

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

September 26, 2024

AMY CORBET, REGIONAL ADMINISTRATOR
SNH PENN TENANT LLC
255 WASHINGTON STREET, STE 300
ATTN LICENSING
NEWTON, MA, 2458

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

Dear Ms. Amy Corbet,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024 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,
Ryan Yankowy
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: Amy Corby Phone: 5705868080 Email: acorby@5ssl.com

Legal Entity

Name: SNH PENN TENANT LLC
 Address: 255 WASHINGTON STREET, STE 300, ATTN LICENSING, NEWTON, MA, 2458
 Phone: 5705868080 Email: LICINSING@5SSL.COM

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/13/2024

Inspection Dates and Department Representative

08/13/2024 - On-Site: Anne Graziano

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

08/13/2024 - Partial

Lead Inspector: Anne Graziano Follow-Up Type: POC Submission Follow-Up Date: 09/14/2024

09/26/2024 - POC Submission

Submitted By: Ryan Yankowy Date Submitted: 09/26/2024
 Reviewer: Ryan Yankowy Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

09/26/2024 - Bypass Document Submission

Submitted By: *Ryan Yankowy*

Date Submitted: *09/26/2024*

Reviewer: *Ryan Yankowy*

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 7-20-24 during the Home's narcotic count, it was discovered that the Lorazepam card of Resident # 1 had a pill opening taped over it. Upon further inspection, it was discovered that an over-the-counter Claritin pill had been substituted for the original medication in the package.

Plan of Correction

Accept (RY - 09/26/2024)

- On 7/20/24, resident #1 was assessed and no ill effects from this incident were noted.
- On 7/20/24, resident #1's responsible party was notified of incident and that a replacement dose of medication would be ordered through Omnicare Pharmacy at community's expense.
- On 7/20/24, an audit of all narcotics was completed. No other discrepancies were found.
- On 7/20/24, the Director of Health and Wellness reported this incident to BHSL and filed a report with South Abington Police Department. South Abington Police Department instructed the community to keep them updated if any additional narcotics concerns were noted. As of 9/11/24, no additional concerns have been noted.
- On 7/20/24, the Director of Health and Wellness began an internal investigation and educated staff certified to administer medications on the requirements set within regulation 2600.185a. Attachment #1
- Starting 9/10/2024, the Director of Health and Wellness or designee will conduct narcotic audits weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month to ensure compliance with regulation 2600.185a. Attachment #2

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (RY - 09/26/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

On 7-18, 19-24, the warfarin for Resident # 2 was not available. The PT/INR testing indicated that a 1 mg tablet of warfarin was indicated on both days due to testing results. On both days, Omnicare, the Home's pharmacy, failed to deliver the Rx timely for administration to the resident no later than bedtime that same day. The pharmacy failed to deliver the medication on time both days.

Plan of Correction

Accept (RY - 09/26/2024)

- On 8/13/24, resident #2 was assessed and no ill effects from this incident were noted.
- On 8/14/24, the Director of Health and Wellness audited orders of all residents on Coumadin. All residents with active Coumadin orders had an adequate supply of Coumadin available.
- Going forward, community will request standing orders for all residents on Coumadin stating "if PT/INR results aren't obtained prior to time of next Coumadin dose due, staff to administer same dose of Coumadin x 1 dose and follow up with PCP in AM for new Coumadin orders."
- Starting 9/10/2024, the Director of Health and Wellness or designee will audit medication administration records for 2 residents on Coumadin weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month to ensure

187d - Follow Prescriber's Orders (continued)

compliance with regulation 2600.187d. Attachment #3

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (RY - 09/26/2024)