

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

March 10, 2026

[REDACTED] ADMINISTRATOR
SERENITY CARE KINGSTON LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2026 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: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/27/2026*

Inspection Dates and Department Representative

01/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *122* Residents Served: *63*

Secured Dementia Care Unit
 In Home: *Yes* Area: *unit* Capacity: *28* Residents Served: *19*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

01/27/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2026*

03/03/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/09/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/10/2026*

Inspections / Reviews (*continued*)

03/10/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/27/2026 at 9:25a.m., there was an approximate 8 inch accumulation of snow blocking the exit door of the 300 hallway. On 1/27/2026 at 9:32a.m., there was an approximate 8 inch accumulation of snow blocking the exit door of the Secured Dementia Dining Room. On 1/27/2026 at 9:45a.m., there was an approximate 8 inch accumulation of snow blocking the exit door of the 400 hallway.

Plan of Correction

Accept () - 03/03/2026

This regulation was violated due to on 1/27/2026 at 9:25a.m., there was an approximate 8-inch accumulation of snow blocking the exit door of the 300 hallway. On 1/27/2026 at 9:32a.m., there was an approximate 8-inch accumulation of snow blocking the exit door of the Secured Dementia Dining Room. On 1/27/2026 at 9:45a.m., there was an approximate 8-inch accumulation of snow blocking the exit door of the 400 hallway. On the day of inspection, it was identified that snow accumulation from a storm the previous evening had obstructed required exit doors. To fix this problem, upon notification by inspectors, administrator, immediately contacted the contracted snow removal vendor. The vendor responded while inspectors were present and cleared all exit doors, walkways, and emergency egress areas to ensure safe and unobstructed exits. To be sure this does not happen again, snow removal will be automatically initiated after any snowfall, and all exit doors will be checked by staff at the beginning of each shift during winter weather. Administrator, is responsible for maintaining compliance with this regulation.

All exits were verified as fully accessible prior to the conclusion of the inspection.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented () - 03/10/2026

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:

6. Dose.

Description of Violation

Resident 4 has a Sliding Scale order for NovoLog Flexpen to be administered as follows: 151-200: 3 units; 201-250: 6 units; 251-300: 9 units; >301: 12 units and call Doctor. However, resident's medication administration record indicates on 1/1/2026 at 12:05p.m., a Blood Glucose Reading of 324 was documented with the resident given 35 units. Interviews with staff in the building that day indicate the resident did not receive 35 but 12 units, error was documentation only.

Plan of Correction

Accept () - 03/03/2026

This regulation was violated due to Resident 4 has a Sliding Scale order for NovoLog Flexpen to be administered as follows: 151-200: 3 units; 201-250: 6 units; 251-300: 9 units; >301: 12 units and call Doctor. However, resident's medication administration record indicates on 1/1/2026 at 12:05p.m., a Blood Glucose Reading of 324 was

187a - Medication Record (continued)

documented with the resident given 35 units. Interviews with staff in the building that day indicate the resident did not receive 35 but 12 units, error was documentation only.

To fix this problem immediately- Error documented as a documentation error, all medication administration staff were re-educated on proper medication administration procedures and accurate MAR documentation by Administrator [redacted] and Resident Care Director [redacted] (see attached)

To be sure this does not happen again: Spoke with Pharmacy to change the way orders were listed in MAR with documenting glucose due to the confusion of duplication causing errors. Any discrepancies will be addressed immediately with additional staff training as needed. Ongoing random audits will continue monthly. [redacted] and [redacted] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([redacted] - 03/10/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident 4 has a Sliding Scale order for NovoLog Flexpen to be administered as follows: 151-200: 3 units; 201-250: 6 units; 251-300: 9 units; >301: 12 units and call Doctor.

Resident 4's medication administration record indicates on 1/1/2026 at 12:05p.m., a Blood Glucose Reading of 324 but the Doctor was not notified as per order.

Repeat Violation: 04/18/2025.

Plan of Correction

Accept ([redacted] - 03/03/2026)

This regulation was violated due to Resident 4 has a Sliding Scale order for NovoLog Flexpen to be administered as follows: 151-200: 3 units; 201-250: 6 units; 251-300: 9 units; >301: 12 units and call Doctor.

Resident 4's medication administration record indicates on 1/1/2026 at 12:05p.m., a Blood Glucose Reading of 324 but the Doctor was not notified as per order.

To fix this problem immediately: Resident Care Director [redacted] notified PCP immediately of error and all medication administration staff were re-educated on proper medication administration procedures and accurate MAR documentation by Administrator [redacted] and Resident Care Director [redacted] (see attached)

To be sure this does not happen again: Ongoing random audits will continue monthly and staff re-educations on proper documentation and medication protocols on an as needed basis. [redacted] and [redacted] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([redacted] - 03/10/2026)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial Resident Assessment for resident 1, dated [REDACTED] does not indicate the resident’s need for Hospice agency and the Home Health Agency providing catheter care.

The initial Resident Assessment for resident 5, dated [REDACTED] does not indicate the resident’s need for Hospice agency or the Home Health Agency providing catheter care.

Plan of Correction

Accept ([REDACTED] - 03/03/2026)

This regulation was violated due to the initial Resident Assessment for resident 1, dated [REDACTED] does not indicate the residents’ need for Hospice agency and the Home Health Agency providing catheter care and the initial Resident Assessment for resident 5, dated [REDACTED], does not indicate the resident’s need for Hospice agency or the Home Health Agency providing catheter care.

To fix this problem: Upon identification of the deficiency, the residents’ assessment and support plan were immediately reviewed and updated to accurately reflect:

- Home Health involvement for catheter care
- Hospice services and scope of services provided
- Documentation was completed and placed in the resident record.

The Administrator [REDACTED] and Resident Care Director [REDACTED] conducted a 100% audit of all current residents receiving:

- Home Health services
- Hospice services
- Outside agency services

Audit complete: 2/6/26

Each resident’s assessment, face sheet, and support plan were reviewed to ensure services are consistently documented across all required areas. Any discrepancies identified were corrected immediately.

To be sure this does not happen again, a revised Admission/Service Change Checklist has been implemented requiring verification that any outside services (Home Health, Hospice, therapy, etc.) are documented in RASP.

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

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([REDACTED] - 03/10/2026)