

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

April 28, 2023

[REDACTED]
SERENITY CARE MID VALLEY LLC
[REDACTED]

RE: SERENITY CARE MID VALLEY
65 STURGES ROAD
PECKVILLE, PA, 18452
LICENSE/COC#: 23058

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2023, 04/05/2023 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: *SERENITY CARE MID VALLEY* License #: *23058* License Expiration: *03/28/2024*
 Address: *65 STURGES ROAD, PECKVILLE, PA 18452*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/05/1989* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/05/2023*

Inspection Dates and Department Representative

04/04/2023 - On-Site: [REDACTED]
 04/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *28*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *9* Have Physical Disability: *1*

Inspections / Reviews

04/04/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2023*

04/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/27/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2023*

Inspections / Reviews (*continued*)

04/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/27/2023

04/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/02/2023

04/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident #1 was sent to the hospital on [redacted]/22. On [redacted]/22 the home determined that the resident would not be allowed to return to the home due to the home not being able to meet the needs of the resident. On [redacted]/22 resident #1 was discharged from the hospital to another facility once a bed was secured for the resident. The home issued a refund to the resident for [redacted]/22 through [redacted]/22. Resident #1 should have received a refund back to [redacted]/22 through [redacted]/22 due to the home being unable to accept the resident back to the home from the hospital on [redacted]/22.

Plan of Correction

Accept [redacted] - 04/21/2023)

Regulation 28a is important to ensure refunds are received by the individual in a 30 day window.

[redacted] (BOM) requested the Additional Refund request from [redacted] 22 to [redacted]-22 sent to the corporate office for processing. See attachment.

[redacted]/Business Office Manager will ensure refund dates are correct and sent for processing to our corporate office within 24 hours of discharge. If a refund is not received within 2 weeks from date sent for processing, [redacted]

[redacted] (BOM) will contact the corporate office for status update/reminder. Communication from the corporate office will be documented in resident chart.

[redacted] (BOM) is responsible to ensure refund is received and copy placed in chart within 30 days of discharge.

Administrator [redacted] to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented [redacted] - 04/28/2023)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Staff person A had only 11 of the required 12 hours of annual staff training for 2022.

Plan of Correction

Accept [redacted] - 04/21/2023)

Regulation 65e is important to ensure all staff are receiving annual training related to the care/safety of our personal care home residents. Staff person A stated they had attended all trainings but failed to document such. Training requirement fulfilled on [redacted]-23 for 2022 by [redacted] Administrator. See attached. Moving forward, all staff will receive required trainings for each training year by various agencies ie: AAA [redacted], [redacted] Ombudsman,

[redacted] Administrartor, [redacted] RCD. Qtrly audits of training compliance will be completed by [redacted]

[redacted] Administrator.

65e - 12 Hours Annual Training (continued)

██████████ RCD and Administrator ██████████ to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (██████ - 04/25/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Staff person A was not trained in the required annual training topic of medication self-administration for the 2022 training year.

Plan of Correction

Accept (██████ 04/21/2023)

Regulation 65f is important to ensure all staff are receiving annual training related to the care/safety of our personal care home residents. Staff person A stated they had attended the medication self-administration training but failed to document such. Training requirement fulfilled on ████████ 23 for ████████ by ██████████ Administrator. See attached. Moving forward, all staff will receive required trainings for each training year by various agencies ie: AAA ████████ Ombudsman, ██████████ Administrator, ██████████ RCD. Qtrly audits of training compliance to be completed by Administrator ██████████.

██████████ RCD and Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (██████ - 04/25/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A and B did not receive training in fire safety by a fire safety expert for the 2022 training year. Also, staff person B did not have training in the required topics resident rights, fall prevention, and the Older Adult Protective Services Act.

Plan of Correction

Accept (██████ - 04/17/2023)

Regulation 65g is important to ensure all staff are receiving annual training related to the care/safety of our personal care home residents. Staff person A and B did not receive fire safety training by a fire safety expert in

65g - Annual Training Content (continued)

2022. Training requirement fulfilled on [REDACTED]-23 for 2022. See attached.

Staff person B stated [REDACTED] had attended all trainings in 2022 but failed to document such. Training for this violation provided to both staff on [REDACTED]-23.

Moving forward, all staff will receive required trainings and be provided by the required experts/trainers.

[REDACTED] RCD and Administrator to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [REDACTED] 04/25/2023)

101j7 - Lighting/Operable Lamp

5. 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 [REDACTED] did not have an operable lamp or other form of lighting that could be turned on at bedside.

Plan of Correction

Accept [REDACTED] - 04/21/2023)

Regulation 101j is important to ensure the resident has lighting at bedside to ensure safety of the resident. The resident did have lighting at bedside, the night prior to date of inspection, family had come in and rearranged the resident's room/lamp. Lamp placed at bedside at time of inspection. Reviewed lighting requirement with resident/family and staff. Administrator [REDACTED] met with the housekeeping department on 4-5-23 to review regulation 101j7.

Housekeeping department [REDACTED] and [REDACTED] to ensure bedside lighting is available at all times and will ensure compliance during daily cleaning of rooms.

[REDACTED] Administrator to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented [REDACTED] - 04/28/2023)

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.

Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home had fire safety inspections completed on 12/9/21 and on 1/11/23. The home did not have a fire safety inspection by a fire safety expert completed by December 2022.

Plan of Correction

Accept [REDACTED] - 04/21/2023)

Regulation 132b is important to ensure resident/employee/building safety.

