

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

November 18, 2025

[REDACTED]
135 VERMONT DRIVE OPERATING COMPANY LLC
[REDACTED]

RE: SERENITY GARDENS AT MOUNT
CARMEL
135 VERMONT DRIVE
KULPMONT, PA, 17834
LICENSE/COC#: 23101

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2025 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 GARDENS AT MOUNT CARMEL* License #: *23101* License Expiration: *11/21/2025*
 Address: *135 VERMONT DRIVE, KULPMONT, PA 17834*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *135 VERMONT DRIVE OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/20/2001* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *09/10/2025*

Inspection Dates and Department Representative

09/10/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *47*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *unit* Capacity: *22* Residents Served: *15*
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *1*

Inspections / Reviews

09/10/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2025*

10/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/18/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2025*

Inspections / Reviews *(continued)*

10/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/05/2025

11/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] the home was made aware of an abuse allegation by a staff person A against 4 residents. The home did not report this incident to the department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/17/2025)

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

On 9/10/25 staff member responsible for the delay was educated on mandatory reporting timelines. On 9/11/25 all reporting staff received a copy of the mandatory reporting requirements. Beginning on 9/11/25 Director of Wellness or designated person began monitoring all incident reports to ensure timely reporting. After each report is submitted, the confirmation email of receipt is being printed out and placed in the state report binder by the DOW or designated person for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 11/18/2025)

103f - Refrigerator/Freezer Temps

2. 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

At approximately 10:55 a.m., there was no thermometer in the freezer in the memory care kitchenette.

Plan of Correction

Accept [REDACTED] - 10/17/2025)

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.

On 9/10/25 Dietary Director placed a thermometer inside of the refrigerator and secured it to the shelf to prevent future removal. Beginning September 10 Dietary Director or designated person will conduct monthly checks and document findings on daily temperature log to confirm the thermometer is in place and working properly for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 11/18/2025)

125a - Combustible Storage

3. Requirements

125a Combustible Storage (continued)

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [redacted] at 11:02a.m, there were 2 piles of lint observed behind the dryer in the laundry room with an approximate diameter of 2 inches each.

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] 10/17/2025)

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

On 9/10 lint was removed by housekeeping staff and the area was thoroughly cleaned and inspected to ensure no additional lint was present. On 9/15 a weekly cleaning schedule was implemented for housekeeping to clean and inspect laundry area. Director of Housekeeping conducted a training on the proper procedure to access and clean the dryer area. Director of Maintenance or designated person will conduct a weekly audit until 100% compliance is reached for a period of 3 consecutive months and then monthly for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 11/18/2025)

132c Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for [redacted], and [redacted] indicate that all residents were evacuated during these fire drills; Staff interviews stated that Resident [redacted] was not evacuated during these fire drills.

Repeat Violation: [redacted]

Plan of Correction

Accepted [redacted] - 10/29/2025)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. On 10/24/25 Administrator and acting Maintenance Director were educated on proper procedures and documentation fire drill evacuation. All fire drill documentation will be completed immediately after each drill by person conducting the drill and monitored by Administrator for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] - 11/18/2025)

132h Designated Meeting Place

5. 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

Resident [redacted] was not evacuated to a fire safe area during the fire drills conducted from [redacted] to [redacted]

Plan of Correction

Accept [redacted] - 10/22/2025)

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

Upon approval of plan of correction Resident [redacted] will re-locate from a shared room to a private. An ambulance stretcher with wheels will be placed in the room with the resident. When the fire drill begins, 2 staff members will enter the room, place stretcher level with bed and slide resident [redacted] from the bed to the stretcher. Resident 1 will then be evacuated to a designated meeting place withing the fire safe area during each fire drill. One staff member will wheel the stretcher out of the room while the second staff member secure the room. All staff will be educated on the evacuation procedure by Administrator no later than 11/30/25. Fire Drill logs will be monitored by Administrator or designated person for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 11/18/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] medical evaluation completed on [redacted] did not have the box selected stating that the resident's needs can be safely met at a personal care home in Medical Professional Information section.

