

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

January 20, 2026

[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 11/24/2025 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

Type: C-2 LP **Date:** 11/19/1997 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 84 **Waking Staff:** 63

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/24/2025

Inspection Dates and Department Representative

11/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 60

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 28 **Residents Served:** 18

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 60
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

11/24/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/28/2025

01/14/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/16/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/16/2026

Inspections / Reviews *(continued)*

01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2026

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

Resident [redacted] was observed to have a bedside mobility device. The bedside mobility device was not attached to the bed frame and could be easily moved, posing a possible risk of injury or entrapment.

Plan of Correction

Accept [redacted] - 01/14/2026)

This regulation was violated due to Resident [redacted] was observed to have a bedside mobility device. The bedside mobility device was not attached to the bed frame and could be easily moved, posing a possible risk of injury or entrapment. To fix this problem: Immediately upon identification, the bedside mobility device was removed from resident's bed by the resident care director [redacted]. Family was notified that we had to remove it due to safety and due to it not being a part of resident's care plan.

To make sure this violation does not occur again: A full audit of all resident rooms were completed to ensure all bedside mobility devices are properly installed and securely attached. Only one other room has a mobility device which has already been recorded properly and properly placed at resident's bedside.

The administrator [redacted] and Resident Care Director [redacted] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [redacted] 01/20/2026)

234a - Admission Support Plan

2. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] 01/14/2026)

This regulation was violated because Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on 10/4/25. However, the resident's initial support plan was completed on 10/9/25.

To fix this problem: The resident's support plan has been reviewed in full to ensure it accurately reflects the resident's current needs, preferences, and services. The delay did not result in any change or lapse in care, and services continued as ordered during the interim period. Added "Audited 11/24/25 DHS" highlights next to the date of care plan due to receiving the violation.

To make sure this violation does not occur again: An audit of all resident support plans in the secure dementia unit was conducted to ensure compliance with required completion and update timeframes in which rasps should be completed. No additional late or incomplete support plans were identified. Next to RASP completion date on our checklist for charts- added 3 days for memory care residents next to rasp completion check list.

The Administrator [redacted] and Resident Care Director [redacted] are responsible for maintaining compliance with this regulation.

234a Admission Support Plan (*continued*)

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/20/2026)