

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

July 9, 2026

[REDACTED] VP OF OPERATIONS  
EMBASSY MERCER LLC  
[REDACTED]  
[REDACTED]

RE: THE LAKES AT JEFFERSON  
7271 WEST MARKET STREET  
MERCER, PA, 16137  
LICENSE/COC#: 45151

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE LAKES AT JEFFERSON* License #: *45151* License Expiration: *10/23/2026*  
 Address: *7271 WEST MARKET STREET, MERCER, PA 16137*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *EMBASSY MERCER LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/07/2017* Issued By: *Jefferson County*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *06/03/2026*

**Inspection Dates and Department Representative**

06/03/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *69* Residents Served: *24*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *4* Have Physical Disability: *0*

**Inspections / Reviews**

06/03/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2026*

06/30/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/09/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2026*

Inspections / Reviews *(continued)*

07/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 29a SOPb1- Hospice Care: Doctor Certification

**1. Requirements**

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**Description of Violation**

*The home conducted a fire drill, on 11/21/25 at 3:57 a.m., in which only 44 of the 45 residents evacuated the entire building or to a fire-safe area. The home documented on the fire drill log, under the number of residents evacuated section: "44" "1 actively passing". The home did not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.*

**Plan of Correction****Accept ( ) - 06/30/2026**

*On 6/29/2026 Administrator re-educated Pc Unit Manager and Maintenance Director on Regulation 2600 29.a.b.1.. Unit Manager was educated on 6/29/26 by Administrator that any resident who is actively passing will require a sign certification from the MD stating that the resident is actively dying and may be injured or suffer a hastened death as the result of participation of the drill. If this information is obtained Unit Manager will provide a copy of the certification to the Maintenance Director and Administrator. Unit Manager will place the order into the EMAR within 2 hours of receiving it to notify all Direct Care Staff of the order. Unit Manager will present weekly starting 7/1/26 to the management team for three months during the morning meeting and once a month for three months at our monthly all staff meeting alerting the team if anyone is actively passing and if we have MD orders to not have them participate. Results will be submitted to our Quarterly Quality Assurance Meeting to review.*

**Licensee's Proposed Overall Completion Date: 09/16/2026**

**Implemented ( ) - 07/09/2026**

## 29a SOPb2 - Hospice Care: Informed Consent

**2. Requirements**

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

**Description of Violation**

*The home conducted a fire drill, on 11/21/25 at 3:57 a.m., in which only 44 of the 45 residents evacuated the entire building or to a fire-safe area. The home documented on the fire drill log, under the number of residents evacuated section: "44" "1 actively passing". The home did not have a statement of informed consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative.*

**Plan of Correction****Accept ( ) - 06/30/2026**

*Administrator educated PC Unit Manager and Maintenance Director on 6/29/26 on Regulation 2600. 29. a.b. 2. Unit Manager understands that any resident who is actively passing we will obtain a statement of informed consent from the resident, the resident's power of attorney for health care, the residents legal guardian or the resident's health*

29a SOPb2 - Hospice Care: Informed Consent (continued)

care representative giving written informed consent that the person is not to evacuate in a fire drill. If this information is obtained Unit Manager will provide a copy of the written informed consent to the Maintenance Director and Administrator. Unit Manager will place the order into the EMAR within 2 hours of receiving it to notify all Direct Care Staff of the order. Unit Manager will present results weekly to the management team starting 7/1/26 for three months during the morning meeting alerting the team if anyone is actively passing and if we have the proper written informed consent from the resident, the resident's POA for healthcare, the resident's legal guardian or the resident's health care representative to not evacuate the resident during a fire drill. Unit Manager will also re-educate all staff initially by 7/3/26 then monthly for three months at our monthly whole house staffing meeting. Results will be submitted to our Quarterly Quality Assurance Meeting to review.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented (█) - 07/09/2026

29a SOPb5ii - Hospice Care: Fire Drill Simulation

3. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:
  - ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

The home conducted a fire drill, on 11/21/25 at 3:57 a.m., in which only 44 of the 45 residents evacuated the entire building or to a fire-safe area. The home documented on the fire drill log, under the number of residents evacuated section: "44" "1 actively passing". The home did not reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Plan of Correction

Accept (█) - 06/30/2026

Administrator will re-educate all staff on Regulation 2600 29.a.b.5. no later than 7/3/2026. Maintenance Director will conduct an unannounced fire drill on 7/2/26. During this drill we will ensure that Staff simulates the level of effort required to move a resident and practice evacuation to the nearest unblocked exit or fire safe area. This drill will include the number that is requires during an evacuation to safely move the resident. Maintenance Director to ensure compliance monthly for the next three months starting 7/2/26 that this Regulation is being met. If Regulation is not being met by the staff, the drill will fail and will be repeated. Results to be submitted to our Quarterly Quality Assurance meeting quarterly for Review.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented (█) - 07/09/2026

42d - Home Rules

4. Requirements

2600.

