

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

February 1, 2023

[REDACTED]  
SERENITY CARE WYOMING LLC  
[REDACTED]

RE: SERENITY CARE WYOMING  
80 WYOMING AVENUE  
WYOMING, PA, 18644  
LICENSE/COC#: 23056

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2022 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SERENITY CARE WYOMING* License #: *23056* License Expiration: *03/28/2023*  
 Address: *80 WYOMING AVENUE, WYOMING, PA 18644*  
 County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *10/23/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Renewal, Incident* Exit Conference Date: *12/06/2022*

**Inspection Dates and Department Representative**

*12/06/2022 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *25*

**Secured Dementia Care Unit**  
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *24*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *4*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**12/06/2022 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/31/2022*

**01/10/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *01/30/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2023*

Inspections / Reviews *(continued)*

01/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2023

02/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

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] /22 Resident #1 was [redacted] sent to the Emergency Room, where resident received [redacted]. This incident was not reported to the Department until [redacted] /22.

Plan of Correction

Accept [redacted] - 01/24/2023)

[redacted], Administrator implemented a process to correct the violation on 12/7/22. The process includes:

1. All incidents are to be reported to the Resident Care Director, [redacted] and the administrator, [redacted]
2. Key staff members were designated as the responsible individuals to submit incident reports within 24 hours. The key staff members are:
  - a) [redacted], Resident Care Director,
  - b) [redacted], Business Office Manager, or
  - c) [redacted], Administrator.
3. [redacted], Administrator, will be the responsible individual to monitor ongoing compliance and verify that incident reports are submitted within 24 hours.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented [redacted] - 02/01/2023)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

[redacted] Cleaner and [redacted] Cleaner, with a manufacturers label indicating "if swallowed get medical attention or contact Poison Control immediately", was in an unlocked laundry room and accessible to residents of the home. All residents of the home are not capable of using poisonous materials.

Plan of Correction

Accept [redacted] 01/24/2023)

1. [redacted] Administrator corrected the violation by assigning [redacted], Maintenance Manager to replace the door handle/lock on the laundry room door.
2. On 12/6/22, [redacted] installed a new storeroom lock on the laundry room door. The storeroom lock installed on 12/6/22, is the handle/lock that has a fixed knob on the exterior and always remains locked. The only way to unlock the door is with a key, which only staff have access to. The inside knob has no thumbturn and always remains unlocked so staff cannot be locked inside the room once they gain entry using their key. By installing a new storeroom lock on the laundry room door, the door can only be opened by a staff member with a key.
3. Employees were educated on the violation and the purpose for the new storeroom lock.
4. [redacted], Administrator, [redacted], RCD, and [redacted], Maintenance Manager will monitor ongoing compliance to ensure the new lock functions as stated and the door remains locked.

82a - Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented ( ) - 02/01/2023)

101j7 Lighting/Operable Lamp

3. Requirements

2600.

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

Resident room ( ) did not have a bedside lamp within reach of the resident's bed.

Plan of Correction

Accept ( ) 01/24/2023)

Resident and their family had decorated/rearranged the room and would like to keep the bed side table and lamp next to the dresser.

( ), Administrator is responsible for correcting the violation.

- 1. On 12/8/22, ( ) purchased GE wireless 20 lumens LED puck lights.
- 2. On 12/8/22, ( ), RCD, installed a GE wireless 20 lumens LED puck light at the bedside in room ( )
- 3. Resident was educated as to why the puck light was installed and how to operate it. Resident stated ( ) sleeps with ( ) lamp on which is located on a table next to the bathroom door.
- 4. ( ), Maintenance Manager, will be responsible for monitoring ongoing compliance by checking the puck light is operating correctly every 3 months.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented ( ) - 02/01/2023)

103i - Outdated Food

4. Requirements

2600.

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

Description of Violation

Located in the kitchen on the can rack was a large can of banana pudding and enchilada sauce that had large dents in the sides of the cans.

