

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

May 6, 2024

[REDACTED], EXECUTIVE DIRECTOR  
SNH PENN TENANT LLC  
[REDACTED]  
[REDACTED]

RE: CLARKS SUMMIT SENIOR LIVING  
950 MORGAN HIGHWAY  
CLARKS SUMMIT, PA, 18411  
LICENSE/COC#: 22821

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2024, 03/20/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CLARKS SUMMIT SENIOR LIVING      **License #:** 22821      **License Expiration:** 01/01/2025

**Address:** 950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411

**County:** LACKAWANNA      **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** SNH PENN TENANT LLC

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 12/22/1999      **Issued By:** PA L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 102      **Waking Staff:** 77

**Inspection Information**

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

**Reason:** Renewal, Complaint      **Exit Conference Date:** 03/20/2024

**Inspection Dates and Department Representative**

03/19/2024 - On-Site: [REDACTED]

03/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120      **Residents Served:** 93

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 93

**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 9      **Have Physical Disability:** 0

**Inspections / Reviews**

03/19/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/11/2024

04/23/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/11/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/24/2024

Inspections / Reviews *(continued)*

04/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/03/2024

05/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

The records for Staff person A, hired [REDACTED], did not have dated documentation to indicate when they completed the training required under this regulation prior to or on their first day of work.

Plan of Correction

Accept ( [REDACTED] - 04/18/2024)

- Employee A corrected the form day of inspection. See attachment
- Business office manager to complete audit of new hires to ensure new hire training is compliant per regulation by 4/11/2024
- Business office manager or designee to review all new hire training bi-monthly for 6 months to ensure compliance with regulation 65A.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented [REDACTED] - 04/29/2024)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The records for Staff person A, hired [REDACTED], did not have dated documentation to indicate when they had orientation in the topics required, within 40 scheduled working hours.

Plan of Correction

Accept ( [REDACTED] - 04/18/2024)

- Employee A corrected the form day of inspection. See attachment
- Business office manager to complete audit of new hires to ensure new hire training is compliant per regulation by 4/11/2024
- Business office manager or designee to review all new hire training bi-monthly for 6 months to ensure compliance with regulation 65B.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented [REDACTED] - 04/29/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (continued)

Description of Violation

The enabler bar attached to the bed in resident room 101A was not attached securely to the bed. The bar was attached to a board that slid between the mattress and box spring and, at the time of the inspection, was observed to be sitting at an angle, creating an approximate 6-inch gap between the mattress and the bar. In addition, the bar was not bolted securely to the board and the handle of the bar moved easily back and forth.

Plan of Correction

Accept ( ) - 04/18/2024

- Maintenance director corrected the day of inspection.
- Maintenance director did complete inspection of all enabler bars to ensure they were properly secured to the bed.
- Maintenance director will inspect for safety every six months and/or whenever a new enabler bar is installed.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ( ) - 04/29/2024

100a - Exterior - Free of Hazards

4. 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

The cement walkway at the far end of the home's parking lot; to the left front of the building is crumbling, causing a tripping hazard. The walkway in front of the cement bench, located to the left of the building, has a drop-off measuring approximately one inch also causing tripping hazard. There are currently 2 small orange caution cones placed near the drop off.

Plan of Correction

Accept ( ) - 04/18/2024

- Two small orange caution cones will remain in place until repairs can be completed.
- Quotes will be obtained to replace side walk. Repairs are weather dependent.
- Quote has been obtained to repair and lift sidewalk near bench. Repairs are weather dependent. See attached quote.
- Maintenance director or designee will be visually inspecting all outdoor areas weekly to ensure they are in good repair and free of hazards.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 04/29/2024

121a - Unobstructed Egress

5. 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

On the day of the inspection, in the Tavern area of the home, Department Reps. observed a table and chairs obstructing the path to the French doors which exit out to the home's front porch.

Repeat Violation-1-10-23 et al.

121a Unobstructed Egress (continued)

Plan of Correction

Accept [redacted] - 04/18/2024)

- Tables in Tavern were immediately rearranged day of inspection to ensure there is a clear path to the exit door.
- Maintenance Director inspected entire community to ensure all no other obstructed egress
- All team members will be trained in regulation 121A
- A sign is posted stating "Please do not block exit doors"
- Maintenance Director or designee will inspect all egress areas weekly to ensure they are unobstructed and compliant with regulation 121A.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented [redacted] - 04/29/2024)

125a - Combustible Storage

6. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A yellow post it note was observed on the floor behind the home's industrial clothes drier on the first floor.

Plan of Correction

Accept [redacted] - 04/18/2024)

- Post it note was removed immediately day of inspection
- Maintenance assistance checked all heat sources including hot water heaters for combustible and flammable materials day of inspection.
- Housekeeping staff was trained on regulation 125A, 4/10/2024
- Maintenance director or designee will check behind dryers 2x weekly for 6 months to ensure compliance with regulation 125A.

