pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EMBASSY MERCER LLC**
LEGAL ENTITY

To operate **THE LAKES AT JEFFERSON**
NAME OF FACILITY OR AGENCY

Located at **7271 WEST MARKET STREET, MERCER, PA 16137**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **69**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 23,** **2024** until **October 23,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451510**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: October 23, 2024

[redacted]
Embassy Mercer LLC
[redacted]

RE: The Lakes at Jefferson
7271 West Market Street
Mercer, PA 16137
License #: 45151

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 16, 2024, April 22, 2024 and July 26, 2024, the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

September 26, 2024

[redacted]
EMBASSY MERCER LLC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2024, 04/22/2024 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]

Legal Entity

Name: *EMBASSY MERCER LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *06/07/2017* **Issued By**: *Jefferson County*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *56* **Waking Staff**: *42*

Inspection Information

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

Reason: *Provisional* **Exit Conference Date**: *04/16/2024*

Inspection Dates and Department Representative

04/16/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* **Residents Served**: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

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

Have Mobility Need: *10* **Have Physical Disability**: *1*

Inspections / Reviews

04/16/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/24/2024*

Inspections / Reviews *(continued)*

06/06/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/10/2024*

06/13/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/27/2024*

09/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

65e - 12 Hours Annual Training

1. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff person A only completed 10 hours and 45 minutes of annual training in the 2023 training year.

Plan of Correction ***Accept [redacted] - 06/13/2024)***

This violation occurred because of an oversite of calculating staffing hours. On April 25,2024 [redacted] Resources) attended a HR meeting, during the meeting they provided us with a binder for the employee in-service logs. Each employee has their own section in the folder that the sign the in-service sheet that they attend. The in-service sheet has all date/time and subject of the in-service provided. Binder started on May 1, 2024

6/10/2024 POC- Images attached of audit system

Proposed Overall Completion Date: 06/10/2024

DIRECTED PLAN:
By 6/25/24: The administrator or designee shall review staff training records as part of the quality management review to ensure each staff person receives at least 12 hours of annual training relating to their job duties in each training year.
[redacted] 6/13/24

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

81b - Resident Personal Equipment

2. 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

At 11:15 a.m., resident #1's bedside enabler bar was not secured. The enabler could be moved approximately 6 inches to the right and 6 inches to the left of center totaling an aggregate range of motion of 12 inches. The enabler could also be moved completely from in-between the bed's mattress and box spring with minimal effort.

Plan of Correction ***Accept [redacted] - 06/13/2024)***

The enabler in apartment B[redacted] was not fastened to the residents' bed properly. Maintenance Director installed the enabler straps incorrectly that came with the enabler. Maintenance Director was unable to read the directions clearly that came with the enabler. Straps were ordered and installed to secure the enabler that would prevent the enable from moving side to side. Enablers in Personal Care apartments will be audited and documented weekly. This weekly audit will be conducted for 6 months. After that, the enablers will audited once a month.

6/10/2024 POC -Christian Weakley Maintenace Director does a weekly audit on the enabler bars.

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

A 11:02 a.m., there was approximately 8 spatters of fecal matter approximately 1x1 inch size on resident #2's commode seat riser. Resident #2 indicated the fecal matter had been on the toilet seat riser since yesterday between lunch and dinner.

Plan of Correction ***Accept [redacted] - 06/13/2024)***

The toilet in A200 had fecal matter on [redacted] toilet riser. The resident in A200 had a bowel movement sometime after lunch or dinner on 4/15/24. On 4/16/24 housekeeping staff did not clean apartment A200 yet that morning. Housekeeper was a few apartments down from A200 cleaning other apartments. Maintenance Director will have the housekeepers to check the Personal Care residents' apartments for any unsanitary conditions at least twice a day. The housekeepers will document what apartments each housekeeper does during their shifts. This will be done daily ongoing.

6/10/2024 POC- Toilet seat riser was cleaned within 5 minutes of the violation that was found. The cleaning was completed by [redacted] Housekeeper. The twice daily checks began on April 17th by the housekeepers and documented.

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

86b - Bathroom

4. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At 11:25 a.m., the continuous air draw fan was not operation in private bathroom [redacted] 2A. The bathroom did not have a window.

