

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

June 4, 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 04/09/2026, 04/21/2026, 04/28/2026, 05/08/2026 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 KINGSTON* License #: *23052* License Expiration: *03/28/2027*
 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: *11/11/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *05/08/2026*

Inspection Dates and Department Representative

04/09/2026 - On-Site: [REDACTED]
 04/21/2026 - On-Site: [REDACTED]
 04/28/2026 - Off-Site: [REDACTED]
 05/08/2026 - Off-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: *20*

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: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *1*

Inspections / Reviews

04/09/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2026*

Inspections / Reviews *(continued)*

06/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/06/2026

06/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 5:30 p.m. staff person A was assisting resident [redacted] with changing their shirt. Resident [redacted] yelled out loudly and was overheard by staff person B who came to check on the resident. Resident [redacted] stated to staff person B that staff person A had pinched their nipple and pinched their nose. The home did not immediately develop and implement a plan of supervision or suspend staff person A. Staff person A continued to work unsupervised until the end of their shift at 11:00 p.m.

Plan of Correction

Accept [redacted] - 06/01/2026)

This regulation was violated because on 3/28/26 at approximately 5:30 p.m. staff person A was assisting resident [redacted] with changing their shirt. Resident [redacted] yelled out loudly and was overheard by staff person B who came to check on the resident. Resident [redacted] stated to staff person B that staff person A had pinched their nipple and pinched their nose. The home did not immediately develop and implement a plan of supervision or suspend staff person A. Staff person A continued to work unsupervised until the end of their shift at 11:00 p.m.

Effective immediately, the following corrective actions have been implemented:

- To fix this problem: The incident was reported and all required notifications were completed. Staff person A was removed from direct resident care with resident [redacted] immediately. Staff person A was also removed from working in memory care indefinitely per [redacted] request, [redacted] felt [redacted] did better in personal care and administrator, [redacted] agreed.
- To be sure this doesn't happen again: employee involved in an allegation of abuse must either:
 1. Be always placed under direct supervision, or
 2. Be suspended immediately pending investigation.
- Abuse Inservice was held with staff on 4/13/26 (individually) and on 4/30/2026. (see attached)
- Employee was suspended on 4/10/26 regarding another incident that occurred with another resident and Employee was terminated on 4/13/26.

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

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented [redacted] - 06/04/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 5:30 p.m. staff person A was assisting resident # [redacted] with changing their shirt. Resident # [redacted] yelled out loudly and was overheard by staff person B who came to check on the resident. Resident [redacted] stated to staff person B that staff person A had pinched their nipple and pinched their nose. Staff person B reported that resident [redacted] was visibly shaken by the rough manner in which staff person A tried to remove their shirt.

42b Abuse (continued)

Repeated violation 8/26/25.

Plan of Correction

Accept (- 06/01/2026)

This regulation was violated because On 3/28/26 at approximately 5:30 p.m. staff person A was assisting resident with changing their shirt. Resident yelled out loudly and was overheard by staff person B who came to check on the resident. Resident stated to staff person B that staff person A had pinched their nipple and pinched their nose. Staff person B reported that resident was visibly shaken by the rough manner in which staff person A tried to remove their shirt.

• To fix this problem: Staff person A was removed from direct resident care with resident immediately. Staff person A was also removed from working in memory care indefinitely per request, felt did better in personal care and administrator, agreed. To be sure this doesn't happen again:

- 1. Be always placed under direct supervision, or
- 2. Be suspended immediately pending investigation.

- Abuse Inservice was held with staff on 4/13/26 (individually) and on 4/30/2026. (see attached)
- Employee was suspended on 4/10/26 regarding another incident that occurred with another resident and Employee was terminated on 4/13/26.

Administrator and Resident Care Director, Joan Savakinas are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented - 06/04/2026)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On at approximately 10:40 p.m. staff person C overheard resident yelling from their room. When staff person C entered the room they observed staff person A shoving a stuffed animal into resident face while resident was in bed. Staff person C reported that resident looked terrified. Resident has a diagnosis of

Plan of Correction

Accept 06/01/2026)

This regulation was violated because on 4/10/26 at approximately 10:40 p.m. staff person C overheard resident yelling from their room. When staff person C entered the room, they observed staff person A shoving a stuffed animal into resident face while resident was in bed. Staff person C reported that resident looked terrified. Resident has a diagnosis of To fix this problem, immediately upon notification of the incident on 4/10/26, staff person A was removed from resident care duties pending investigation. The incident was reported and all required notifications were completed. Resident was immediately assessed to ensure their safety, emotional well being, and overall condition.

The facility recognizes that all residents, including residents with dementia, must be treated with dignity, respect, compassion, and free from intimidation or inappropriate interactions at all times. The behavior described is not consistent with facility expectations or policies.

To be sure this regulation is not violated again: Staff person A suspended and terminated immediately.

- Abuse Inservice held 4/13/26 individually and 4/30/2026

42c - Treatment of Residents (continued)

- The facility reviewed policies regarding resident abuse, inappropriate conduct, and dementia-sensitive care with all employees.
- Any future concerns regarding resident treatment will be immediately investigated and addressed in accordance with state regulations.

To prevent recurrence, the Administrator/designee will maintain ongoing monitoring through staff observations, resident interviews when appropriate, and routine training to ensure residents are consistently treated with dignity and respect.

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

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented [REDACTED] - 06/04/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation dated [REDACTED] for resident [REDACTED] did not include a list of the resident's prescribed medications.

Plan of Correction

Accept [REDACTED] - 06/01/2026)

This regulation was violated because the medical evaluation dated 6/11/25 for resident [REDACTED] did not include a list of the resident's prescribed medications. To fix this problem, medication list was sent to the PCP along with the DME and placed in resident records. Complete audit of all resident charts were completed by administrator on 5/6/2026. To prevent recurrence, the Administrator and nursing/designee will review all medical evaluations upon admission and annually thereafter to ensure all required components are completed in full prior to filing in the resident record. Ongoing audits of resident records will be conducted annually upon DME/RASP change. Administrator, [REDACTED] and Resident Care Director Joan Savakinas are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented [REDACTED] 06/04/2026)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Through information received from a complaint on [REDACTED], it was determined that staff person D brought home the following medications belonging to discharged residents:

One prescription bottle of [REDACTED] belonging to former resident [REDACTED] and one tube of prescription Mupirocin ointment belonging to former resident [REDACTED]

Pictures of the medications were provided by the complainant who had knowledge that staff person D had taken them home. The administrator confirmed that both residents [REDACTED] and [REDACTED] had lived in the home but had been discharged.

Plan of Correction

Accept [REDACTED] - 06/01/2026)

This regulation was violated because:

Upon receiving information from a complaint dated 4/2/26 regarding medications belonging to discharged residents being found in the possession of Staff Person D, the facility immediately initiated an internal investigation. Staff Person D was interviewed regarding the allegation and was unable to provide a clear or direct explanation concerning the missing medications.

As a result of the seriousness of the allegation and failure to account for resident medications. To fix this problem, Staff Person D's employment was terminated effective immediately.

To prevent recurrence, the Administrator, [REDACTED] and Resident Care Director [REDACTED] will: Require two signatures for medication destruction/disposal of discharged resident medications.

To maintain compliance with this regulation, when resident discharges, resident care director or administrator will print MAR and sign off on each medication that is given to family followed by a signature from family member.

This expectation is required and will be added on our discharge resident signature form that is signed by family upon discharge.

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

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented [REDACTED] - 06/04/2026)