

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PLYMOUTH MANOR PERSONAL CARE CENTER LLC  
LEGAL ENTITY

To operate PLYMOUTH MANOR PERSONAL CARE CENTER  
NAME OF FACILITY OR AGENCY

Located at 120 MARTZ MANOR, PLYMOUTH, PA 18651  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 37  
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 September 1, 2014 until March 1, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225871

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING 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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 18 2014

Mr. Christopher S. Lehmann, Member  
Plymouth Manor Personal Care Center, LLC  
417 Moltke Avenue  
Scranton, Pennsylvania 18505

RE: Plymouth Manor Personal Care Center  
120 Martz Manor  
Plymouth, Pennsylvania 18651  
License #: 225871

Dear Mr. Lehmann:

As a result of the Department of Public Welfare's licensing inspection on June 30, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish.

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22321 - 06/30/2014 - Dumas, Gerald  
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/27/14, Resident # 1's had four recorded tests from 6:01am to 6:36am in the resident's glucometer. The reading at 6:01, was Resident # 2's, according to the medication administration record. The reading at 6:20am, was Resident # 1's, according to the medication administration record. Resident # 1's glucometer did not have any recorded numbers in the glucometer between May 29, 2014 and June 23, 2014. Resident # 2 has an order for blood sugar to be checked once daily in the AM. Resident # 2's glucometer on 6/8/2014, had three readings from 6:29am to 6:33am, none of the readings were Resident # 2's, according to the medication administration record.

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.

All Medication Administration Personal Care Aids were re-educated to the correct process of utilization and sanitation of blood glucose meter machines and the correct process of documentation of blood glucose result readings. Please see attached.


The Administrator will monitor this mandate periodically in order to ensure continued 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) Monika Nuckles, Administrator Date 7-24-2014

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/5/14</u> (Date)	Plan of correction implementation status as of <u>8/5/14</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 22321 - 06/30/2014 - Dumas, Gerald  
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2's last medical evaluation was on June 14, 2013.

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.


Resident # 1 was informed by the Administrator on multiple occasions of the need to be seen by her primary care physician no later than June 27<sup>th</sup> 2014 in order to have her annual medical evaluation completed in the required time frame. Resident #1 made and then changed several appointments as she desired to have her case manager transport her to the appointment despite knowing of the required time frame with the last appointment being scheduled for July 1<sup>st</sup> 2014. Resident # 1 had her annual medical evaluation completed on July 1<sup>st</sup> 2014. Please see attached.

The Administrator will continue to use a tickler system to ensure compliance.

The administrator shall assure that medical evaluations are completed annually.

M  
 8/5/14

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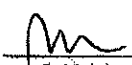
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Monica Nickles, Administrator	Date 7-24-2014
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 (Date)

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 (Date)

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 (Initials)

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Violation Report: 22321 - 06/30/2014 - Dumas, Gerald  
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

The annual practicum for medication technician A was not dated. Medication Technician A received the initial training in medication administration on 12/24/2012.

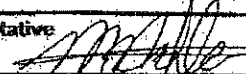
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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.*

The medication administration annual practicum for medication technician A has been dated to correspond with the date of completion listed on the student certification form of the annual practicum. Please see attached.

The Administration will monitor this mandate periodically in order to ensure continued compliance.

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

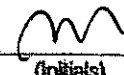
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Monika Nieves, Administrator Date 7-24-2014

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Violation Report: 22321 - 06/30/2014 - Dumas, Gerald  
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 3 is prescribed an Advair diskus 250/50, which was opened on 5/29/14 and has a 30 day shelf life once opened.

**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.

All Medication Administration Personal Care Aids were re-educated to the correct process of ensuring that expired medications are removed from the medication cart and properly disposed of. Please see attached.

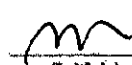
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Monika Nickles, Administrator Date 7/24/2014

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Violation Report: 22321 - 06/30/2014 - Dumas, Gerald  
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 The pre-admission form for Resident # 4 did not include the date the pre-admission was completed.

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.

The pre-admission screen has been dated to correspond with the date of admission which was 4/15/2014. Please see attached.

The Administration will monitor this mandate periodically in order to ensure continued compliance.

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)      Date

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 (Date)

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 (Initials)

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- Not Implemented