

Department of Human Services  
Bureau of Human Service Licensing

March 11, 2021

[REDACTED], PRESIDENT & COO  
SNH PENN TENANT LLC  
400 CENTRE STREET  
ATTN LICENSING  
NEWTON, MA 2458

RE: CLARKS SUMMIT SENIOR LIVING  
950 MORGAN HIGHWAY  
CLARKS SUMMIT, PA, 18411  
LICENSE/COC#: 22821

Dear Ms. Francis ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** CLARKS SUMMIT SENIOR LIVING      **Licen e #:** 22821      **Licen e Expiration Date:** 01/01/2022  
**Addr e :** 950 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411  
**County:** LACKAWANNA      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5705868080      **Email:** [REDACTED]

**Legal Entity**

**Name:** SNH PENN TENANT LLC  
**Address:** 400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458  
**Phone:** 5705868080      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 12/22/1999      **Issued By:** PA L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 79      **Waking Staff:** 59

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 01/26/2021

**Inspection Dates and Department Representative**

01/26/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120      **Residents Served:** 66

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 1

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 66
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 13	<b>Have Physical Disability:</b> 0

## Inspections / Reviews

01/26/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/04/2021*

3/5/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/05/2021*

3/11/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On the date of inspection, the home's main kitchen walk in refrigerator and freezer had the following food items that were not in sealed containers: 1 ten pound box of sliced bacon, 1 package of large tortilla Shells and 1 bag of frozen cod with approximately 15 servings.

Plan of Correction

Accept

This regulation was violated because the walk in refrigerator and freezer had the following food items that were not in sealed containers: 1 package of large tortilla shells and 1 bag of frozen cod with approx. 15 servings.

- The violations were corrected 1/26/2021 while Inspector was present by FSD.
- Food Service Director will conduct in-service with dietary team members to review regulation 2600.103 by March 4th, 2021. (See attachment #4)
- FSD or designee will completely audits weekly X4 until 100% compliant. Then will be reviewed at quarterly QA meetings.

Completion Date: 03/03/2021

Update - 03/05/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Please see attached copy of staff training.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The home did not address the residents' identifiable marks in the following resident records: Resident #1 DOA [redacted]; Resident #2 DOA [redacted]; Resident #3 DOA [redacted]; Resident #4 DOA [redacted]; Resident #5 DOA [redacted] and Resident #6 DOA [redacted].

Plan of Correction

Accept

This regulation was violated because the identifiable marks were not addressed on the following residents: Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6

- The 6 resident charts were all updated on 1/26/2021 by LPN. (See attachment #1)
- A complete audit of all resident charts will be conducted by DRC or designee by 3/4/2021. (See attachment #2)
- All nursing staff will be educated on regulation 2600.252 to ensure ongoing compliance. This will be conducted by the DRC and ED on 2/24/2021. (See attachment #3)
- ED/DRC or designee will continue to monitor by reviewing all new admission charts weekly X4 until compliant. Then will be reviewed at quarterly QA meetings.

Completion Date: 03/03/2021

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**252 - Record Content** *(continued)***Update - 03/05/2021**

*Please send/Attach proof of staff training and record audit.*

**Document Submission****Implemented**

*Please see attached copy of staff training and audit.*