Plan of Correction

Accept [redacted] - 10/17/2025)

2600.

141.b.1.A resident shall have a medical evaluation: At least annually.

On 9/10/25 Resident 6's medical evaluation form was reviewed and updated by the provider stating the residents needs can be safely met in a personal care home.

On 10/14 DOW and RCC began an audit to be completed no later than 10/31/25 of the medical professional information section of the medical evaluation form to ensure all boxes were checked by provider. Any omissions were immediately addressed. DOW or designated person will conduct a chart audit of 3 random charts monthly until 100% compliance is reached for a period of 3 consecutive months for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 11/18/2025)

144c1 - Smoking Area Guidelines

7. Requirements

2600.

144c1 - Smoking Area Guidelines (continued)

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:

Description of Violation

On [redacted] at 10:51a.m., there were 6 cigarette butts observed on the ground in smoking area.

Plan of Correction

Accept [redacted] - 10/17/2025)

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:

On 9/10/25 Dietary Director and Administrator removed all of the cigarette butts and placed them in the receptacle. Beginning on 9/15/25 Maintenance Director or designated person will conduct weekly audits to ensure the smoking area remains clean for a period of 4 consecutive weeks and then monthly for ongoing compliance. Any reoccurrence will be immediately addressed. On 10/13/25 signage was posted in the smoking are to remind individuals to use receptacle. Administrator or designated person will monitor monthly for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] 11/18/2025)

181d - Storing Medication

8. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [redacted] self-administers medications and stores medications in their room in an unlocked drawer by the chair.

Resident [redacted] stated they do not lock the door when leaving the room.

Plan of Correction

Accept [redacted] 10/17/2025)

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

On 9/10/25 Resident [redacted]'s medication were removed from [redacted] room. On 9/11/25 Resident 6 obtained a lock box to secure [redacted] medications. Resident [redacted] was educated on the importance of securing medications. Upon admission any new resident who is able to self medicate will be counseled by the DOW on the importance of keeping the medication secure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 11/18/2025)

182c - Medication Administration

9. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

The home did not move the medication cart within the vicinity of resident [REDACTED] when administering medication to the resident. Staff Person B was observed putting the resident's medications in a cup and walking the medication down the opposite hallway to the resident's room to administer the medication to the resident.

Plan of Correction

Accept [REDACTED] - 10/17/2025)

182.c. Medication administration includes the following activities, based on the needs of the resident: Staff person B was counseled regarding the proper procedure for medication administration, including the importance of moving the med cart to the vicinity of the resident. DOW conducted a review of the med pass to ensure no errors occurred on staff person B shift. DOW or designated person will conduct weekly checks for the next 60 days to monitor for compliance. DOW will conduct a training with all med-techs to be completed on later than 10/31/25 as a refresher to proper medication administration procedures. Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 11/18/2025)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [REDACTED] was prescribed a [REDACTED] which was discontinued by the resident's physician on [REDACTED]. The resident's September 2025 medication administration record lists the medication as an active order.

Plan of Correction

Accept [REDACTED] - 10/17/2025)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered: On 9/10/25 DOW discontinued active order and destroyed the medication. On 10/15/25 DOW and RCC began an audit of all resident MAR's to ensure the medication is listed correctly and present. Any inactive medication was removed and disposed of. After initial audit is complete, DOW or designated person will conduct random bi-monthly audits in addition to the monthly audit of treatment card and PRN medication drawer until 100% compliance is reached for a period of 3 consecutive months. DOW will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 11/18/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 [REDACTED] was admitted to the home on [REDACTED]. The resident's preadmission screening form had a completion date of [REDACTED].

Plan of Correction

Accept ([REDACTED] - 10/17/2025)

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.

On 9/10/25 DOW corrected the incorrect date on the resident record. On 10/14/25 Administrator and RCC began and completed a review of all pre-admission screening to ensure there are no other discrepancies with the date of admission. Audit was completed the same day. Starting 10/20/25 Director of Admissions will conduct weekly audits of all prescreens for new residents for a period of 90 days to monitor for compliance.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented ([REDACTED] - 11/18/2025)