[REDACTED] was scheduled to complete a fire safety inspection on 12-30-22 and for some reason needed to be rescheduled.

[REDACTED] had conducted the facility fire safety inspection on 1-11-23.

Administrator [REDACTED] to schedule and ensure the fire safety inspection and fire drill conducted by a fire

132b - Safety Inspection/Fire Drill (continued)

safety expert are completed annually.

██████████ Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented ██████ - 04/28/2023)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted sleeping hour drills on 4/27/22 and 8/23/22. The home was required to conduct their next sleeping hour drill in February 2023 but as of the date of this inspection no sleeping hour drill had been conducted in 2023.

Plan of Correction

Accept ██████ 04/21/2023)

Regulation 132e is important to ensure resident/employee safety if there were ever a fire at the facility.

Facility failed to conduct an overnight drill in February 2023. Overnight fire drill held on 4-5-23 by ██████████

(Maint Director. See attached.

Maintenance dept (██████████) to ensure unannounced fire drills are conducted as required by regulation monthly and conducted during the overnight hours every 6mo.

██████████ Administrator to monitor/ensure ongoing compliance monthly.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented ██████ - 04/28/2023)

132h - Designated Meeting Place

8. 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

The home did not evacuate all residents during the following fire drills:

7/31/22 at 9:30am 38 residents were in the home and only 36 residents were evacuated.

8/23/22 at 3:15am 37 residents were in the home and only 36 residents were evacuated.

9/23/22 at 6:30pm 36 residents were in the home and only 35 residents were evacuated.

Plan of Correction

Accept ██████ 04/21/2023)

Regulation 132h is important to ensure all residents are safe and evacuated to the designated meeting place away from the building or within the fire-safe area.

When documenting the number of residents in the home at the sound of the alarm, prior administrator documented the current census at the facility then in the number of residents evacuated, had documented the number of residents in the facility at the time of the sound of the alarm..

Current administrator ██████████ reviewed regulation and documentation of the fire drill record with ██████

132h - Designated Meeting Place (continued)

██████████ Maintenance on 4-5-23, who will be conducting the facility fire drills.
Administrator ██████████ to monitor and ensure ongoing compliance monthly.
Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented ██████████ - 04/28/2023)

133.1 - Exit Signs

9. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The home has two sets of double glass doors in the dining area that both lead to exterior of the home. Neither set of doors were labeled with exit signs at the time of the initial walk through inspection.

Plan of Correction

Accept ██████████ - 04/17/2023)

Regulation 133.1 is important to ensure exit doors are labeled appropriately and to ensure resident/employee safety. Facility is currently being renovated and the two signs at the glass doors had been removed by the construction crew. Exit signs placed at both doors at time of inspection.
Maintenance ██████████ to ensure exit signs are placed at all exits during daily facility rounds.
Administrator to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ██████████ - 04/28/2023)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident #2's documentation of medical evaluation (DME) forms indicate the resident had evaluations on ██████████ 21 and ██████████ 22. The home did not have a timely annual medical evaluation completed for resident #2 in 2022.

Plan of Correction

Accept ██████████ - 04/21/2023)

Regulation 141b1 is important to ensure residents health and well being. Resident #2's DME had not completed annually as required. ██████████ Administrator reviewed regulation 141b1 with ██████████ at time of inspection.
██████████ (RCD) will ensure all residents receive a medical evaluation (DME) annually and as required by regulation. ██████████ (RCD) to complete monthly audits of resident records to ensure each resident's annual medical evaluation is completed in the required time frames.
Administrator ██████████ to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented ██████████ - 04/28/2023)

184a - Resident's Meds Labeled

11. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The [redacted] for resident #3 had a pharmacy label that stated to inject .5 mg weekly. The actual physician's order, and the dosage stated on the medication administration record (MAR) is for .25mg to be injected weekly.

Plan of Correction

Accept [redacted] - 04/21/2023)

Regulation 184a is important to ensure resident health and well being. Resident 3#'s [redacted] on the medication did not match the MAR. [redacted] (RCD) contacted [redacted] Pharmacy at time of inspection and requested correct label. Corrected label received from [redacted] Pharmacy that shift. [redacted] (RCD) to ensure all orders in the MAR match the labels on the medications as prescribed by the physician. [redacted] (RCD) to complete monthly cart audits to ensure compliance.

Administrator [redacted] to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented [redacted] - 04/28/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #3 has an order for blood sugar readings 4 times daily with insulin administered on a sliding scale. On the following dates and times the sliding scale insulin was not administered correctly:

[redacted] 23 the [redacted] pm reading was [redacted] requiring 6 units; only 2 units were administered.

[redacted] /23 the [redacted] am reading was [redacted] but was recorded as [redacted]. A reading of [redacted] required 6 units of insulin; 8 units of insulin were administered.

Plan of Correction

Accept [redacted] 04/21/2023)

Regulation 187d is important to ensure resident health and well being. On [redacted] and [redacted] resident #3's accu checks/sliding scale coverage were not documented/administered correctly. Regulation 187d reviewed with all med techs by [redacted] (RCD) and [redacted] Administrator. See attached.

Glucometer audits to be completed by [redacted] (RCD) weekly for 2 months. If no errors, then weekly for a month. If no errors, audits will continue monthly.

RCD [redacted] to ensure ongoing compliance with monthly audits..

Administrator [redacted] to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented [redacted] - 04/25/2023)