

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

March 15, 2024

[REDACTED]  
EMBASSY MERCER LLC  
[REDACTED]  
[REDACTED]

RE: THE LAKES AT JEFFERSON  
7271 WEST MARKET STREET  
MERCER, PA, 16137  
LICENSE/COC#: 45151

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2024 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 LAKES AT JEFFERSON* License #: *45151* License Expiration: *07/12/2024*  
 Address: *7271 WEST MARKET STREET, MERCER, PA 16137*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *EMBASSY MERCER LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *51* Waking Staff: *38*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Fine* Exit Conference Date: *01/30/2024*

**Inspection Dates and Department Representative**

01/30/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *69* Residents Served: *44*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *1*

**Inspections / Reviews**

01/30/2024 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/26/2024*

03/06/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *03/14/2024*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *03/13/2024*

Inspections / Reviews (*continued*)

03/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - Chew [REDACTED] by mouth at bedtime. Resident [REDACTED] January 2024 medication administration record does not include the initials of the staff person who administered [REDACTED] on 1/27/24 at 8:00 PM.

Plan of Correction

Accept [REDACTED] - 03/06/2024)

[REDACTED] DOW [REDACTED] LPN created a sign in/sign off audit that the Med-techs during change-over for their shift will initial every shift daily that their are no "holes" in the MAR. We as a facility will complete this for 3 months. Wellness staff was educated by [REDACTED] LPN [REDACTED] on the importance of accurate medication and administration education in our monthly mandatory all staff meeting.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [REDACTED] - 03/15/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] Take [REDACTED] by mouth once daily. However, this medication was not administered to resident [REDACTED] from 1/1/24 - 1/23/24 because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Take [REDACTED] tablet by mouth once daily. However, this medication was not administered to resident [REDACTED] from 1/12/24 - 1/23/24 because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] Take [REDACTED] capsules by mouth once daily. However, this medication was not administered to resident [REDACTED] from 1/1/24 - 1/26/24 because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Take [REDACTED] tablet by mouth once daily. However, this medication was not administered to resident [REDACTED] from 1/1/24 - 1/21/24 because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - Take [REDACTED] tablet by mouth once daily. However, this medication was not administered to resident [REDACTED] on 1/30/24 because the medication was not available in the home.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accepted** [REDACTED] - 03/06/2024)

*Wellness Med-techs since 2/14/24 have been completing daily medication cart audits for all 3 shifts. Matching the MAR to physical bottle making sure the medication is physically there, not expired and at least 7 day amount for reorder. This coincides with DOW's weekly audit that has been in place since December 2023 and monthly Care-fill audit since August 2023. On 2/27/24 Letter will be sent out to families purchasing medications/OTC's explaining that their loved ones medications must be replenished in the home within 24 hours or we will refill through our in house pharmacy Care-fill.*

**Licensee's Proposed Overall Completion Date:** 02/26/2024**Implemented** [REDACTED] - 03/15/2024)