

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

January 26, 2023

[REDACTED]
135 VERMONT DRIVE OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: SERENITY GARDENS AT MOUNT
CARMEL
135 VERMONT DRIVE
KULPMONT, PA, 17834
LICENSE/COC#: 23101

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SERENITY GARDENS AT MOUNT CARMEL **Licen e #:** 23101 **Licen e Expiration:**
Address: 135 VERMONT DRIVE, KULPMONT, PA 17834
County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: 135 VERMONT DRIVE OPERATING COMPANY LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/20/2001 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 20 **Total Daily Staff:** 97 **Waking Staff:** 73

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: New **Exit Conference Date:** 10/12/2022

Inspection Dates and Department Representative

10/12/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: **Re ident Served:** 57

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 22 **Re ident Served:** 13

Hospice

Current Re ident : 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 57
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

10/12/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/11/2022

Inspections / Reviews *(continued)*

12/05/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2022

12/28/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/04/2023

01/26/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

82a - Poisonous Materials

1. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A spray bottle labeled bleach and a spray bottle labeled OdoBan were located in the homes laundry room. The bottles did not have the original manufacturers label attached to the bottles.

Plan of Correction Accept [REDACTED] - 12/28/2022)

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

On October 13, 2022 all improperly labeled bottles were emptied and disposed of properly by the Director of Housekeeping. Director or Housekeeping will sign off on weekly cart audits for a period of 3 months to ensure all bottles are labeled correctly with original labels intact. Housekeeping staff was educated on regulation 2600 82.a. Audits will be reviewed at Quality Management Meeting. Building Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented [REDACTED] - 01/26/2023)

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature measured 129 degrees Fahrenheit in the bathroom of Room [REDACTED]

The water temperature measured 131 degrees Fahrenheit in the bathroom of Room [REDACTED]

Plan of Correction Accept [REDACTED] - 12/05/2022)

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.
A new water heater was installed at the facility on 10/10/22. Director of Maintenance adjusted the water temperature until there was a reading of 120 degrees. Random checks were conducted by the Director of Maintenance in resident rooms and common areas that a resident can access for a period of 2 weeks to ensure the temperature was no more than 120degrees and no less than 117 degrees. Director of Maintenance will continue to conduct monthly checks in all resident rooms and common area to ensure consistency of 117 and 120 degrees. Director of Maintenance will log all temperatures and this will be supervised by the Administrator for compliance.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented [REDACTED] - 01/26/2023)

91 - Telephone Numbers

3. Requirements

2600.

91 - Telephone Numbers (continued)

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 wrong number for the personal care home complaint hotline was listed with the emergency numbers posted throughout the home.

Plan of Correction

Accept (████) - 12/28/2022)

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.

On November 1, 2022 posted phone numbers were updated and confirmed for accuracy. Administrative Assistant updated all phone numbers and posted them in all areas where a phone can be accessed on November 1 2022. Beginning on January 1, 2023 a member of Housekeeping Staff will perform quarterly checks on all areas of the building where a phone can be accessed to ensure numbers are posted and accurate for 1 year. On November 1, 2022 staff was educated on where phone lists are located. Administrator will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented (████) - 01/26/2023)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in December 2021.

Plan of Correction

Accept (████) 12/28/2022)

2600.

132.a. An unannounced fire drill shall be held at least once a month.

On November 13, 2022 the Director of Maintenance has created an yearly fire drill schedule. This schedule shows all 12 months of the year and notates what day and what shift each fire drill will be held each month. Schedule will be kept in the fire drill log book and monitored by the administrator for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented (████) 01/26/2023)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

Description of Violation

The fire drill logs for the fire drills conducted from 1/22-9/22 indicate no exit routes used and no residents evacuated. The fire drill log is incorrectly documented.

Plan of Correction

Accept [REDACTED] - 12/05/2022)

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

On October 12th the Director of Maintenance was educated on proper documentation of the fire drill log. Fire drills are to be conducted and logged properly on a monthly basis. Administrator will monitor fire drill log for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented [REDACTED] - 01/26/2023)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #1 is [REDACTED] and the home is not evacuating the resident during fire drills. The home is not following the statement of policy under the Pennsylvania Code Chapter 2600.29a-b11.

Plan of Correction

Accept [REDACTED] - 12/05/2022)

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

On October 12, 2022 Legal Guardian of resident #1 signed a letter acknowledging that she will not participate in a fire drill due to the risk of bodily injury. On October 25, 2022 Resident #1's Primary Care Physician acknowledged in writing she is not to participate in a fire drill. On November 8, 2022 an addendum was made to the resident support plan show she should not be evacuated during a drill. A written procedure was created for a simulated evacuation of Resident #1 that shows a reasonable expectation of time that it would take to evacuate. This plan will be included in the fire drill logbook. On October 19, 2022 this plan was reviewed by a State Fire Marshal and staff were instructed on the procedure at an annual fire safety training. Director of Maintenance will instruct all new staff on the procedure. Director of Maintenance will position a non-participating staff member outside of resident #1 room to ensure that the evacuation policy is followed correctly while Resident #1 resides in the home. The Building Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented [REDACTED] - 01/26/2023)

144c2 - Smoking Area Distance

7. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

4 chairs with a nylon fabric were located in the homes designated smoking area, posing a possible fire hazard.

Plan of Correction

Accepted [redacted] 12/28/2022)

2600.

144.c.

A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

On October 12, 2022 all nylon chairs were removed from the smoking area. A picnic table made of metal and hard plastic was put in their place. Staff was educated on the dangers of placing nylon chairs in the smoking area on October 19, 2022. Beginning on October 19, 2022 Director of maintenance will perform daily checks around the smoking area for a period of 3 months and document findings and report to Administrator to ensure compliance. Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented [redacted] - 01/26/2023)