

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

May 23, 2024

[REDACTED], MANAGING MEMBER
SERENITY CARE OLD FORGE LLC
[REDACTED]

RE: SERENITY CARE OLD FORGE
246 SOUTH MAIN STREET
OLD FORGE, PA, 18518
LICENSE/COC#: 23057

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SERENITY CARE OLD FORGE* License #: *23057* License Expiration: *03/28/2025*
 Address: *246 SOUTH MAIN STREET, OLD FORGE, PA 18518*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: *Elasha Enfineice Pace* Phone: *570-451-0788* Email: *epace@serenitycarepa.com*

Legal Entity

Name: *SERENITY CARE OLD FORGE LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/24/2013* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/30/2024*

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *50* Residents Served: *31*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *28*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

04/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2024*

05/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/23/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/23/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] with parameters to hold if the resident's SBP is less than [REDACTED]. On [REDACTED], the resident's SBP was [REDACTED]. Per the administration record, this medication was administered when it should have been held.

Plan of Correction

Accept ([REDACTED] - 05/23/2024)

I [REDACTED] (Administrator) is responsible for all violations including but not limited to 2600.187d. The home shall follow the directions of the prescriber.

Administrator failed to ensure MARS accuracy and documentation on orders and direction changes. POA, PCP and DHS was notified on 4/30/24 of this med error on 4/21/23.

Administrator had [REDACTED] (Med Tech Trainer) retrain all trained staff on 5/1/24 on BP/HR and orders and direction changes. Going forward administrator will review MARS daily to ensure all orders/directions changes are being performed according to RCG 2600. 187.d.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented ([REDACTED] - 05/23/2024)