

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

June 11, 2024

[REDACTED] ADMINISTRATOR
SERENITY CARE KINGSTON LLC
[REDACTED]

RE: SERENITY CARE KINGSTON
700 THIRD AVENUE
KINGSTON, PA, 18704
LICENSE/COC#: 23052

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2024, 05/29/2024, 06/04/2024 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: *SERENITY CARE KINGSTON* License #: *23052* License Expiration: *03/28/2025*
 Address: *700 THIRD AVENUE, KINGSTON, PA 18704*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SERENITY CARE KINGSTON LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/19/1997* Issued By: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *06/04/2024*

Inspection Dates and Department Representative

05/23/2024 - On-Site: [REDACTED]
 05/29/2024 - On-Site: [REDACTED]
 06/04/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *122* Residents Served: *51*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *14*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

05/23/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2024*

Inspections / Reviews (*continued*)

06/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

06/11/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

Upon entering the building on 5/23/24 at 9:00am, Department Rep. noted the door to the medication room, where resident records are stored, was unlocked and unattended. The E-MAR screen was also opened displaying residents' information.

A blister pack of Acetaminophen 325 mg tab. prescribed for Resident #3 was noted on top of an unattended medication cart in the hallway outside of the Administrators office.

Repeat Violation-3/15/23 et al.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to a blister pack being left open on top of the medication cart which contains confidentiality of resident information and photos of residents on the computer screen were visible. To fix this problem, education on medication administration and protecting privacy of resident's information during medication administration reviewed with all Med-Techs.

This regulation was also violated due to the medication room being unlocked and unattended. To fix this problem, Education on the importance of securing workstations and med area to protect the privacy of resident's information. A door closer was also placed on the door to automatically close the door which locks manually. Education with MedTech's took place on 5/30 to review this violation/regulation. Resident Care Director [redacted] and Administrator [redacted] are responsible for maintaining ongoing compliance with this regulation. (see attachments)

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

Implemented () - 06/11/2024

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 5/14/24 Resident #5 grabbed the back of Resident #6's sweater and hit them in the back. This was witnessed by Staff Person". Both residents were immediately separated and assessed. No injuries were observed. Both residents did not complain of pain, and neither were sent out to the ER for assessment.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to a resident-to-resident altercation that took place in the home in our memory care unit. To fix this problem, both residents were immediately separated. This incident was reported immediately to the Administrator. Administrator, [redacted] reported this altercation to Area Agency on Aging and Department of Human Services. Both residents were put on 30-minute checks for 72 hours, addendum updated for both residents. The Administrator, [redacted] is responsible for maintaining ongoing compliance with this regulation. (see attachments)

42c - Treatment of Residents (continued)

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

Implemented () - 06/11/2024

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/2/24 at 7:00am and 12:00pm, Staff Person "A" used Resident #1's glucometer to test Resident #2's blood glucose level.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to Staff Person "A" used Resident #1's glucometer to test Resident #2's blood glucose level. To fix this problem, glucose monitors were reordered for residents, PCP and family notified of error, medication error reported to the department of human services, PCP statement of unknown communicable diseases written and put in resident chart, education took place with employee on 6/11/24 on use of glucose monitors and medication administration. Resident Care Director [redacted] and Administrator [redacted] are responsible for maintaining ongoing compliance with this regulation. (see attachments)

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented () - 06/11/2024

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Approximately 10 cigarette butts were observed on the pavement between both dumpsters outside of the designated smoking area.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to cigarette butts being thrown in a nonsmoking area due to employees smoking behind the dumpster. To fix this problem, the Administrator posted a "NO SMOKING" sign near the area where the cigarettes were found. Administrator, [redacted] had a brief discussion with the dietary manager and kitchen cooks that they are to report directly to the administrator if they see any employees smoking in that area during their shift. Inservice was held on 5/30/24 to discuss smoking policy with staff members. The Administrator, [redacted] is responsible for maintaining compliance with this regulation. (see attachments)

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

Implemented () - 06/11/2024

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Upon entering the building on 5/23/24 at 9:00am, Department Rep. noted the door to the medication room, as well as a medication cart was unlocked and unattended.

A blister pack of Acetaminophen 325 mg tab. prescribed for Resident #3 was noted on top of an unattended medication cart in the hallway outside of the Administrators office.

Repeat Violation-3/15/23 et al.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to a blister pack being left open on top of the medication cart which contains confidentiality of resident information. To fix this problem, education on medication administration and protecting privacy of resident's information during medication administration reviewed with all Med-Techs. This regulation was also violated due to the medication room being unlocked and unattended. To fix this problem, Education on the importance of securing workstations and med area to protect the privacy of resident's information. A door closer was also placed on the door to automatically close the door which locks manually. Education with MedTech's took place on 5/30/24 to review this violation/regulation. Resident Care Director [redacted] and Administrator [redacted] are responsible for maintaining ongoing compliance with this regulation. (see attachments)

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

Implemented () - 06/11/2024

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The instructions on the bottle of Metoprolol Succ ER 100 mg tablets prescribed for Resident #4 indicates 1/2 tablet is to be administered daily. The Medication Administration Record indicates that (1) 50mg tablet is to be administered daily.

Plan of Correction

Accept () - 06/11/2024

This regulation was violated due to a medication label not matching the MAR. To fix this problem, a direction change sticker was put on the medication bottle to refer to MAR. Education on medication administration took place with Med techs on 5/30/24 to review this violation/regulation. To ensure we maintain compliance with this violation, cart audit completed 6/5/2024 by the Resident Care Director. Resident Care Director [redacted] and Administrator [redacted] are responsible for maintaining compliance with this violation. (see attachments)

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

Implemented () - 06/11/2024

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

*Resident #2 is prescribed polyethylene glycol 3350 powder PRN for constipation. The medication was not on hand.**Repeat Violation-6/28/23.***Plan of Correction****Accepted ([REDACTED] - 06/11/2024)**

This regulation was violated due to a PRN medication not being available in the medication cart. To fix this problem, medication was ordered and delivered to the facility. Education on medication administration took place with Med techs on 5/30/24 to review this violation/regulation. To ensure we maintain compliance with this violation, a cart audit was completed 6/5/2024 by the Resident Care Director. Resident Care Director [REDACTED] and Administrator [REDACTED] are responsible for maintaining compliance with this violation. (see attachments)

Licensee's Proposed Overall Completion Date: 06/06/2024**Implemented ([REDACTED] - 06/11/2024)**
