



Mailing Date: November 20, 2023

[REDACTED]
[REDACTED]
135 Vermont Drive Operating Company, LLC
[REDACTED]
[REDACTED]

RE: Serenity Gardens at Mount Carmel
135 Vermont Drive
Kulpmont, Pennsylvania 17834
License #: 231010

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 18, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

September 11, 2023

[REDACTED]
135 Vermont Drive Operating Company, LLC
[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 07/18/2023 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 Gardens at Mount Carmel* License #: *23101* License 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: *12/20/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Full* Notice: *Announced* BHA Docket #:

Reason: *Change Legal Entity* Exit Conference Date: *07/18/2023*

Inspection Dates and Department Representative

07/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *IvyLane* Capacity: *22* Residents Served: *15*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

07/18/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2023*

08/09/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/11/2023*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2023*

Inspections / Reviews *(continued)*

09/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Near the outside door in the courtyard of Ivy Lane (secured unit) was a cut out in the cement that was 12"x12". In that cut out were pieces of wood filling the hole. One side of the wood filler had sunk by approximately 1 inch, causing a tripping hazard,

Plan of Correction

Accept (████) 08/09/2023)

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

On August 8 2023 Director of Maintenance removed all rotted wood and replaced it with new lumber creating a level walking surface. Maintenance Director will monitor area in 3 months to ensure boards did not settle

Licensee's Proposed Overall Completion Date: 08/08/2023

Update: 08/09/2023

Please send proof of compliance (picture).

Evidence of Completion

Implemented (████) - 09/11/2023)

See attached.

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 located outside of the administrators office would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (████) - 08/09/2023)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Immediate corrective action taken on July 18,2023. Director of Maintenance removed door handles and lubricated release bar. Effective 8-1-23 Maintenance Director will complete monthly checks on all exit doors to ensure ease of opening and assure sustained compliance. This action will be on going.

Licensee's Proposed Overall Completion Date: 08/08/2023

Evidence of Completion

Implemented (████) - 09/11/2023)

No evidence needed.

132a - Monthly Fire Drill

3. Requirements

2600.

132a - Monthly Fire Drill (continued)

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

Description of Violation

A fire drill was conducted on 6/26/23. The fire drill record indicates that 56 residents were in the home at the time of the fire drill and 52 evacuated. 1 hospice resident does not evacuate each month, which the home has the proper documentation for. However, the 3 other residents that did not evacuate are not accounted for.

Plan of Correction

Accepted [REDACTED] - 08/09/2023)

2600.

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

Immediate Action taken on July 18, 2023-Maintenance Director was educated on proper documentation of fire drills. Any and all information will be included with the drill log to include current census, number of residents on LOA along with current date and time. Building Administrator will monitor for on going compliance. Action will be ongoing.

Licensee's Proposed Overall Completion Date: 08/08/2023

Update: 08/09/2023

Please send proof of staff training and current fire drill log.

Evidence of Completion

Implemented [REDACTED] - 09/11/2023)

See attached.