

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

December 23, 2025

[REDACTED]
SERENITY CARE MID VALLEY LLC
[REDACTED]

RE: SERENITY CARE MID VALLEY
65 STURGES ROAD
PECKVILLE, PA, 18452
LICENSE/COC#: 23058

[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 MID VALLEY License #: 23058 License Expiration: 03/28/2026
 Address: 65 STURGES ROAD, PECKVILLE, PA 18452
 County: LACKAWANNA Region: NORTHEAST

Administrator

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

Legal Entity

Name: SERENITY CARE MID VALLEY LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/05/1989 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

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: 90 Residents Served: 40

Secured Dementia Care Unit
 In Home: Yes Area: unit Capacity: 22 Residents Served: 4

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

11/24/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2025

12/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/23/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2025

Inspections / Reviews *(continued)*

12/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/23/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

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

Staff became aware of a possible [redacted] on [redacted] at 4:00p.m. This was not reported by the home to the department until [redacted] at 11:30a.m.

Plan of Correction

Accept [redacted] - 12/23/2025)

On 11-18-25 at 4pm RCD [redacted] met with Resident [redacted] for a follow-up from surgery on 11-14-25. Resident stated that they was doing well and only needed one dose of the PRN [redacted] on 11-15-25 at 2pm. Resident stated staff person A tried to administer a PRN dose of [redacted] on 11-18-25 at 6am. Resident refused dose they did not ask for. To collaborate statement made by resident, staff person A was immediately suspended and was requested to meet with RCD/Administrator. On 11-19-25 at 2:30pm staff person A resigned via email. Report called into DHS on 11-20-25 at 11:30am. Report should have been submitted by 4pm on 11-19-25. To ensure ongoing compliance with reg 16c, Admin/Designee will ensure all reports will be submitted to DHS within 24 hours.

Please see attached staff education completed 12/17/2025 and weekly audit that will continue for four weeks.

Proposed Overall Completion Date: 12/22/2025

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented [redacted] - 12/23/2025)

187a Medication Record

2. Requirements

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident [redacted] had a PRN order for [redacted]. Staff person A notated in the Medication Administration Record that the [redacted] was given on the following dates: [redacted] at 11:45p.m.; [redacted] at 8:00a.m.; [redacted] at 6:00a.m.; [redacted] at 12:00a.m.; and [redacted] at 6:00a.m. Interviews verified that this medication was not given to resident [redacted] on those recorded dates and times.

Plan of Correction

Accept [redacted] - 12/17/2025)

Staff person A had documented date/time of Administration on 11-15, 11-16, 11-17 and 11-18-25 in the MAR and on the narcotic administration/count sheet. Resident stated [redacted] only received one dose of the PRN [redacted] on 11-15-25 at 2pm.

Staff person A was immediately suspended on 11-18-25 and resigned on 11-19-25.

RCD [redacted] to conduct weekly audits of PRN Controlled Substances along with the resident interview to monitor and ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] - 12/23/2025)