



AUG 2 1 2014

Ms. Francis Emershaw, CEO
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
License #: 221750

Dear Ms. Emershaw:

As a result of the Department of Public Welfare's licensing inspection on July 1, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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 regular license for the period August 3, 2014 to August 3, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones". The signature is written in a cursive style.

Matthew J. Jones
Director

34

Enclosure
License Inspection Summary

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged from the home on 4/8/14. The resident received a refund of \$822.29 on 5/29/14, more than 30 days after the date of discharge.

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.

We respect the financial needs and pressures our residents face and would not want to cause them a hardship in any way. In regards to the rent refund not being returned in a timely fashion for resident #1, it appears that there was a hold up in the process of our accounting department. A letter (Attachment A) has been sent by the administrator (Staff F) of our facility to the accounting department of Northeast Counseling as they handle resident rent transactions. This letter reinforces with accounting the timelines that have been designated by DPW regulations. In addition to that, a discharge checklist (Attachment B) has been developed and will be implemented with the next resident discharge from the PCH. Administrators will monitor for compliance and will maintain communication with our accounting department to verify that all refunds are made within the 30 day time period.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Administrator N.E.C.</i>	Date <i>7/25/14</i>
--	---------------------

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 <u>OP</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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.28(g) - Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged from the home on 4/8/14. The resident's funds being managed and stored by the home in the amount of \$263.55 was returned to the resident on 4/16/14, more than 2 business days after the resident's date of discharge.

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 went to the hospital and was discharged directly to a nursing home on 4/8/14, which was not our expected process and likely caused the delay in return of funds. In order to prevent lapses in the future a discharge checklist (Attachment B) has been developed which also includes the specification that the resident's funds managed by the home will be returned within 2 business days after the date of the resident's discharge. Administrators will monitor for compliance and will verify the checklist is completed in its entirety with all applicable items that need to be returned to a resident upon discharge.

The Administrator or Designee will review the resident record during the discharge process to ensure all of the home's regulatory responsibilities are met in a comprehensive fashion within the required time frames.
 CP 8-5-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahay*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahay Administrator N.E.C.* Date *7/25/14*

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 <u>CP</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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH 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

Direct care staff person A was hired on 10/14/13. Direct care staff person A did not receive training in Fire Safety and Emergency Preparedness, specifically training in smoke detectors and fire alarms, and telephone use and notification of emergency services until 10/17/13.

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.

We recognize the importance of having our staff trained to handle emergent situations as early as possible. All orientation training for new staff will include evacuation procedures; staff duties/responsibilities during fire drills/evacuation, transportation; designated meeting place outside, smoking safety procedures/policy and location of smoking areas; location and use of fire extinguishers; smoke detectors & fire alarms; and telephone use & notification of emergency services to be completed within the first work day. Updated training forms/records (Attachment C1-C4) have been developed and will be used. These forms note the timeframe for these important trainings as being in the first 24 hours on site at the facility. We expect that these new training records will allow us to streamline our training and adhere to DPW parameters. Administrators will continue to monitor for compliance.

Forms should be signed (or initialed) and dated for inclusion in the employee file. [Signature] 8-5-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey Administrator N.E.C.* Date *7/25/14*

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)
	<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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was hired on 12/12/11. On 8/4/14 the staff person watched a video consisting of fire safety that was conducted by a fire safety expert. This video was not specific to the facility and therefore it can not be considered as the required annual training in Fire Safety and Emergency Preparedness.

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 video viewed by staff person B was a video of our fire safety expert specific to our agency. As this was deemed insufficient and we want our staff to be as best prepared as possible, staff will either attend the in-person trainings or will watch a training video that is facility specific, not just agency specific, in the future. New fire safety trainings will be scheduled for the new training year which will adhere to this standard. The first training will be in this quarter of the year and staff person B will be scheduled to attend. We appreciate the importance of fire safety and have an excellent working relationship with our fire safety expert. Administrators will be responsible for ongoing compliance and ensure completion of required training for all staff as designated by regulations.

Admin or Designee will review staff training periodically throughout the year to ensure ongoing compliance. R.P. 8-5-14

*Withdrawn
8/20/14 JH*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahry</i>	<i>Administrator N.E.C.</i>	Date <i>7/25/14</i>
--	-----------------------------	---------------------

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)
	<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
The above plan of correction was approved by <i>R.P.</i> (Initials)	

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 Staff person C and staff person D were both hired on 5/8/14. The facility's training record does not include the following: the date of the training, the source, or the length of the course.

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.

We desire for our staff to have the best possible training. In order to ensure that the quality of our trainings is captured we have developed updated training forms/records (Attachment C1-C4). These forms have been developed to note: the date of the training, the source of the training and the length of the training as per DPW requirements. Also we utilize Continuing Education verification sheets (Attachment D) to capture the specifics of ongoing trainings. Administrators will utilize these forms and continue to monitor for compliance.

