

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

July 21, 2025

[REDACTED]
SERENITY CARE KINGSTON LLC
[REDACTED]

RE: SERENITY CARE KINGSTON
700 THIRD AVENUE
KINGSTON, PA, 18704
LICENSE/COC#: 23052

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025 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: *SERENITY CARE KINGSTON* License #: *23052* License Expiration: *03/28/2026*
 Address: *700 THIRD AVENUE, KINGSTON, PA 18704*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SERENITY CARE KINGSTON LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *26* Total Daily Staff: *110* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/03/2025*

Inspection Dates and Department Representative

06/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *122* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Separate wing* Capacity: Residents Served: *19*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

06/03/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2025*

07/09/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/21/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/14/2025*

Inspections / Reviews *(continued)*

07/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/22/2025

07/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The fire drill conducted on [redacted] at 10:15pm, residents [redacted] and [redacted] refused to evacuate the building during the fire drill.

Plan of Correction

Accept [redacted] - 07/16/2025)

This regulation was violated due to the fire drill conducted on 5/31/25 at 10:15pm, residents [redacted] and [redacted] refused to evacuate the building during the fire drill. This regulation is important because it ensures that all residents have evacuated the facility during an emergency situation.

To ensure this regulation is not violated again and to maintain compliance. Administrator, Justine Sweeting did the following:

- 1. Spoke to residents [redacted] and [redacted] regarding evacuation policies and provided memo to the 5 residents regarding evacuation policies during emergencies. (see attached) on 6/2/2025
- 2. Spoke to all 4 staff who assisted in fire drill and discussed evacuation policies and procedures (see attached) 6/2/2025 and 6/3/2025
- 3. Scheduled a fire safety training with the fire chief to take place on August 28th at 2pm.
- 4. Fire drill took place on 6/10/2025 where all 54 residents were safely evacuated in a timely manner with 6 staff members in the presence of the Maintenance Director, John Mercincavage. (see attached)

The Administrator, Justine Sweeting is responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [redacted] - 07/21/2025)

231c - Preadmission Screening

2. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept [redacted] - 07/09/2025)

This regulation was violated due to Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on 5/9/25. However, the resident's written cognitive preadmission screening was not completed.

Resident admitted to our personal care community on 5/1/2023 in which a preadmission screening was completed in full.

On 5/9/25- resident was transferred into the secured memory care unit due to a cognitive decline. Resident Care Director, Joan Savakinas completed a new DME and new RASP due to the major changes upon residents' admission to the secured unit.

231c Preadmission Screening (continued)

However, a new prescreen was not completed due to the current screening being completed upon admission to the personal care home.

This regulation is important because it ensures the safety, appropriateness, and quality care for the resident.

To stay in compliance with this regulation, a new screening was completed on resident #1 stating "Audited upon state entrance on 6/2/25" (see attached)

To be sure we stay in compliance with this regulation, audit completed of residents prescreens who reside in memory care unit. (see attached audit)

Administrator, Justine Sweeting and Resident Care Director, Joan Savakinas are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented (█ - 07/21/2025)