

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

July 20, 2023

[REDACTED], EXECUTIVE DIRECTOR
SERENITY CARE KINGSTON LLC
[REDACTED]

RE: SERENITY CARE KINGSTON
700 THIRD AVENUE
KINGSTON, PA, 18704
LICENSE/COC#: 23052

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2023 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 KINGSTON* License #: *23052* License Expiration: *03/28/2024*
 Address: *700 THIRD AVENUE, KINGSTON, PA 18704*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *11/11/1994* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *05/25/2023*

Inspection Dates and Department Representative

05/25/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *122* Residents Served: *55*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Secured Unit* Capacity: *20* Residents Served: *14*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

05/25/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2023*

06/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/23/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2023*

Inspections / Reviews *(continued)*

06/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/27/2023

07/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation dated [REDACTED] did not include the physicians license number.

Plan of Correction

Accept (MM - 06/23/2023)

License number was corrected on DME by PCP- This was corrected by Director of wellness [REDACTED] day of inspection on 5/25/2023. All DME's and Rasps have been audited by [REDACTED] (see attachment) Director of Wellness [REDACTED] and Administrator [REDACTED] are responsible to ensure all areas of the DME are completed accurately and fully. RCD and Administrator will be responsible for reviewing updated and new DMEs together to maintain compliance with this regulation. Administrator, [REDACTED] is responsible for monitoring ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented ([REDACTED] - 07/20/2023)

187a - Medication Record

2. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 was administered their PRN medications of [REDACTED] and the home’s staff did not document the effectiveness of these medications. [REDACTED] . 2tabs every 6 hours as need for pain on [REDACTED] apply topically 2 times a day PRN was administered on [REDACTED]

Resident #4’s MARs following medications were not initialed as being administered on [REDACTED] . [REDACTED] . tab to be given at bedtime; [REDACTED] .to be taken 2 times a day, [REDACTED] . one tab. 2 times a day.

Resident #5’s MARs was not initialed on [REDACTED] that the resident received their [REDACTED] . tab to be administered daily; [REDACTED] be take one time a day on [REDACTED] . The

187a - Medication Record (continued)

medication was with parameters, but the MAR was not documented with the resident's pulse rate and did not indicate if the medication was being held due to a low pulse rate. The home is not maintaining their MAR's.

Plan of Correction

Accept (████) 06/23/2023)

This regulation was violated due to Med-Techs not completing accurate documentation during their medication administration. Director of Wellness █████ and administrator █████ are responsible for fixing this problem by having monthly meetings with med-techs to review expectations and review accurate documentation during the medication administration process. Next meeting will be held on 6/29/2023 to review. Director of Wellness, █████ is responsible for monitoring ongoing compliance and also Administrator is responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented (████) - 07/20/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5's is ordered medication, █████, one time a day on █████ at █████ and █████ at █████. The medication was with parameters, but the MAR was not documented with the resident's pulse rate and did not indicate if the medication was being held due to a low pulse rate. The home is not following the prescribers' orders.

Plan of Correction

Accept (████) 06/23/2023)

This regulation was violated due to Med-Techs not completing accurate documentation and following providers orders during their medication administration. Director of Wellness █████ is responsible for monitoring ongoing compliance and Administrator █████ is responsible for maintaining compliance to fix the ongoing problem. Director of Wellness and administrator █████ are responsible for having monthly meetings with med-techs to review expectations and review accurate documentation during the medication administration process. Next meeting will be held on 6/29/2023 to review to fix this problem and educate Med-Techs.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented (████) - 07/20/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 began physical therapy services on [redacted] Resident #2's assessment and support plan were not updated to indicate a change in care or therapy services started.

Plan of Correction

Accept ([redacted] - 06/23/2023)

This regulation was violated due to Rehab not notifying personal care home that resident was receiving these services. Director of Wellness [redacted] and Administrator [redacted] are responsible to ensure that any resident starting outside services in the home will have an addendum attached including the start and end date of services. Action taken to fix this problem- rehab has since then ended therapy services with resident after administrator [redacted] was notified services were not taking place on day of inspection 5/25/23. Director of Wellness [redacted] will be responsible for updating rasps and communicating resident changes in daily morning meetings with Administrator [redacted] to ensure we have followed all steps in RASP/DME process to maintain compliance with this regulation and that this violation does not happen again.

Note: This was for resident #1, not #2.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented ([redacted] - 07/20/2023)

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the secured dementia unit on [redacted]. A cognitive prescreening was completed after admission on [redacted].

Plan of Correction

Accept ([redacted] - 06/23/2023)

This regulation was violated due to screening being completed 3 days after admission date. to fix this problem, an audit was completed by administrator (please see attached chart audit) Administrator [redacted] and Director of Wellness [redacted] be responsible for completing screenings before admission to secured dementia unit and into personal care home. Administrator [redacted] will oversee this regulation and be responsible for completing the screening along with the Director of Wellness [redacted] to maintain compliance with the regulation. Administrator will be responsible for monitoring ongoing compliance.

231c - Preadmission Screening (continued)

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented () - 07/20/2023)

231e - No Objection Statement

6. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 32 was admitted to the Secured Dementia Unit on [REDACTED]. The residents record did not contain documentation that the resident responsible party did not object to a secured unit placement.

Plan of Correction

Accept () - 06/23/2023)

This regulation was violated due to not having a signature from the resident family not objecting admission to secured unit. Administrator [REDACTED] is responsible to obtaining all signatures from all parties at time of admission. Since then- Resident was moved out of memory care into our personal care. Administrator [REDACTED] is responsible for staying in compliance with this regulation. to fix this problem, Administrator [REDACTED] completed a chart audit (see attached audit with dates of completed audit) of all residents who reside in the memory care unit.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented () - 07/20/2023)

234a - Admission Support Plan

7. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secured Dementia unit on [REDACTED]. A support plan was not developed for Resident #2 until [REDACTED].

Plan of Correction

Accept () - 06/23/2023)

This regulation was violated due to rasp not being completed in time allotted for a secured dementia unit. Director of Wellness [REDACTED] will be responsible for completing rasps within 3 days of admission to the personal care home. Administrator [REDACTED] completed an audit of resident charts to fix this problem and to maintain compliance. (See attached audit with dates of audit) Administrator [REDACTED] will oversee this regulation and be responsible for completion in the 72 hours prior or within admission to the personal care home to monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented () - 07/20/2023)

234a - Admission Support Plan (*continued*)