If the home wishes, there are model training forms on our website that the home may find helpful in achieving and maintaining compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Administrator N.E.C.</i>	Date <i>7/25/14</i>
--	---------------------

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 <i>[Signature]</i> (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: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 All of the home's cleaning products are stored in the basement which is not kept locked as stated by staff person E who is the co-administrator. None of the residents of the home have been assessed to safely use and avoid poisonous materials and therefore all poisonous materials must be kept in a locked area at all times.

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.

We take resident safety very seriously at Conyngham Care. In order to prevent lapses in securing our cleaning products a notice has been posted on the basement door reminding staff to lock basement door after use (Attachment E). In order to facilitate compliance with this standing order 3 new key copies have been made so that the residential workers on each shift can each have their own key. Also the cleaning products noted by the inspectors have been moved into our locked room in the basement so that poisonous materials will be effectively double locked. Administrators will continue to monitor for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey</i>	<i>Administrator</i>	Date <i>7/25/14</i>
	<i>P.E.C.</i>	

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 <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

Violation Report: 22176 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 On 7/1/14 at approximately 10:00am a live roach was observed in the seal of the lid on the horizontal "GE" brand freezer located in the home's basement.

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.

Sanitation is a priority for us at Conyngham Care. Upon report of the roach sighting by DPW inspectors we contacted our pest control service (Ehrlich) which placed roach lure traps in our basement and kitchen on 7/2/14. These traps attract any roaches with pheromones and then trap them for identification so that accurate extermination can be conducted. As of this time no roaches have been captured. Ehrlich makes regular (approximately 8 to 12 per year) visits to our facility to conduct perimeter treatment and inspections. In the case that any roaches are discovered appropriate extermination will be conducted. In the event of other pests we have our regular inspections and treatments. Administrators will continue to monitor this situation and take appropriate measures to exterminate any pests.

immediately. Staff members who work in the kitchen, have house keeping duties, and maintenance duties will have an in-service training regarding methods to prevent infestation, and the reporting procedures if any evidence of infestation is noted R.P. 8-5-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative Administrator Date 7/25/14
 (Required on EVERY Page) Richard A. Vahey N.E.C.

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

The above plan of correction is approved as of <u>8-5-14</u> <i>Called the home on alone</i> (Date) P.O.C. R.P.	Plan of correction implementation status as of <u>8-5-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 7/1/14 Department Representatives observed the first floor common bathroom. Located in the shower was a cloth wash cloth that was not labeled. Department Representatives also observed two cloth wash cloths located in the shower room on the 3rd floor which were also not labeled.

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.~~

We do not encourage or allow shared/reused towels at our facility. Staff continually launder clothing, bath towels, wash cloths and bedding as needed. We have never encountered a situation where a resident has had to wait for a clean wash cloth since this administrator (staff F) has worked at this facility. Proper handling and disposal of wash cloths and bath towels was reviewed with all residents at a home meeting on 7/22/14. It was reviewed that residents are to acquire fresh towels and wash cloths for each washing and they are to be placed in the laundry baskets for washing after use. Also since we have an unpredictable population staff shift logs now have integrated a prompt for staff to check bathrooms for "left behind" towels during waking hours. For hand drying we provide paper towel dispensers. Administrators will monitor for compliance and hold a home briefing if any lapses in follow through are detected.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Richard A. Vahey Administrator N.E.C.</i>	<i>7/25/14</i>

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)
	<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
The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 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 temperature in the freezer section of the "Hotpoint" brand refrigerator located in the home's basement had a temperature reading of 25 degrees Fahrenheit.
 The refrigerator section of the "Hotpoint" brand refrigerator located in the home's basement had a temperature reading of 52 degrees Fahrenheit.
 The temperature in the "Amano Deep Freeze" Chest Freezer measured 12 degrees Fahrenheit.

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 Hotpoint refrigerator in our basement had been used for storing fresh produce and was not as closely monitored as it should have been as a result. We would never want to be in the position of serving our residents compromised food. All freezer and refrigerator temperatures have been adjusted to their proper range as per DPW regulations (below 40 degrees for refrigerators and 0 degrees for freezers). In addition each freezer and refrigerator has been tagged with a label noting their proper temperature (Attachments F1 and F2). It has been specifically added to the duties of third shift staff to check each refrigerator and freezer daily in order to maintain this correction over time. Also, Administrators will continue to monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Administrator P.E.C.</i>	Date <i>7/25/14</i>
--	---------------------

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: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2800.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

15 bags of brussel sprouts and 10 bags of cauliflower stored in the "GE" brand horizontal freezer located in the home's basement were not labeled or dated.
 2 bags of "Price Chopper" brand chopped onion and peppers stored in the freezer section of the "Hot Point" brand refrigerator located in the home's basement were not dated.
 2 "Piguano" brand cupcakes stored in the freezer section of the "Hot Point" brand refrigerator located in the home's basement were dated 10/15/13 and were kept frozen more than the permissible 6 month timeframe.
 A 6lb. 9oz. can of Furmano's Sweet Peas as well as a 55oz. can of Ambrosia Sliced Ripe Olives were visibly dented. These cans were located in the basement with the facility's food supply.

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.

