

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

July 10, 2025

[REDACTED], VP OF OPERATIONS
EMBASSY MERCER LLC

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 05/08/2025, 05/09/2025 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE LAKES AT JEFFERSON License #: 45151 License Expiration: 10/23/2025
Address: 7271 WEST MARKET STREET, MERCER, PA 16137
County: MERCER Region: WESTERN

Administrator

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

Legal Entity

Name: EMBASSY MERCER LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [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: 54 Waking Staff: 41

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 05/09/2025

Inspection Dates and Department Representative

05/08/2025 - On-Site: [REDACTED]
05/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 69		Residents Served: 43	
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: 43	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 11		Have Physical Disability: 1	

Inspections / Reviews

05/08/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/29/2025

Inspections / Reviews (*continued*)

06/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/09/2025

06/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/27/2025

07/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident #1 reported to [redacted] that two [redacted] staff of the home who get [redacted] up in the morning scare [redacted] Resident #1 stated these staff told [redacted] 'Get your ass out of bed, swing your damn legs over the side of the bed and put your damn clothes on'. This incident was reported to staff person A at approximately 3:30p.m. on [redacted] Staff person A reported the incident to staff person B immediately. Staff person B contacted staff persons C and D. Staff of the home also spoke to resident #1 on [redacted] at approximately [redacted] and [redacted] stated 'Two [redacted] people come in and talk nasty to me, I don't do anything back to them. I am scared of the [redacted] However, the allegation of abuse was not reported to APS until [redacted] at 2:00p.m.

Plan of Correction

Accept ([redacted] - 05/30/2025)

On 5/20/25 [redacted] from Older Adult Protective Services educated Administrator/Wellness Director regarding reporting abuse, dignity and resident rights, and abuse regulations. Effective 5/20/25 any allegation of abuse will be reported timely by the Administrator/designee, and be reviewed by the Quality Assurance designee.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented ([redacted] - 07/10/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident #1 reported to [redacted] that two [redacted] staff of the home who get [redacted] up in the morning scare [redacted] Resident #1 stated these staff told [redacted] 'Get your ass out of bed, swing your damn legs over the side of the bed and put your damn clothes on'. Staff of the home also spoke to resident #1 on [redacted] and [redacted] stated 'Two [redacted] people come in and talk nasty to me, I don't do anything back to them. I am scared of the [redacted] On [redacted] staff persons E and F who fit the physical description worked from 11p.m. until 7:00a.m. on [redacted]

Plan of Correction

Accept ([redacted] - 05/30/2025)

The Administrator suspended both staff members immediately. On 5/20/25 the Adult Protective Service supervisor re-educated all staff regarding intimidation, reporting abuse, resident rights and dignity, and mistreatment of a resident. Moving forward, this will be added to the annual education. Beginning 6/2/25 Administrator/designee will interview 3-5 residents, 3x a week, x4 weeks regarding their treatment and care to ensure dignity is maintained and abuse did not occur. Should any resident report abuse, it will be reported to Protective services and DHS

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented ([redacted] - 07/10/2025)

42c - Treatment of Residents

3. Requirements

2600.

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

Description of Violation

Resident #2 and multiple staff indicate that when resident requests assistance to get into bed at the end of the day, staff do not assist the resident to bed, instead they keep the resident sitting up in [REDACTED] chair until after 8:00p.m. to make it easier for staff to provide the resident other care needs like incontinence care and medications by only transferring the resident one time in the evening.

Plan of Correction

Accept ([REDACTED] - 05/30/2025)

On 5/20/25 All staff were re-educated regarding intimidation, reporting abuse, resident rights and dignity, and the mistreatment of a resident by Adult Protective Services. Moving forward, these topics will be added to the monthly all staff meeting for the next 3 months. Beginning 6/2/25, Administrator/designee will interview 3-5 residents, 3x a week, x4 weeks to ensure dignity is maintained and abuse did not occur.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented ([REDACTED] - 07/10/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/8/25 at 11:35a.m., staff person G was observed counting resident #1's prescribed medication, Acetaminophen with Codeine by pouring out the tablets onto the resident's paper Medication Administration Record and touching the tablets with [REDACTED] bare hands as [REDACTED] counted them.

On 5/8/25 at 2:50p.m. there was a strong odor of both urine and feces in resident bedroom #229. A white towel with a brown substance appearing to be feces was at the foot of the first bed upon entering. There was also a pile of blankets that smelled strongly of urine on the chair at the foot of this bed.

On 5/8/25 at 2:55p.m. there was a strong odor of both urine and feces in resident #3's bedroom. Feces observed in the toilet and dried feces observed on the toilet seat. In the resident's shower there were 2 catheter bags hanging on the grab bar. One bag contained approximately an inch of urine. The resident's bed smelled strongly of urine and was observed to have a dry bed pad on the bed emitting a very strong smell of urine.

Plan of Correction

Accept ([REDACTED] - 05/30/2025)

Residents Tylenol with codeine was re-ordered on 5/8/25 and the contaminated pills were properly disposed of and a new script was obtained. On 5/8/25 housekeeping replaced all linens that appeared soiled for resident in room 229. On 5/8/25 Maintenance Director scrubbed the chair of resident in room 229. On 5/8/25 resident #3 bathroom was deep cleaned, linens were changed and carpet was scrubbed.

85a - Sanitary Conditions (continued)

Wellness Director/designee will re-educate all med techs by 6/2/25 on proper medication storage and handling.