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [redacted] - 04/29/2024)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Review of the home's fire drill logs indicate the last sleeping hour drill was held on 4/16/23 at 4:12am. A second sleeping hour drill should have been held by October 2023.

Plan of Correction

Accept [redacted] - 04/18/2024)

- Sleeping hour fire drill occurred 3/27/24
- Maintenance director who is fire safety expert will ensure next sleep hour fire drill will be scheduled by 9/27/24 to ensure compliance with regulation 132E.
- Sleeping hour fire drill has been scheduled on Maintenance director and ED calendar to fall within appropriate time frame to ensure compliance with regulation 132E.

## 132e - Fire Drill Sleeping Hours (continued)

Licensee's Proposed Overall Completion Date: 09/27/2024

Implemented ( ) - 04/29/2024)

## 181d - Storing Medication

## 8. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

Resident #1 is assessed to self-administer medications with no assistance. The resident indicated their medications are stored in the top drawer of a dresser. In the drawer there was a Styrofoam bowl filled with various pills which, according to the resident interview, had been spilled on the floor by accident and then picked up and placed in the bowl afterwards.

**Plan of Correction**

Accept ( ) - 04/18/2024)

- Director of Resident Care immediately completed Self Medication Management Evaluation.
- Upon results of evaluation, Resident 1 medications were removed from room, physician was notified, order was obtained, and he was placed on community medication program.
- Resident 1's responsible party was notified of change in service and billing.
- All staff training will be conducted regarding the requirements within regulation 181D by 4/30/2024
- Director of Resident care or designee will continue to complete quarterly self-medication management evaluations.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ( ) - 04/29/2024)

## 181e - Capable to Self Administer

## 9. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

**Description of Violation**

Resident #1 is assessed to self-administer medications with no assistance according to the Document of Medical Evaluation (DME) form dated ( ). When asked during a resident interview with the resident if they had taken their medications on that day resident #1 stated "No, but I should have". Resident #1 also went on to state that they needed to contact their doctor again to obtain a paper listing their medications and when to take each medication. Resident #1 also had a Styrofoam bowl full of various pills which had spilled on the floor and had not yet been sorted and replaced back in their original prescription bottles.

**Plan of Correction**

Accept ( ) - 04/18/2024)

- Director of Resident Care immediately completed Self Medication Management Evaluation.
- Upon results of evaluation, Resident 1 medications were removed from room, physician was notified, order was obtained, and he was placed on community medication program.
- Resident 1's responsible party was notified of change in service and billing.

181e - Capable to Self Administer (continued)

- All staff training will be conducted regarding the requirements within regulation 181E by 4/30/24.
- Director of Resident care or designee will continue to complete quarterly self-medication management evaluations.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/29/2024)

185a - Implement Storage Procedures

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the following dates, Staff did not either sign, initial or document the number of narcotics counted on the home's Narcotic Inventory Count Verification Form: [REDACTED], and [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/18/2024)

- All licensed and certified staff, starting the day of inspection, were re-educated on appropriate process using the narcotic inventory count verification form.
- All staff license/certified staff will be retrained on regulation 185a by 4/30/2024.
- Director of resident care or designee to conduct audit 2x weekly for 3 month to ensure compliance to regulation 185a.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [REDACTED] - 05/06/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

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

The resident #2 has a Safe Awake system installed on their bed which assists in alerting the resident with knowing when to evacuate during an emergency. The resident's support plan dated 6/20/23 states on page 5 that the resident is able to hear the fire alarm. The resident's support plan needs to be clarified to address the need for the Safe Awake system and whether the resident is able to hear the fire alarm without hearing aids.

Residents #1, #3, #4, and #5 have enabler bars attached to their beds. The support plans with the following dates do not document the specific need for the device, the intended use, risks associated with the device, residents' ability to use the device, the type of device used, or if a cover is required to meet FDA guidelines.

Resident #1, support plan dated [REDACTED]

Resident #3, support plan dated [REDACTED]

227d - Support Plan Medical/Dental (continued)

Resident #4, support plan dated [REDACTED]

Resident #5, support plan dated [REDACTED]

**Plan of Correction**

**Accept [REDACTED] - 04/18/2024)**

- Director of resident care updated #2 rasps immediately to reflect resident care need
- Director of resident care updated residents #1,3,4,&5 to be in compliant with regulation 227D in regards to enabler bars.
- All rasps going forward will include addendum that supports regulation 227d if enabler bar required.
- Director of resident care will perform audit on all resident with enabler bars to ensure support plans are updated according to regulation 227d
- Director of resident care or designee will provide education to residents and family at resident council.
- Clinical and therapy will communicate as needed to ensure enabler bars are utilized safely in community.

Licensee's Proposed Overall Completion Date: 04/11/2024

**Implemented [REDACTED] - 05/06/2024)**