42d - Home Rules (continued)

42.d. A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

Description of Violation

According to resident #1's contract, dated [REDACTED] the resident will receive at least a 30 day advance notice of the facility's intent to change the fee schedule or content of the resident agreement. An undated letter, without an effective date, was mailed to the resident indicating a change to the contract to include a new level of care cost, based on individual care needs, would be charged to the resident in addition to the monthly rent. This additional charge of \$650.00 was applied to the residents February 1, 2026.

According to resident #2's contract, dated [REDACTED] the resident will receive at least a 30 day advance notice of the facility's intent to change the fee schedule or content of the resident agreement. An undated letter, without an effective date, was mailed to the resident indicating a change to the contract to include a new level of care cost based on individual care needs, would be charged to the resident in addition to the monthly rent. This additional charge of \$1,884.00 was applied to the residents February 1, 2026.

Plan of Correction

Accept [REDACTED] - 06/30/2026)

Business office Manager and Concierge were re-educated on Regulation 2600. 42.d. by Administrator on 6/29/2026. Effective 6/29/26 a new Policy was put into place stating that any intent to change the resident's contract will be time stamped or sent by certified mail to ensure the full thirty-day advance notice is being followed. This process will be monitored weekly for three months by The Administrator starting 7/1/26 to ensure this Regulation is being met. Results will be submitted to our Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 07/09/2026)

85e - Trash Outside Home

5. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 10:06 am., there were five wooden pallets behind the dumpster. According to [REDACTED], the maintenance director, the pallets had been there for a week.

Plan of Correction

Accept [REDACTED] - 06/30/2026)

6/3/26 During our inspection the Maintenance Director disposed of the pallets into the dumpster. 06/04/26 An audit was completed by the Administrator to ensure there was nothing placed on the ground near or around the dumpster. Nothing was found. Administrator will re-educate Maintenance Department, Entire Management Team, Dietary, and housekeeping staff regarding Regulation 2600 85.e. and the importance of this no later than 7/3/26. Maintenance Director and or Weekend Manager on duty will assess the dumpster and surrounding area daily for two weeks starting 7/1/26 and then weekly for ten weeks to ensure compliance is being met. Results will be submitted to our quarterly Quality Assurance Meetings for review.

85e - Trash Outside Home *(continued)*

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented (█) - 07/09/2026)

## 103g - Storing Food

## 6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

## Description of Violation

*At approximately 10:00 a.m., there were 24 cupcakes were uncovered in the stainless-steel cooler in the kitchen.*

## Plan of Correction

Accept (█) - 06/30/2026)

*On 6/3/26 During the inspection the Dietary Manager disposed of the 24 cupcakes into the trash. Administrator will re-educate Dietary Manager and all dietary staff on Regulation 2600 103.g. no later than 7/3/26. Dietary Manager will check the cooler daily for two weeks starting 7/1/2026, then weekly for ten weeks to ensure compliance is being met. All employees will be held accountable by Dietary Manager if uncovered food is found. Results will be submitted to our Quarterly Quality Assurance meeting for review.*

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented (█) - 07/09/2026)

## 132h - Designated Meeting Place

## 7. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

## Description of Violation

*The home conducted a fire drill, on 11/21/25 at 3:57 a.m., in which only 44 of the 45 resident evacuated the entire building or to a fire-safe area. The home documented on the fire drill log, under the number of residents evacuated section: "44 1 actively passing".*

## Plan of Correction

Accept (█) - 06/30/2026)

*Administrator will re-educate Maintenance Director, PC Unit Manager, and Personal Care staff surrounding this regulation no later than 7/2/2026. Effective 7/1/26 Administrator will ensure all residents are evacuated during a fire drill unless we have the proper documentation stating that an individual is actively passing and the MD, Family, POA Healthcare, Health Care Representative and resident have signed off of it, in that case the Personal Care staff will simulate the transporting of level of effort to move that resident to the nearest unblocked entrance or fire safe area. Administrator will monitor this process monthly for three months starting 7/2/2026. If not all residents are evacuated the drill will fail and we will repeat it. Administrator will monitor this monthly for three months, Results to be submitted to our Quarterly Quality Assurance meeting for review.*

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented (█) - 07/09/2026)