

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTHEAST COUNSELING SERVICES

LEGAL ENTITY

To operate CONYNGHAM CARE CENTER

NAME OF FACILITY OR AGENCY

Located at 63 S.HUNTER HIGHWAY,PO BOX 473, DRUMS, PA 18222

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 3, 2012 until August 3, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **221750**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

AUG 06 2012

Mr. Edmund J. Abdo, Executive Director  
Northeast Counseling Services  
130 West Washington Street  
Nanticoke, Pennsylvania 18634

RE: Conyngham Care Center  
63 South Hunter Highway, P.O. Box 473  
Drums, Pennsylvania 18222

Dear Mr. Abdo:

As a result of the Department of Public Welfare's licensing inspection on June 5, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CONYNGHAM CARE CENTER		License Number: 221750
Address: 63 S HUNTER HIGHWAY PO BOX 473, DRUMS, PA 18222		County: Luzerne
Administrator: James Jacklewcz		Region: NORTH
Legal Entity Name: NORTHEAST COUNSELING SERVICES		
Legal Entity Address: 130 WEST WASHINGTON STREET, NANTICOKE, PA 18634		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/08/1985 Dept. of Labor and Industry		
<b>Staffing Hours</b> <del>Resident Support: 0</del> <del>Total Daily Staff: 17</del> <del>Waking Staff: 13</del>		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/05/2012: Rushin, Julienne; O'Haire, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>          		
<b>Other Details</b> Partial or Full Triggers:      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 20 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 22175 - 06/05/2012 - Rushin, Jullenne  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

Direct care staff persons' A, DOH 12/12/11 and B, DOH 12/28/11 did not have a valid criminal background check that was completed by the PA State Police. Both staff persons have been retained beyond the 30 day provisional hire period.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

① Criminal background checks were completed on both Staff A & B upon their hiring by this organization however copies were never collected for their charts in this facility. Human Resource Dept. did send copies of the background checks to be placed in their charts at this facility. Copies of the background checks are also attached to this POC.

② Administrator will ensure future compliance & forward progress.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Robert J. Giba Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert J. Giba Jr. - Administrator</i>	Date <i>6/14/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/16/12</u> (Date)	Plan of correction implementation status as of <u>7/16/12</u> (Date)
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22175 - 06/05/2012 - Rushin, Julienne  
 FCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

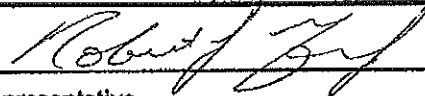
~~Staff persons C, DOH 5/21/12 and staff person D, DOH 5/30/12 did not receive the required first day orientation prior to beginning work at the facility.~~

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- ① Initial training & orientation were completed with Staff C & D upon their first day of employment regarding DPW regulation 2600.65a, however the outgoing administrator did not place this paperwork in the personnel files. This paperwork is currently in the personnel charts & copies are attached to this POC.
- ② The incoming administrator will continue to follow this regulation precisely & ensure future compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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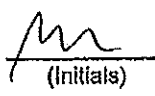
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Robert J. Giba Jr. - Administrator Date 6/14/12

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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by  (Initials)

Violation Report: 22175 - 06/05/2012 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

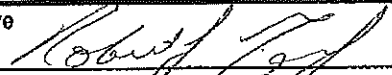
1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The home's Hotpoint brand refrigeration located in the basement, did not have a thermometer located in the refrigerator section.  
 The chest freezer located in the home's basement did not contain a thermometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

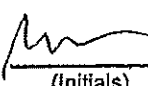
- ① Upon closer inspection by facility staff, the mentioned thermometers were in fact in each unit however fell from sight.
- ② Thermometers were placed in common viewing areas so to be visible to all staff as well as preventing them from falling again.
- ③ Pictures of these thermometers are attached to this POC so to ensure completion & verification.
- ④ Kitchen staff will ensure future compliance & forward progress

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Giba Jr. - Administrator	Date 6/12/12
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Violation Report: 22175 - 06/05/2012 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The home's exterior dryer vents had a heavy accumulation of lint build up that was observed at time of inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① Venting units were disassembled & thoroughly cleaned.
- ② Outside area was cleaned of lint & other debris.
- ③ Pictures of this area have been attached to this POC so to ensure completion & verification.
- ④ Staff were reminded of regular checks to the lint traps & venting units.
- ⑤ Administrator will ensure all future compliance.

Repeat Violation: No      Date(s) of Previous Violation(s):

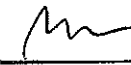
Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Robert J. Giba Jr. - Administrator*      Date *6/14/12*

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 (Date)

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Violation Report: 22175 - 06/05/2012 - Rushin, Jullenne  
PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
After discussion with staff person E, it was determined that the following fire drills were conducted by the 2 staff persons on schedule with one staff person pulling the alarm and assisting the second staff person with the evacuation of the residents: 6/20/11; 10/31/11; 2/23/12; and 3/27/212.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

① Staff were re-educated on this regulation on 6/13/12.

② Administrator will ensure future compliance & forward progress

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Robert J. Giba Jr.*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Robert J. Giba Jr. - Administrator*      Date *6/13/12*

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(Date)      Plan of correction implementation status as of 7/16/12  
(Date)

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The above plan of correction was approved by *[Signature]*  
(Initials)

Violation Report: 22175 - 06/05/2012 - Rushin, Julianne  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home did not have a fire safety inspection and fire drill conducted by a fire safety expert for the year 2011 to current.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① The facility will be having a fire drill & fire inspection by 6/30/12.
- ② Administrator will ensure future compliance & forward progress.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Robert J. Giba Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert J. Giba Jr. - Administrator</i>	Date <i>6/30/12</i>
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(Initials)

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Violation Report: 22175 - 06/05/2012 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for 9/30/2011 indicates that 17 residents were residing in the home at the time of the fire drill, however the number of residents evacuated was not recorded.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① Staff were re-educated on this regulation on 6/13/12
- ② Administrator will ensure all future compliance & forward progress.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Robert J. Giba Jr.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Robert J. Giba Jr. - Administrator* Date *6/13/12*

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Violation Report: 22175 - 06/05/2012 - Rushin, Julianne  
 PGH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records (dated 5/26/2011 thru 5/25/2012) indicate that the exit routes are not being alternated and that all exits routes are not being used. The home's front door was not used as an exit route within the past year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

① Staff were re-educated on this regulation on 6/13/12.

② Administrator will ensure future compliance & forward progress.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Robert J. Giba Jr. - Administrator

Date 6/13/12

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7/16/12  
 (Date)

Plan of correction implementation status as of

7/16/12  
 (Date)

The above plan of correction was approved by

(Initials)

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Violation Report: 22175 - 06/05/2012 - Rushin, Julianne  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**  
 The annual Support Plan for resident # 1 was not finalized, signed or dated after the annual assessment was completed on 4/1/2012.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

① The staff person who developed the support plan for Resident 1 is no longer employed by this facility therefore the current caseworker reviewed, documented & signed the support plan on 6/7/12. This facility will continue to follow the original annual date of 4/1/12 from this point on.

\* The Administrator will audit all records for content & for

② Administrative staff will ensure future compliance & forward progress

completed assessments. The audit will be completed by 8.10.12. Documentation of the audit will be maintained by the administrator. 7/16/12

Repeat Violation: No      Date(s) of Previous Violation(s): m

Signature of Legal Entity Representative (Required on EVERY Page) *Robert J. Giba Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert J. Giba Jr. - Administrator*      Date *6/12/12*

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 (Date)

Plan of correction implementation status as of 7/16/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- \*  Partially Implemented - Adequate Progress
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