

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

January 31, 2023

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2023, 01/11/2023 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: *CLARKS SUMMIT SENIOR LIVING* License #: *22821* License Expiration: *01/01/2024*
 Address: *950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: *255 WASHINGTON STREET, STE 300, ATTN LICENSING, NEWTON, MA, 2458*
 Phone: [REDACTED] Email: [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: *100* Waking Staff: *75*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *01/11/2023*

Inspection Dates and Department Representative

01/10/2023 - On-Site: [REDACTED]
 01/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *88*

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: *88*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

01/10/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2023*

01/20/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/30/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/30/2023*

Inspections / Reviews *(continued)*

01/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

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- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The home's kitchen pantry contained two large dented cans of sliced pears on the shelves.

Plan of Correction

Accept (JH - 01/20/2023)

- *Corrected at time of inspection.*
- *Food Service Director will in-service team members on the dented can policy and ensure they are familiar with dented can storage. All training will be completed by 1/30/2023.*
- *Food Service Director/designee will ensure on going compliance by inspecting the dry storage area.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (JH - 01/31/2023)

121a - Unobstructed Egress

2. 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

The first floor south and north exit doors both had signs taped to them with a "Stop" sign and "Do Not Exit" on the signs. Both the first floor south and north exit doors are exit doors that are to be used in the event of an emergency evacuation.

Also, during the initial walkthrough a large round table and a resident seated in a chair were blocking the activity room exit doors.

Plan of Correction

Accept (JH - 01/20/2023)

- *Large table was moved during inspection. Activity director/designee with ensure all exit doors remain unobstructed in the activity room.*
- *CSSL Therapy staff have been educated to keep exit doors free from obstruction when utilizing CSSL common areas.*
- *All "do not exit" signs were removed from exit doors at time of inspection.*
- *ED/Maintenance director did a walk through building to ensure all exit doors were free from signs or obstructions.*

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (JH - 01/31/2023)

125a - Combustible Storage

3. Requirements

- 2600.
- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The home has a smoking area in the rear of the building. Approximately 9 to 10 cigarette butts were observed near

125a - Combustible Storage (continued)

the chairs and in the grassy areas surrounding the smoking area.

Plan of Correction**Accept (JH - 01/20/2023)**

- *Corrected at time of inspection.*
- *All team members who smoke will be educated by 1/30/2023 on regulation 125a in regards to cigarette butt disposal.*
- *ED/designee will ensure on going compliance by observing smoking area periodically.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (JH - 01/31/2023)**182b - Prescription Medication****4. Requirements**

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

Staff persons A and B had medication technician training completed by staff person C, whose train the trainer certificate had expired on [REDACTED]. Staff person A's med tech training was completed [REDACTED] staff person B's med tech training was completed [REDACTED]

Plan of Correction**Accept (JH - 01/20/2023)**

- *All medication technicians will be recertified by [REDACTED] no later than 1/30/2023. See attached CURRENT train the trainer certificate.*
- *DRC/designee will ensure on going compliance by reviewing train the trainer certificates for expired dates.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (JH - 01/31/2023)**183e - Storing Medications****5. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Novolog insulin pen belonging to resident #1 was not labeled with a date it was opened for use.

Plan of Correction**Accept (JH - 01/20/2023)**

- *Corrected at time of inspection.*

183e - Storing Medications (continued)

- Audit of all insulin pens for correct labeling will be completed by 1/30/2023
- DRC will in-service all medication technicians and LPN's on the information that must be included on all insulin pens.
- DRC or designee will continue to audit carts monthly for 6 months to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (JH - 01/31/2023)

185a - Implement Storage Procedures**6. 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 has a current PRN order for Aspercreme 4% that wasn't available in the medication cart.

Plan of Correction

Accept (JH - 01/20/2023)

- Medication was discontinued on Wednesday January 11th.
- DRC/Designee will complete audit of all med carts to ensure all prescribed meds are available.
- DRC will in-service all Medication Technicians and LPN's the importance of having all prescribed meds available.
- DRC or designee will continue to audit carts monthly for 6 months to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (JH - 01/31/2023)

187a - Medication Record**7. Requirements**

2600.

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

6. Dose.

13. Date and time of medication administration.

Description of Violation

Resident #1 has an order for insulin to be administered on a sliding scale. On 1/5/2023 the 11am blood glucose reading of 205 which required 7 units of sliding scale insulin was recorded as the 4pm blood glucose reading and no reading was documented for the 4pm blood glucose reading.

Plan of Correction

Accept (JH - 01/20/2023)

- DRC/designee will in-service all medication technicians and LPN's on following the appropriate documentation in regards to sliding scale orders by 1/30/2023.
- DRC will create a new form for medication technicians and LPN's that will clarify straight insulin orders and if needed, sliding scale.
- DRC/designee will continue to audit weekly to ensure compliance.

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 01/30/2023

*Implemented (JH - 01/31/2023)***187d - Follow Prescriber's Orders****8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for insulin to be administered on a sliding scale. On 01/06/2023 the blood glucose reading of 185 required 6 units of sliding scale insulin and only 5 units of insulin were administered.

Resident #3 has an order for Amlodipine 5mg to be held if the systolic blood pressure (SBP) is less than 120. On the following dates for the 12pm administration staff did not record any blood pressure readings to determine if the medication should be administered: 01/02/2023, 01/05/2023, 01/08/2023 01/09/2023.

Resident #3 also has an order for Irbesartan 300 mg to be held if the SBP is less than 120. On the following dates the 7pm dose was administered even though the resident's SBP was less than 120:

01/05/2023—SBP = 118

01/08/2023—SBP = 109

01/09/2023—SBP = 104

Plan of Correction*Accept (JH - 01/20/2023)*

- DRC/designee will in-service all medication technicians and LPN's on the importance of following prescriber's orders.*
- DRC/designee will audit all residents' blood pressure parameters to ensure that medication is being administer per prescribers order to ensure compliance.*

Licensee's Proposed Overall Completion Date: 01/30/2023

*Implemented (JH - 01/31/2023)***190a - Completion Medication Course****9. 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.

Description of Violation

Staff person C provided medication technician annual practicum certification for staff persons A and B and recertified them on [REDACTED] and [REDACTED] respectively. Staff person C's train the trainer certificate expired on [REDACTED]

Plan of Correction*Accept (JH - 01/20/2023)*

- All medication technicians will be recertified by [REDACTED] no later than 1/30/2023. See attached CURRENT train the trainer certificate.*
- DRC/designee will ensure on going compliance by reviewing train the trainer certificates for expired dates.*

190a - Completion Medication Course (*continued*)

Licensee's Proposed Overall Completion Date: *01/30/2023*

Implemented (JH - 01/31/2023)