

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

May 10, 2024

[REDACTED], OWNER
SERENITY CARE MID VALLEY LLC
[REDACTED]

RE: SERENITY CARE MID VALLEY
65 STURGES ROAD
PECKVILLE, PA, 18452
LICENSE/COC#: 23058

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2024 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: *SERENITY CARE MID VALLEY* License #: *23058* License Expiration: *03/28/2025*
 Address: *65 STURGES ROAD, PECKVILLE, PA 18452*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SERENITY CARE MID VALLEY LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/05/1989* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/18/2024*

Inspection Dates and Department Representative

04/18/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *27*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *7* Have Physical Disability: *2*

Inspections / Reviews

04/18/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2024*

05/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/10/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2024*

Inspections / Reviews *(continued)*

05/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

05/10/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

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

Description of Violation

The enabler bar attached to the bed in resident # 1's room was not covered as required by FDA guidelines to prevent entrapment. The gap in the bars measured approximately 12 inches wide and 10 inches high.

Plan of Correction

Accept [redacted] - 05/07/2024)

Regulation 81b is important to ensure resident safety. Violation was corrected at time of inspection.

The importance of this regulation was reviewed with all staff.

Daily checks will be conducted housekeepers [redacted].

Administrator/Designee [redacted] to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([redacted] 05/10/2024)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The required emergency numbers were not posted near the phone located in the activity room.

Plan of Correction

Accept [redacted] - 05/07/2024)

This regulation is meant to ensure a quick response from the appropriate agency in the event of an emergency. This list of numbers is routinely checked by all staff to ensure each phone has the required numbers posted. Many times residents remove the posted list of numbers. Emergency numbers were immediately posted by the phone in the activity room. The importance of this regulation was reviewed with all staff. Random checks will be conducted by the Director of Maintenance [redacted] and/or Administrator [redacted]

Administrator/designee [redacted] to monitor and ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([redacted] - 05/10/2024)

125a - Combustible Storage

3. Requirements

2600.

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

Description of Violation

A tissue and a sock were found behind the dryer located closest to the window in the laundry room.

On 4-18-24 at approximately 10:00am the home's furnace room contained 6 cans of Sherman Williams Spray paint located in cardboard box within 3 feet of the natural gas furnace. The can's manufacturers label noted "caution

125a Combustible Storage (continued)

extremely flammable”.

On 4 18 24 at approximately 10:00am the home’s furnace room contained a canister of “Klean Strip” containing fuel denatured alcohol. The manufacturers warning label on the can indicated “warning flammable”.

Plan of Correction **Accept** () - 05/07/2024)

This regulation is important to ensure safety. The tissue and sock were removed at time of inspection. Housekeeping staff Joshua Black and John Cupelli will conduct daily audits of the laundry room to ensure regulation is met. The combustible/flammable materials in the boiler room were removed during inspection. Maintenance Director () to ensure ongoing compliance by ensuring these materials are not stored near heat sources or hot water heaters.

All staff were in serviced on the importance of this regulation.

Administrator/Designee () to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented () - 05/10/2024)

141a - Medical Evaluation

4. 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.

Description of Violation

The Documentation of Medical Evaluation (DME) form dated () for resident # 2 contained information that was recorded on the form after the physician signed the form and faxed it back to the home. The resident's order for supplemental oxygen was altered on page two and on page one allergies to Morphine and Sulfa antibiotics were added.

The DME form dated () for resident # 3 also contained information that was recorded after the physician signed the form. On page one staff added allergies to ().

Plan of Correction **Accept** () - 05/10/2024)

The DME's for Resident #2 and #3 had information that was recorded after completion by the physician. The Resident Care Director/LPN () had spoken with the physician's office and had documented the permission to alter the document. RCD/LPN () should have resubmitted the DME to the physician's office for the addition/correction. DME was resubmitted to physician for review on 4 19 24. See attached.

Audit of all resident DME's completed 4/19/24.

To ensure ongoing compliance, RCD/LPN () to review DME's for accuracy/completion upon return to facility. If any additions/corrections are to be made, the DME's will be resubmitted to the physician's office for correction/addition.

Administrator/Designee () to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented () - 05/10/2024)

190a - Completion Medication Course

5. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident # 4 has an order for [REDACTED], once weekly. The injections were administered by staff person A on [REDACTED]. Staff person A is a med tech who is not licensed to administer this injection.

Plan of Correction

Accept [REDACTED] - 05/07/2024)

Resident #4's [REDACTED] injection was being administered by a med tech for treatment of DM. Facility was unaware that this type of injection had to be administered by a licensed professional.

Request for waiver submitted at time of inspection. Until completion of waiver application, LPN/RCD [REDACTED] to administer these type of injections.

Administrator/Designee [REDACTED] to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented [REDACTED] - 05/10/2024)

227d - Support Plan Medical/Dental

6. 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

Resident # 1 utilizes an enabler bar for transferring from bed. The support plan dated [REDACTED] does not include the following required information: the resident's ability to use the device safely, the risks associated with the use of the enabler bar, and whether the enabler bar is required to be covered to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 05/10/2024)

The resident's support plan is a valuable tool that contains medical, dental, vision, hearing, mental health or other behavioral care services that will be made to the resident.

Resident #1's RASP was updated on [REDACTED] to include the resident's ability to use the device safely, the risks associated with the device and the requirement to be covered. Attached.

Audit completed on 4-19-24 of all resident RASPs.

RCD/LPN Diane Risse to ensure each resident's RASP meets the requirements of this regulation.

Administrator/Designee [REDACTED] to monitor/ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/07/2024

Implemented [REDACTED] 05/10/2024)