Plan of Correction

Accept ( ) 01/24/2023)

The dented cans found on 12/6/22 during the inspection were removed and disposed of. Additionally, Serenity Care Wyoming dietary manager educated all dietary staff on the violation and did an inservice with the dietary staff on checking all food deliveries for any dented cans, open packages, or other possible food related deficiencies.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented ( ) - 02/01/2023)

131f - Fire Extinguisher Inspection

5. Requirements

131f - Fire Extinguisher Inspection (continued)

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All the fire extinguishers in the home were not updated in a timely manner. The extinguishers were last serviced November 2021.

Plan of Correction

Accept [redacted] - 01/24/2023)

[redacted], Administrator had instructed the maintenance manager, [redacted] to schedule the annual fire extinguisher inspection with Cintas. [redacted] did call Cintas and they stated they would be performing their annual inspection during the month on November 2022, but Cintas had internal scheduling issues and wasn't able to come during the month of November when the Wyoming facility inspection was due.

Cintas did show up on 12/8/22, performed their annual inspection and passed all fire extinguishers.

[redacted] Administrator had an onsite meeting with Cintas on 12/8/22 and explained that the delay in performing their inspection resulted in a violation during the 12/6/22 DHS inspection. It was also explained to Cintas that if this type of situation is to occur again, Serenity Care will be moving to a new vendor to perform the annual fire extinguisher inspections, Cintas stated it will not happen again.

[redacted] also told Cintas that [redacted] Wyoming maintenance manager, will be contacting them 60-90 days prior to the 2023 inspection due date so that Wyoming can be placed on the Cintas inspection schedule with a confirmed inspection date.

Following that 60-90 day communication, the maintenance manager will also contact Cintas within 30 days of the scheduled inspection to confirm there are no conflicts and the inspection is confirmed to be completed within the compliant timeframe annually.

The Wyoming maintenance manager will be responsible for coordinating the scheduling and the verification communication process each year.

The Wyoming facility Administrator will be responsible to monitor and verify that the maintenance manager did perform the 2 communications with Cintas and that the inspection is performed annually within the compliant timeframe each year.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [redacted] 02/01/2023)

162c - Menus Posted

6. 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.

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction

Accept ([redacted] - 01/24/2023)

[redacted], Administrator met with the Dietary Manager, [redacted] on 12/6/22 and educated [redacted] on the violation. [redacted] and [redacted] worked together and created a new weekly menu sheet per the requirement that since has been posted on the main wall in the dining room, visible for all residents to see.

162c - Menus Posted (continued)

Ongoing compliance will be performed by [REDACTED] with completing the weekly menu updating/posting. [REDACTED], Administrator will verify compliance each week through confirming the menu is posted in the designated location inside the dining room.

Additionally, the menu was created on a computer program and saved, so in the case that [REDACTED] is out of work for a period of time, the menu spreadsheet can be accessed by the relief cook and the required information updated and posted per the regulation.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] - 02/01/2023)

185a - Implement Storage Procedures

7. 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

8. Resident #3 glucometer was not calibrated to the correct time.

Plan of Correction

Accept [REDACTED] 01/24/2023)

[REDACTED], Resident Care Director, educated all clinical care staff on the violation and the importance of ensuring that resident glucometers are calibrated.

[REDACTED], RCD, calibrated resident #3's glucometer, found in violation, on 12/6/22.

[REDACTED], RCD, will be responsible for verifying that any new resident admitted to the facility with a glucometer, that their glucometer is correctly calibrated upon moving in. If [REDACTED], RCD, is not working on the day a new resident is admitted, the lead MedTech, [REDACTED], will be responsible for verifying the new resident's glucometer is correctly calibrated upon moving in.

Throughout the year when the time changes in the fall and spring, [REDACTED] RCD will be responsible to calibrate all residents' glucometers for that particular time change. If the RCD is not working on those days, the lead MedTech, [REDACTED], will be responsible for calibrating all residents' glucometers.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] - 02/01/2023)