

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

June 2, 2023

[REDACTED], MANAGING MEMBER
SERENITY CARE OLD FORGE LLC
[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 04/26/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SERENITY CARE OLD FORGE **License #:** 23057 **License Expiration:** 03/28/2024
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]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/24/2013 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Waking Staff:** 21

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 04/26/2023

Inspection Dates and Department Representative

04/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 28

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:** 26
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/26/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/27/2023

05/25/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/31/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/30/2023

Inspections / Reviews *(continued)*

05/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/06/2023

06/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The LIS from 6/16/2022 was posted with the privacy page revealing resident names.

Plan of Correction

Accept (████) - 05/31/2023)

I (████) (Administrator) is responsible for all violations including but not limited to 2600 17.

I (████) (Administrator) failed to remove privacy page that included resident names/information posted in the violation book.

On 4/26/23 the privacy page/residents information was removed out of the violation book.

I (████) (Administrator) will ensure going forward that all residents name and information/privacy page are not added to the violation book. According to RCG 2600. 17.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (████) - 06/02/2023)

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 exit leading from the activity room was obstructed by a box and therapy cones that were on the ground in front of the door exiting the building.

Plan of Correction

Accept (████) - 05/31/2023)

I (████) (Administrator) is responsible for all violations including but not limited to 2600. 121a.

I (████) (Administrator) failed to make sure all exits remained unobstructed at all times.

On 4/26/23 all boxes and therapy cones were removed form the exit doors. I (████) (Administrator) educated staff and non staff on RCG 2600. 121a.

I (████) (Administrator) will ensure going forward that all exits remain unobstructed at all times. According to RCG 2600. 121a.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (████) - 06/02/2023)

132f - Alternate Exit Routes

3. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home has used the same fire drill exits in 10 of the last 11 months from 5/2022 to 4/2023.

132f Alternate Exit Routes (continued)

Plan of Correction

Accept (████) - 05/31/2023

I (████) (Administrator) is responsible for all violations including but not limited to 2600. 132.f.

I (████) (Administrator) failed to review and make sure alternate exit routes are being used during all fire drills.

On 4/26/23 I (████) (Administrator) reviewed fire drill log and RCG 2600. 132F. An alternate exit was used for the May 2023 fire drill.

I (████) (Administrator) will ensure going forward alternate exits routes will be used for all fire drills as per 2600. 132f.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (████) - 06/02/2023

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has held their fire drill within the last 4 days of the month 9 times out of the last 11 monthly fire drills from 5/2022 to 4/2023.

Plan of Correction

Accept (████) - 05/31/2023

I (████) (Administrator) is responsible for all violations including but not limited to 2600. 132g

I (████) (Administrator) failed to make sure fire drill dates were alternated.

On 4/26/23 I (████) (Administrator) reviewed fire drill log and RCG 2600. 132g.

Going forward I (████) (Administrator) will ensure that all fire drills dates and times will be alternated monthly in accordance to RCG 2600. 132g.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (████) - 06/02/2023

162e - Menu Changes

5. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 4/26/2023, the lunch menu indicated that the residents would receive pork loin, succotash, and scalloped potatoes. The residents received pork loin, broccoli, and a baked potato. These changes were not updated on the menu.

Plan of Correction

Accept (████) - 05/31/2023

I (████) (Administrator) is responsible for all violations including but not limited to 2600. 162e.

I (████) (Administrator) failed to make sure menu changes were posted and accessible to residents.

162e - Menu Changes (continued)

On 5-3-23, [REDACTED] (Administrator) retrained all dietary staff on RCG 2600. 162e.

Going forward [REDACTED] (Administrator) will ensure any and all menu changes are posted and accessible to all residents in advance.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented [REDACTED] - 06/02/2023