Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

May 22, 2025

SERENITY CARE WYOMING LLC

RE: SERENITY CARE WYOMING
80 WYOMING AVENUE
WYOMING, PA, 18644
LICENSE/COC#: 23056

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2025 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: *SERENITY CARE WYOMING* **License #**: *23056* **License Expiration**: *03/28/2026*

Address: *80 WYOMING AVENUE, WYOMING, PA 18644*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *SERENITY CARE WYOMING LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/23/1998* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *39* **Waking Staff**: *29*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/30/2025*

Inspection Dates and Department Representative

04/30/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *39*

Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

04/30/2025 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/26/2025*

05/22/2025 - POC Submission

Submitted By: **Date Submitted**: *05/22/2025*

Reviewer: **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/22/2025 Bypass Document Submission

Submitted By: [redacted]

Date Submitted: *05/22/2025*

Reviewer: [redacted]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

On [redacted] at approximately 8:15 p.m. staff person A administered [redacted] of [redacted] to resident [redacted] Resident [redacted] has orders for [redacted] 10 units three times daily with meals and [redacted] at bedtime. Staff person A mistakenly administered [redacted] of [redacted] at bedtime instead of [redacted] of [redacted] to resident [redacted]

Plan of Correction ***Accept [redacted] - 05/22/2025)***

Staff person A, immediately recognized error as soon as wrong insulin was administered and informed resident [redacted] Call was made to PCP, [redacted], and staff person was instructed to give resident high sugar foods immediately which was done(peanut butter and jelly sandwich, ice cream, orange juice and whole milk) and to go to VAMC Emergency Department for evaluation. 911 was called immediately and resident was sent to VAMC via ambulance. Next of kin, [redacted], was informed of incident. Staff person informed Administrator, [redacted], and was immediately in-serviced on regulation 2600.187d and the 3 checks before administering a medication as taught in the med training course and mindfulness of medication administration(see attached). Resident returned to facility with no new orders and did not exhibit any symptoms of [redacted] and [redacted] were in range. Continued education on medication administration will be done on each med techs medication observations/recertification. With monthly in-services with direct care staff/med techs, prevention of med errors will be discussed. Facility purchased neon AM and PM stickers that were placed on insulin pens as another way to prevent another medication error with insulin.
Administrator/designee will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)