

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

December 21, 2023

[REDACTED], MANAGING MEMBER
SERENITY CARE WYOMING LLC
[REDACTED]

RE: SERENITY CARE WYOMING
80 WYOMING AVENUE
WYOMING, PA, 18644
LICENSE/COC#: 23056

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2023 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SERENITY CARE WYOMING **License #:** 23056 **License Expiration:** 03/28/2024
Address: 80 WYOMING AVENUE, WYOMING, PA 18644
County: LUZERNE **Region:** NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/23/1998 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 33 **Waking Staff:** 25

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 33

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 32
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

12/06/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/25/2023

12/18/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/19/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/26/2023

Inspections / Reviews *(continued)*

12/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged from the home [REDACTED] but did not receive their refund until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/18/2023)

This regulation was violated due to a resident not receiving a refund within 30 days after discharge. This regulation is important because per contract between resident and facility, home is required to refund resident for days not spent in the home. Administration is responsible for this regulation and has contacted company regional accountant and regional director of operations to be sure we are cutting a check for residents who discharge from the home within 30 days and to provide the home with a copy of the check in time frame allotted to maintain in compliance with this regulation. Administrator [REDACTED] is responsible for fixing the problem and monitoring ongoing compliance. To fix this problem, business office manager is responsible for requesting refund from our regional accountant and administrator [REDACTED] is responsible maintaining compliance with this regulation by notifying regional accountant of refund needed in a timely manner.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented ([REDACTED] - 12/21/2023)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was an unknown liquid observed in a clear spray bottle in vacant room 304. The bottle was only labeled degreaser.

Plan of Correction

Accept ([REDACTED] - 12/18/2023)

This regulation was violated due to there being a bottle of degreaser in a room that was being utilized for storage. The degreaser belongs to one of our contractors while our renovations take place. This regulation is important because it ensures the safety of our residents who are unable to use poisonous chemicals safely. Home requires all bottles to be labeled with a product/manufacturer label in which this chemical did not contain. Chemical only stated "degreaser." Due to contractors having a room full of supplies that are not used by our staff or residents, to fix this problem, Administrator [REDACTED] requested that contractors keep all of their belongings locked up in their designated work area for the safety of our residents. Administrator [REDACTED] is responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented ([REDACTED] - 12/21/2023)

132f - Alternate Exit Routes

3. Requirements

132f Alternate Exit Routes (continued)

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home used the same exit routes for all fire drills completed from 12/2022 through 8/2023.

Plan of Correction Accept ([redacted] - 12/18/2023)

This regulation was violated due to fire exit routes not being rotated during fire drills from 12/2022 through 8/2023. This regulation is important so the staff can understand how to use each fire exit in case of an emergency. Staff should understand where exit routes are located and how to safely guide residents out of the facility in an emergency. The home requires fire drills and routes to be rotated throughout the year, monthly. To fix this problem, the inspector, administrator, and maintenance director reviewed this regulation and discussed the importance of rotating exit routes. The maintenance director [redacted] is responsible for conducting these fire drills and rotating exit routes, The administrator [redacted] is responsible for maintaining compliance with regulation.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [redacted] - 12/21/2023)

187d Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident 2 has a sliding scale order to receive [redacted] of [redacted] at bedtime with a blood glucose level of [redacted]. On [redacted], they had a Blood glucose level of [redacted] were administered in error.

Plan of Correction Accept [redacted] - 12/18/2023)

This regulation was violated due to a resident being on a sliding scale for insulin and receiving the wrong amount of insulin. Resident was only to receive 4 units of insulin. When looking at the MARS, employee wrote 6 units of insulin. This regulation is important because it ensures that med-techs are following doctors' orders and are giving insulin accurately. To fix this problem, Administrator [redacted] sent a reportable incident to DHS immediately and held an education with employee upon arrival for shift which included the Resident Care Director, [redacted]. Resident care director [redacted] is responsible for overseeing medication administration and reviewing MARS on a weekly basis to ensure residents are receiving medications and correct insulin coverage is being given. The administrator [redacted] is responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [redacted] 12/21/2023)