDACTED] (Administrator) is responsible for all violations including but not limited to 2600. 187.a  
A medication record shall be kept to include the following for each resident for whom medications are administered:

Administrator failed to review the MARS for accuracy and documentation. Administrator retrained staff on 6/20/22 on BP/HR documentation. Administrator will review MARS monthly to ensure proper documentation is completed according to RCG 2600. 187.a.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

Description of Violation

The following staff persons are administering medications and are not currently certified by successfully completing a Department-approved medications administration course:

- Staff Person A, initial training dated [redacted] incomplete as only 1 of 4 observations were complete
- Staff Person B, initial training dated [redacted] incomplete as only 1 of 4 observations were complete
- Staff Person C, annual training dated [redacted] incomplete as only 1 of 2 MAR reviews and observations complete, and no 2021 annual practicum was located
- Staff Person D, initial training incomplete as only 1 of 4 observations were complete and there is no certification date
- Staff Person E, initial training dated [redacted] incomplete as only 1 of 4 observations were complete

Plan of Correction

Accept

[redacted] (Administrator) is responsible for all violations including but not limited to 2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Administrator failed to review Med Tech Documents from the initial MED TECH training. Trainer came in on 6/16/22-6/28/22 to observe staff and updated paperwork. Going forward Administrator will ensure all documents are completely filled out according to 2600. 190.a.

Completion Date: 06/29/2022

Update: 07/24/2022

The Adm will send in a copy of the updated med training for the med tech staff that were trained to verify compliance.

[redacted] 7-24-22

Document Submission

Implemented

[redacted] (Administrator) is responsible for all violations including but not limited to 2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Administrator failed to review Med Tech Documents from the initial MED TECH training. Trainer came in on 6/16/22-6/28/22 to observe staff and updated paperwork. Going forward Administrator will ensure all documents are completely filled out according to 2600. 190.a.