

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

May 8, 2026

[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 03/03/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SERENITY CARE MID VALLEY* License #: *23058* License Expiration: *03/28/2027*
 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: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/03/2026*

Inspection Dates and Department Representative

03/03/2026 - 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: *SDCU* Capacity: *22* Residents Served: *7*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *9* Have Physical Disability: *1*

Inspections / Reviews

03/03/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2026*

04/14/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/14/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/16/2026*

Inspections / Reviews *(continued)*

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

105g Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:15 a.m. there was 1/2 inch of lint in the dryer lint trap. The dryer was cool and there was no items in the dryer.

Plan of Correction

Accept (█ - 04/14/2026)

Immediate action was taken and lint was removed from the dryer. Facility staff were re-educated on 3-3-26 and 3-4-26 regarding reg 105g as well as fire safety.

Dryer audit tool implemented and will be maintained by the housekeeping dept daily.

Administrator/Designee to monitor to ensure ongoing compliance.

See attached trng/audit tool

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█ - 05/08/2026)

187a Medication Record

3. Requirements

2600.

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

3. Name of medication.

Description of Violation

Resident █'s Medication Administration Record indicates █, instill 1 drop into both eyes every evening for █. The Medication in the cart indicated █, instill 1 drop into both eyes every evening for █

Repeat Violation █

Plan of Correction

Accept (█ - 04/14/2026)

The medication █ is █. Medication was verified with the pharmacy at time of inspection. Both the brand and generic names are now listed on the MAR.

To ensure ongoing compliance with regulation 187a 3, all med techs were in serviced on regulatory requirements on 3-3-26 and 3-4-26. Additionally, ongoing monitoring will be completed by the Resident Care Director/Designee to ensure ongoing compliance.

See attached in service.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█ - 05/08/2026)

187d Follow Prescriber's Orders

4. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] has an order for [REDACTED], take 1 tablet by mouth twice daily, hold for Heart Rate <60 or SBP <100. On [REDACTED] the resident's heart rate was [REDACTED], the medication was incorrectly administered.

Plan of Correction**Accept [REDACTED] - 04/14/2026)**

Resident [REDACTED] physician was immediately notified of the error that occurred on 2 1 26. There were no errors following 2 1 26.

All med techs were in serviced and re educated on 3 3 26 and 3 4 26 in regard to regulation 187d. Facility Resident Care Director/Designee to complete daily audits for one week on all parameter orders. Random audits by the RCD/Designee will occur following, to ensure ongoing compliance.

Administrator/Designee to monitor for ongoing compliance.

See attached Training and audit completion/tool.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 05/08/2026)