At approximately 11:17 a.m., the continuous air draw fan was not operation in private bathroom [redacted] A. The bathroom did not have a window.

Plan of Correction ***Accept [redacted] - 06/13/2024)***

Apartment B[redacted] vent in their bathroom was not operating. There was a storm in the location of the facility that effected the breaker controlling the air vents in the resident's apartment bathrooms in the 2nd floor B hall. Maintenance Director did not check all the breakers after the storm was over to see if the weather affected the facilities power. Maintenance Director will audit and document the air flow weekly and after storms in the area, in random Personal Care apartments. This weekly audit will be conducted for 6 months. After that, the exhaust fans will audited once a month.

6/10/2024 POC- [redacted] Maintenace Director checked the nearby fuse/breaker box on 4/16/2024. The fuse/breaker needed to be reset due to a storm that accrued from the previous night.

Licensee's Proposed Overall Completion Date: *06/10/2024*

86b - Bathroom *(continued)*

Implemented (- 09/26/2024)

96a - First Aid Kit

5. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 2:13PM on 4/16/24 the first Aid Kit in the Medication Room was missing tweezers.

Plan of Correction ***Accept (- 06/13/2024)***

Plan of Correction: A staff member took the tweezers out of the first aid kit. The staff member used them for an unknown reason. After the staff member was done using the tweezers, the tweezer was not replaced with a new pair of tweezers. Maintenance Director placed a new pair of tweezers in the first aid kit located in the Med Room. Maintenance Director will audit the first aid kit weekly and also document the audit to make sure the first aid kit is stocked with items that are mentioned in the Regulatory Compliance Guide, code 2600.96(a). This weekly audit will be conducted for 6 months. After that, the first aid kits will be audited once a month as it has been done in the past.

6/10/2024 POC- order tweezer on 4/17/2024 and replaced the tweezers when they arrived on the 4/19/2024.

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented 09/26/2024)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 11:30 a.m., resident #3 (bed on the left side of the room) did not have an operable bedside source of light. The lamp was unable to be turned on as it was unplugged. The outlet the lamp had been previously plugged into was behind the bed and inaccessible to the resident.

Plan of Correction ***Accept - 06/13/2024)***

A lamp in apartment B229B was not plugged into the outlet close to the residents' bed. On 4/10/24 hospice employee came in and put in a hospice bed and unplugged the resident's lamp to plug in the bed. That specific bed needed two outlets to operate. After the hospice employee was finished installing the bed, the lamp was not plugged back in. Maintenance Director will audit all Personal Care apartments weekly and document the audit to make sure each resident has an operable lamp near their bedside and is complaint with the Regulatory Compliance Guide, code 2600.101(j)(7). This weekly audit will be conducted for 6 months. After that, the lamps will audited once a month as it has been done in the past.

101j7 - Lighting/Operable Lamp (continued)

6/10/2024 POC-[redacted] plugged the lamp in at 11:45 AM 15 minutes after the violation was found on 4/16/2024

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

132f - Alternate Exit Routes

7. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The fire drills conducted on 6/21/23, 7/27/23, 8/17/23, 9/19/23, 10/28/23, 11/14/23, 12/29/23, 1/17/23, 2/24/24, and 3/27/24 all utilized the A1 and B1 exit rout to the dining area safety area.

Plan of Correction ***Accept[redacted] - 06/13/2024)***

During monthly fire drills alternate exit routes were not utilized. Maintenance Director failed to use different areas of the facilities property to use as exit routes. Maintenance Director did not know that was part of the procedure. Maintenance Director re-read the Regulatory Compliance Guide and now is more educated on the procedure of using alternate exit routes. Maintenance Director was also educated by a fire expert on fire drills utilizing alternate exit routes.
The next fire drill was conducted on 4/29/24. An alternate exit route was utilized on the 4/29/24 fire drill. During fire drills we are using a strobe flashlight to simulate the fire area.
The fire drill conducted on 4/29/24, every resident was evacuated behind the 1st set of B Hall fire doors as the exit route. The simulated fire was in A Hall so staff directed the residents from A Hall to B Hall. Then staff directed all the residents that was in C Hall into the B Hall. Then staff directed all residents that resided in B Hall to exit their rooms and stay in the B Hall as well. Alternate exit route will be utilized during future fire drills. Attached is a sheet showing what exit routes are being used and dates for the next six months. On 5/21/24 the staff was educated on how we are going to alternate exit routes during monthly fire drills. Educating the staff on fire drills will be ongoing for 6 months at staff meetings.

