

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

April 3, 2025

[REDACTED], ADMINISTRATOR
SNH PENN TENANT LLC

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CLARKS SUMMIT SENIOR LIVING* License #: *22821* License Expiration: *01/01/2026*
 Address: *950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411*
 County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/22/1999* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *88*

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

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *88*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

02/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2025*

03/25/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/31/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2025*

Inspections / Reviews *(continued)*

04/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

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 room 225A was not properly covered to prevent the risk of entrapment. Repeated violation 3/19/24 et al.

Plan of Correction

Accept (█) - 03/25/2025)

- Enabler bar was covered day of inspection
- An audit of all enabler bars was completed on day of inspection to ensure compliance with regulation 81b
- Facilities director/designee will continue to complete audits of enabler bars twice a month for 6 months to ensure compliance with regulation 81b

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 04/03/2025)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

During the initial walk-through inspection, a plastic spray bottle containing a yellow liquid was found in the 2nd floor laundry room with no manufacturer's label on the bottle to identify the contents.

Plan of Correction

Accept (█) - 03/25/2025)

- Bottle was removed during time of inspection
- All resident laundry areas were audited unlabeled chemicals on day of inspection
- Facilities director/designee will inspect all laundry weekly for 3 months then bi weekly for 3 months to ensure compliance with regulation 82a.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 04/03/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There were no thermometers in the refrigerators or freezers in the Tavern kitchenette and the 2nd Floor private dining area.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept () - 03/25/2025

- Thermometer was placed in both the tavern and 2nd floor private dining room the day of inspection
- An audit of all community refrigerators was completed on the day of inspection to ensure compliance with 103f.
- Facilities director/designee will audit refrigerators weekly for 3 months then bi weekly for 3 months to ensure compliance with regulation 103f.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 04/03/2025

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

During the initial walk-through inspection, the resident designated smoking area in the back was found to have no ashtray or receptacle for extinguishing cigarette butts. There were approximately 10 cigarette butts located in the grassy area to the left of the lobby entrance of the building.

Plan of Correction

Accept () - 03/25/2025

- A receptacle was purchased and placed in the resident designated smoking area the day of inspection.
- Residents will be educated on the smoking policy by our fire safety expert at the next resident council meeting in April.
- Team members will be educated on the smoking policy by our fire safety expert by 3/31/2025.
- Facilities director/designee will monitor community grounds for cigarette butts twice a week for 3 months, then 2 times a month for 2 additional months to ensure compliance with regulation 144c1

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented () - 04/03/2025

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

During the medication cart audit a total of 5 loose pills were found in the drawers of the 1st floor medication cart. In addition, 3 loose pills were found in the drawers of the 2nd floor cart and 2 loose pills were found in the 3rd floor cart.

183e - Storing Medications (continued)

Plan of Correction

Accept (█ - 03/25/2025)

- All loose pills were removed from carts during time of inspection.
- Audit was completed on all medication carts on 2/28/25 to ensure there were no loose pills in carts.
- All staff who are certified or licensed to administer medications will be provided on regulation 183e to ensure compliance by 4/15/2025.
- Director of Health and Wellness/designee will audit medication carts weekly for 3 months and then bi weekly for 3 months to ensure compliance with regulation 183e.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 04/01/2025)

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 has an order for Tylenol 500 mg, two tablets every 6 hours as needed. The pharmacy label for the medication incorrectly states the order is for one tablet at 6am daily.

Resident #2 has an order for Tylenol 650mg, one tablet two times daily. The pharmacy label incorrectly states the order is for one tablet every 6 hours as needed.

Plan of Correction

Accept (█ - 03/25/2025)

- A change of direction sticker was placed immediately during time of inspection on resident #1 and resident #2 Tylenol medication packaging.
- All staff who are certified or licensed to administer medications will be provided on regulation 184a to ensure compliance by 4/15/2025.
- Director of Health and Wellness/Designee will audit 3 residents' medications weekly for 3 months and then bi weekly for 3 months to ensure compliance with regulation 184a

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 04/01/2025)

185a - Implement Storage Procedures

7. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #3 has an order for Novolog insulin to be administered on a sliding scale basis 2 times daily. On the following dates and times the blood glucose readings were incorrectly documented on the resident's Medication Administration Record (MAR):

2/25/25 there is a blood sugar reading of 199 documented on the MAR for 5pm; there was no 5pm reading found in the resident's glucometer.

2/24/25 there is a blood sugar reading of 260 documented on the MAR for 9am; there was only a reading in the glucometer at 8:19am of 251.

2/23/25 there is a blood sugar reading of 349 documented on the MAR for 5pm; the resident's blood sugar was 349 at 8:41 am on 2/23/25. The home documented a reading of 190 on 2/23/25 for 9am.

Resident #4 has an order for Novolog insulin to be administered on a sliding scale basis 3 times daily. On 2/25/25 at 4:39pm there was a blood sugar reading of 126 found in the glucometer that was documented as 162 on the resident's MAR.

Resident #2 has an order for blood sugar checks 4 times daily before meals and at bedtime. On 2/26/25 at 9pm there was a blood sugar reading of 338 found in the glucometer. A blood glucose reading of 344 was documented on the MAR for 2/26/25 at 9pm. Also, on 2/24/25 at 8:46am there was a blood glucose reading of 184 in the resident's glucometer; this reading was documented as 181 on the resident's MAR.

Plan of Correction

Accept () - 03/25/2025

- During time of the inspection, glucometers for residents #2, #3,& #4, were corrected to ensure accurate date and time reading.
- All glucometers were audited on 2/28/2025 to ensure dates and times were correct.
- All staff who are certified or licensed to administer medications will be provided on regulation 185a to ensure compliance by 4/15/2025.
- Director of Health and Wellness/Designee will audit 3 glucometers weekly for 3 months and then bi weekly for 3 months to ensure compliance with regulation 185a

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 04/01/2025

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #3 has an order for Novolog insulin to be administered on a sliding scale basis 2 times daily at 9am and 5pm. On 2/24/25 the resident's glucometer indicates the resident's blood sugar was tested at 8:09am and 10:58pm. There was no 5pm blood sugar reading taken on 2/24/25.

Plan of Correction

Accept () - 03/25/2025

- All staff who are certified or licensed to administer medications will be provided on regulation 187d to ensure compliance by 4/15/2025.
- Director of Health and Wellness/Designee will audit 3 residents' medications weekly, including insulin and glucometer results, for 3 months and then bi weekly for 3 months to ensure compliance with regulation 187d.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ([REDACTED] - 04/01/2025)