

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

December 13, 2023

[REDACTED]
MILLETT PINES LLC
[REDACTED]

RE: THE PINES AT CLARKS SUMMIT
1300 MORGAN HIGHWAY
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22612

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2023 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: *THE PINES AT CLARKS SUMMIT* License #: *22612* License Expiration: *11/05/2023*
 Address: *1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MILLETT PINES LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/30/2916* Issued By: *South Abington Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/15/2023*

Inspection Dates and Department Representative

11/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *72* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Evergreen* Capacity: *24* Residents Served: *22*

Hospice
 Current Residents: [REDACTED]

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

11/15/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2023*

12/07/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/13/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/14/2023*

Inspections / Reviews *(continued)*

12/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 was injured during an unwitnessed fall at the home and was examined at the hospital with a diagnosis of [REDACTED]. The incident occurred on [REDACTED] at [REDACTED] but was not reported to the Department of Human Services until [REDACTED] at [REDACTED]

Resident #2 was injured in a witnessed fall at the home and surgical intervention was required. The incident occurred on [REDACTED] at [REDACTED] and was not reported to the Department of Human Services until [REDACTED] at [REDACTED]

Plan of Correction

Accepted [REDACTED] - 12/05/2023)

This regulation is important so that the Department is aware of, and can respond promptly to, any serious situations. In both situations, each resident received prompt medical attention and were sent immediately for evaluation at hospital Emergency Departments.

Both of these incidents occurred over weekends. There was miscommunication about who would be reporting the incidents within the 24 hour regulation imposed by the Department.

Regulation 2600.16c was re-reviewed with the Director of Wellness and the Executive Director on [REDACTED]. The Director of Wellness will complete all required reporting within the 24 hour guideline, even on weekends.

The Executive Director and the Administrator/Designee will monitor and ensure compliance.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 12/13/2023)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The home did not have thermometers in the refrigerators located in the Evergreen Secured Unit medication room and second floor medication room.

Plan of Correction

Accepted [REDACTED] - 12/05/2023)

Thermometers are required in refrigerators and freezers to ensure that items are stored at safe temperatures.

The missing thermometers in the 2 refrigerators were replaced. (See attached photos). Med Techs will monitor that thermometers are in place in the med room refrigerators.

The Director of Wellness will randomly audit the refrigerators to ensure that the thermometers are present and functioning properly.

The Executive Director and Administrator/Designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 12/13/2023)

132b - Safety Inspection/Fire Drill

3. 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's annual fire safety inspection and supervised fire drill was conducted on [REDACTED]. The previous annual fire safety inspection and supervised fire drill was conducted on [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/07/2023)

The purpose of this regulation is to identify and correct any unsafe conditions which prevent fires from occurring. It is conducted once a year with a fire safety expert. This is in addition to the inspections done by our contracted vendors to ensure the proper functioning of our fire extinguishers, fire alarm system and fire suppression system. All monthly fire drills were conducted as required.

On [REDACTED], severe flooding occurred in Lackawanna County necessitating that a State of Emergency be declared. In South Abington Township, [REDACTED] people [REDACTED] in that flooding, and there was severe damage to infrastructure in the area. The Fire Chief of South Abington Township, who does our annual fire safety inspection and supervised fire drill, was unable to schedule a time to conduct our inspection/drill until [REDACTED]. Due to events beyond our control, the annual inspection/drill was delayed by a few weeks and the deadline was missed.

The Administrator/Designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 12/13/2023)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have the resident menus posted for the present week [REDACTED] thru [REDACTED] and the upcoming week of [REDACTED] thru [REDACTED] in the Evergreen Secured Unit at the time of inspection.

Plan of Correction

Accept [REDACTED] - 12/05/2023)

The purpose of this regulation is to assist the residents in planning their meals.

The current week's menu and the up-coming week's menu are routinely posted on the Activities Board in the Secured Dementia Care Unit (Evergreen). The 2 weeks of menus in question on [REDACTED] had been posted, however sometimes residents do remove items from the Activities Board for their own use.

The menus were immediately replaced.

The Director of Food and Beverage will ensure that 2 weeks of menus are posted.

The Evergreen liaison will randomly audit the Board to ensure that the menus remain posted, or replace as needed.

The Administrator/Designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 12/13/2023)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident’s medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident # 3’s [REDACTED] Caps. To be taken orally one time a day had an expiration date September 2023 at time of inspection.

Plan of Correction

Accept [REDACTED] - 12/05/2023)

This regulation ensures that the home properly destroys medications in a safe and timely manner. In this case the resident's Vitamin D expired at the end of September and Med Techs had identified it as needing to be sent for destruction. Despite the fact that they were not dispensing the resident's vitamin D from that bottle, it remained in the cart and was not placed with medication to be sent to pharmacy for destruction. The expired medication was immediately removed from the cart and sent to the pharmacy for destruction. The policy that all expired or discontinued medications must be removed from the medication cart was reviewed with the Med Techs on [REDACTED] and [REDACTED] by the Director of Wellness. The Director of Wellness will ensure that the policy is followed and conduct random audits of the medication carts to ensure compliance. The Executive Director and the Administrator/Designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 12/13/2023)