6/10/2024 POC-[redacted] Administrator and [redacted] Maintenace educated the staff on 5/21/2024

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

185a - Implement Storage Procedures

8. 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

Resident #1's Glucometer time is off by 11 hours.

On 4/12/24 Resident #1's blood glucometer had a reading of 202 but the documented blood glucose reading was 227.

185a - Implement Storage Procedures (continued)

On 4/11/24 at 12 AM Resident #1's glucometer had a reading of 227 but the documented blood glucose reading was 206.

Plan of Correction ***Accept [redacted] - 06/13/2024)***

The 2 glucometers have been calibrated to the correct date/time by [redacted] LPN DOW. Direct care staff educated by me at 5/21/24, all staff meeting on verifying correct day/time prior to completing resident blood glucose testing. DCS to notify Wellness Director if incorrect date/time DOW as of 5/20/24 has started weekly audits for calibration and will continue for three months

6/10/2024 POC- above plan in addition to checking accuracy of all glucometer readings documented by wellness staff and observed by Wellness Director [redacted].

Licensee's Proposed Overall Completion Date: *06/10/2024*

Implemented [redacted] - 09/26/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 4/16/24 at 5:13PM Resident #2's Lantus was not available in the home.

On 4/16/24 at 5:14PM Resident #2 had Tresiba Flextouch but did not have a physician's order for it.

Resident #2's Lantis Solos inj. 100/ml was discontinued on 3/19/24, However the resident's March MAR from 3/19/24 through 3/28/24 indicated that the medication was administered.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

A physician verbal order was obtained 3/19/24 to discontinue Lantus and receive Tresiba flex touch pen. The residents Med-Admin record was corrected to reflect the use of Tresiba flex touch in replace of Lantus. This was completed by [redacted] Medication Technician.

A new process has been implemented where a copy of all the prescriber orders will be place in a wellness director communication folder. All orders will be received by the DOW by the next business day; to ensure all orders have been transcribed appropriately, Direct Care Staff was educated at the all staff meeting on 5/21/24, on the utilization of the DOW communication folder and transcribing physician orders appropriately.

Licensee's Proposed Overall Completion Date: *05/24/2024*

Implemented [redacted] - 09/26/2024)

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

September 26, 2024

[redacted]
EMBASSY MERCER LLC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2024 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]

Legal Entity

Name: *EMBASSY MERCER LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *06/07/2017* **Issued By**: *Jefferson County*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *57* **Waking Staff**: *43*

Inspection Information

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

Reason: *Provisional* **Exit Conference Date**: *07/26/2024*

Inspection Dates and Department Representative

07/26/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* **Residents Served**: *47*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*

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

Have Mobility Need: *10* **Have Physical Disability**: *1*

Inspections / Reviews

07/26/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/12/2024*

Inspections / Reviews *(continued)*

08/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/20/2024*

08/16/2024 - POC [redacted]

[redacted] **Date Submitted:** *09/24/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/30/2024*

09/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

185a - Implement Storage Procedures

1. 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 7/26/24 at 11:31am, resident #1's glucometer indicated a date of 7/25/24 and a time of 9:09am.

Plan of Correction ***Accept [redacted] - 08/16/2024)***

DOW [redacted] LPN has an ongoing weekly audit ensuring accuracy of correct day/time in addition to Glucometer readings audit by med-tecs and [redacted]. This ensures correct date, time, blood sugar reading, insulin units, and site weekly This was re-implemented as of 7/26/24 and will continue for an additional 3 months on a weekly basis, with the current 2 residents with [redacted] will re-educate wellness staff in our monthly mandatory all staff meeting on 8/20/24 on the importance of verifying correct date/time prior to completing resident blood glucose testing. DOW is to be made aware by staff if glucometer is inaccurate. Resident 1's glucometer was corrected same day of visit 7/26/24 by [redacted]. Resident discharged to home shortly after.

Licensee's Proposed Overall Completion Date: *08/16/2024*

Implemented [redacted] - 09/26/2024)