We pride ourselves on serving quality food at our facility and would never want to be in the position of serving our residents compromised food. In order to ensure the resolution of the noted lapses a notice clarifying food labeling and dating requirements as well as food retention time frames has been posted on each storage freezer in the basement (Attachment G1). This directs staff to label any unlabeled food and date any undated food as it is received and clarifies that food may only be stored for 6 months as per DPW regulations. The noted undated and expired food has been disposed of. Also, in the future any dated food which is expired will be disposed of as we would expect. A notice directing all staff to dispose of any dented cans (Attachment G2) has been posted on shelves in the food storage area. The dented cans that were noted have been disposed of. Also a notice has been posted directing staff to move any damaged food which is to be returned for credit to a separate area so it will not be intermixed with food for consumption (Attachment G3). The area for returned food has been demarcated with a sign (Attachment G4). Administrators will continue to monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey</i>	<i>Administrator</i> <i>H.C.C.</i>	Date <i>7/25/14</i>
---	---------------------------------------	---------------------

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)
	<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
The above plan of correction was approved by <u><i>RP</i></u> (Initials)	

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency preparedness plan was not posted in a public and conspicuous location and was instead located in the administrators' office.

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.

We are keenly aware of the importance of emergency preparedness at our facility and welcome this opportunity to improve in this area. An updated copy of our emergency action plan has been posted in the living room of the facility and another copy is kept in the office as per this regulation. We hope this will enable interested parties to look into the procedures at their convenience or for refreshers. Administrators will continue to monitor for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Richard A. Vahey Administrator N.E.C.</i>	<i>7/25/14</i>

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 <u>AP</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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records as well as an interview with staff person F, who is the co-administrator, indicated monthly fire drills are routinely being held during the last several days of the month. Dates of drills are as follows:
 6/27/14, 5/29/14, 4/29/14, 3/31/14, 2/28/14, 1/27/14, 12/30/13, 11/29/13, 10/31/13, 9/30/13, 8/28/13, and 7/24/13.

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.

As per DPW regulations we conduct our fire drills on different days of the week, at different times of day and night, not routinely when additional staff persons are present and not routinely at times when resident attendance is low. In addition we will endeavor to vary the time of month that we hold our fire drills since the on-site DPW representatives recommended this further measure. We want to help our residents be as ready as possible in the event of a real fire emergency. Administrator or designated staff on shift will conduct fire drills at different times of the month. Administrators will monitor for compliance.

Admin / Designee will review fire drill logs on a monthly basis to ensure ongoing compliance. CP. 8-5-14

*Withdrawn
 8/20/14 JH*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey Administrator N.E.C.* Date *7/25/14*

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 <i>CP</i> (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: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 The initial medical evaluation in the record of resident #2 (admitted 2/20/14) was not dated and therefore it could not be determined if the resident was evaluated in a timely manner.

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 initial medical evaluation of resident #2 was corrected by provider (Danville State Hospital) and a corrected version was faxed to our facility for the resident's record showing that the initial evaluation was completed on 2/20/14 as part of the residents discharge process from the state hospital. In the future Co-Administrators will scrutinize initial medical evaluations to ensure that the date of initial medical exam is documented and will monitor for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey</i>	<i>Administrator N.E.C.</i>	Date <i>7/25/14</i>
--	---------------------------------	---------------------

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

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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 On 7/1/14 Department Representatives observed a large green plastic bucket filled with combustible materials including paper, cardboard and napkins located in the facility's designated smoking area.

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 bucket which was collecting waste was removed from the area and a sign (Attachment H1) has been posted which directs no open containers are to be left in the smoking area due to the potential for a fire hazard. A home meeting was held on 7/24/14 to discuss this issue with residents and help them understand the importance of this issue. Administrators will continue to monitor for compliance as we take fire safety very seriously.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey</i>	<i>Administrator</i> <i>N.E.C.</i>	Date <i>7/25/14</i>
---	---------------------------------------	---------------------

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 <i>[Signature]</i> (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: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the Nissan Van did not contain the following items: scissors, eye glasses, or 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.

Scissors, safety glasses and a thermometer were purchased for our travel first aid kit located in the Nissan van. We had not had these items due to the regulation stating that ancillary first aid kits do not need to contain all of the items that a home's primary first aid kit must have, but we are not adverse to supplying them and will continue to supply them in our first aid kits for our vehicles. Administrators will continue to monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Administrator N.E.C.</i>	Date <i>7/25/14</i>
--	---------------------

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 <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

Violation Report: 22175 - 07/01/2014 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Residents #2 and #3 were not educated regarding their right to refuse a medication if it is believed the medication is being given in error.

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.

We are strict believers in Residents Rights and respect a resident's right to decline a medication if they feel it is being given in error. Residents #2 & #3 each met with Administrator (Staff F) on 7/24/14 and it was reviewed with residents that they have the right to refuse medication if they believe it is being given in error. Also our resident rights templates have been updated (Attachment I shows relevant item 'Z') to ensure that it is noted that a resident has the right to refuse medication as described above. Administrators will continue to utilize resident rights lists featuring this right and will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey</i>	<i>Administrator M.E.C.</i>	Date <i>7/25/14</i>
---	--	---------------------

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 <u>DD</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