By 6/2/25 all med techs will be re-educated regarding proper handling and storage of medications. By 6/2/25 the IDT team will be educated regarding room round and sanitary standards.

Beginning 6/2/25 Wellness Director/designee will audit 2 shift changes per week for 4 weeks to ensure compliance and proper handling.

Beginning 6/2/25 Administrator/designee will audit 3-5 resident rooms, 3x a week, x4 weeks to ensure sanitary conditions are maintained.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 07/10/2025

96b - First Aid Location

5. Requirements

- 2600.
- 96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person #H, did not know the location of the first aid kit.

Plan of Correction

Accept () - 05/30/2025

Staff member H was immediately educated as to the location of the first aide kit.

By 6/2/25 Administrator/designee will re-educate all staff regarding the location of the first aide kit. Beginning 6/2/25 Maintenance Director/designee will educate all new staff upon hire as to the location of the kit. Beginning 6/2/25 all new hires will be interviewed to ensure they are aware of where the first aide kit is located, audits will continue x4 weeks.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 07/10/2025

101j1 - Mattress Fire Retardant

6. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident #4 does not have a bed in () room, only a recliner chair. Interviews with resident () on both 5/8/25 and 5/9/25 indicate () would like to have a bed.

101j1 - Mattress Fire Retardant (continued)

Plan of Correction

Accept (█) - 05/30/2025

Resident #4 previously stated █ did not want a bed, resident was immediately provided a bed. All other rooms were inspected and all other residents had a bed in their room. By 6/2/25 Wellness Director and Administrator will be re-educated by Senior Administrator regarding this regulation. Beginning 6/2/25 Administrator/designee will interview 3-5 residents, 3x a week, x4 weeks to validate they have a bed.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented (█) - 07/10/2025

132g - Fire Drills Days/Times

7. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's minimum number of staff scheduled on the overnight shift 11p.m. to 7a.m. is 2 staff. However, the home has not attempted a fire drill with the minimum number of staff in 2024 or in January through April of 2025.

Plan of Correction

Accept (█) - 05/30/2025

By 6/2/25 Administrator will re-educate Maintenance Director regarding requirements of fire drills. By 6/2/25 Maintenance Director will hold a fire drill during sleep hours with the minimum allowed staff participation (2). Moving forward, Administrator will review scheduled fire drills to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented (█) - 07/10/2025

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/8/25, Acetaminophen 500mg for resident #5 was in the home's medication cart, however, there is no current prescription for this medication.

Plan of Correction

Accept (█) - 05/30/2025

Resident #5 Tylenol was removed from medication cart and returned to POA. By 6/2/25 Wellness Director/designee will educate all medication techs regarding current prescriptions and keeping non prescribed medications in the cart. Beginning 6/2/25 Wellness Director/designee will audit medication carts twice weekly for four weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/27/2025

183d - Prescription Current (continued)

Implemented () - 07/10/2025)

184a - Resident's Meds Labeled

9. Requirements

2600.

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

Description of Violation

Resident #6's Lantus pen did not have a pharmacy label with directions. The Lantus pen was stored inside a bag with Humalog pen and only the Humalog had a pharmacy label with directions.

Plan of Correction

Accept () - 05/30/2025)

Wellness Director immediately removed Lantus pen and placed it in the appropriate labeled bag. By 6/2/25 Wellness Director/designee will educate all medication techs regarding this regulation. Beginning 6/2/25 Wellness Director/designee will audit medication carts twice weekly for four weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 07/10/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Glucagon kit 1mg, inject 1 pen intramuscularly as needed for Hypoglycemia. However, this medication was not available in the home.

Plan of Correction

Accept () - 06/04/2025)

The order for resident #6 was reviewed and discontinued by the physician. All other residents had medications reviewed to ensure all were available and present. Wellness Director will be educated by Executive Director by 6/27/25 regarding medications and following prescribers orders. Wellness Director will educate all med techs by 6/27/25 regarding re-ordering of medications and following prescribers orders. 3-5 residents will be audited, 3x a week, x4 weeks starting 6/2/25 to ensure all medications ordered are available and physician orders are followed.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented () - 07/10/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed until [redacted]

Plan of Correction

Accept ([redacted] - 05/30/2025)

By 6/2/25 Senior Administrator educated Administrator and Wellness Director regarding the importance of this regulation.

Beginning 6/2/25 Administrator will verify that all scheduled move ins have had a prescreen completed, prior to move in. Audits will continue for 4 weeks.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented ([redacted] - 07/10/2025)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's assessment, dated [redacted] does not include the diagnosis of Parkinsons Syndrome, BPH Nocturia, Lung Nodule, Insomnia, Chronic Fatigue, Hemorrhoids and Abdominal Anthurium.

Resident #5's assessment dated [redacted], does not indicate the diagnosis of Hyperlipidemia.

Resident #6's assessment dated [redacted], does not indicate the diagnosis of Cholesterol.

Plan of Correction

Accept ([redacted] - 05/30/2025)

Administrator will educate Wellness Director by 6/2/25. Missing diagnosis for resident #2, #5, #6 were added by Wellness Director. Beginning 6/2/25 Wellness Director will complete 3-5 resident assessment reviews weekly to ensure accuracy. All resident assessments will be reviewed prior to 06/27/2025

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented ([redacted] - 07/10/2025)