



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 1 1 2015

Mr. 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

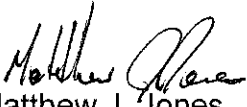
Dear Mr. Emershaw:

As a result of the Department of Human Services' licensing inspection on June 24, 2015 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, 2015 to August 3, 2016 was issued on May 21, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The inspection certificate from the Department of Labor and Industry for the home's furnace expired on 5/30/15.

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.

Our furnace was inspected on April 16th 2015. It was deemed to need repairs which we have had correctly completed to the best of our knowledge. The repairs were completed on 5/28/15, prior to the expiration of our inspection certificate on 5/30/15. We mailed the appropriate form to the Department of Labor and Industry upon the completion of the repair work and we are simply waiting for our replacement certificate to arrive in the mail. We followed up with the Department of Labor and Industry on 7/16/15 to determine if any other actions needed to be taken and submitted photographs of the repairs to expedite the issuance of the new certificate of inspection if possible.
 We will forward our new Certificate of Operation for the furnace upon our receipt of it.

The administrator shall monitor and assure ongoing compliance.
 M
 7/27/15

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* Date *7/22/15*
Director / Co-Administrator N.E.C.

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

The above plan of correction is approved as of <u>7/27/15</u> (Date)	Plan of correction implementation status as of <u>7/27/15</u> (Date)
The above plan of correction was approved by <u>M</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 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 -The bathtub in the 2nd floor "yellow" common bathroom had not been cleaned and a blue liquid was spilled on the shower curtain and tub floor.
 -The light in the shower located in the 2nd floor "yellow" common bathroom contains dead insects and small pieces of paper.
 -Dried drops of toothpaste were noted in the 2nd floor "yellow" common bathroom sink.
 -The white carpet on the first floor common bathroom floor was heavily stained with dirt.
 -The windows and screens located on the landing between the first and second floor are dirty and littered with dead insects.
 -The ceiling vent in the first floor common bathroom is covered with dust.

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.

Sanitary conditions at Conyngham Care are important to staff and a necessity to our residents well-being. The noted violations in our 2nd floor bathroom have been properly cleaned. The first floor common bathroom ceiling vent has been removed and cleaned, and the white carpet has been discarded. All windows and screens were immediately cleared of any insects or debris. Although 2nd shift staff are responsible for maintaining the 2nd floor, to prevent any further lapses, first shift staff will complete hourly checks of all facility bathrooms and clean any soiled items or fixtures. First shift staff will also continue cleaning the first floor bathrooms as they had done previously. To prevent further problems, daily inspection and cleaning of ceiling vents and shower lights has been added to the first and second shifts daily task logs (Attachments 2A&2B). In order to maintain clean windows at the facility, our cleaning schedule has been revised and all windows and screens will be cleaned monthly and/or as needed (Attachments 2C, 2D, &2E). Administrators will monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/07/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahry*
 Director/Co-Administrator N.E.C. Date *7/22/15*

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Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 More than half of a floor tile measuring approximately 12" x 12" is missing in front the toilet in the 2nd floor "yellow" common bathroom exposing the wooden subfloor.
 Approximately 6 ceramic tiles are missing from the wall in the 2nd floor "yellow" common bathroom.

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 have enlisted the assistance of the maintenance staff of our parent company (Northeast Counseling) to complete the needed repairs to the second floor common bathroom and the third floor bathroom of our personal care home. The missing wall and floor tiles have been replaced. In order to ensure that all areas remain in good repair an administrator will do a monthly walk through of the facility looking for items in need of repair. Needed repairs will be forwarded to the maintenance department staff via a maintenance service request form (Attachment 3A) which we will use to expedite and track our requests for assistance with maintenance concerns in the future. This will help prevent our having to wait for extended periods of time to have repairs completed. We recognize the importance that appearances can play in the comfort of our residents and we will continue to strive to provide the best possible living environment we can for them.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Director / Co-Administrator N.E.C.</i>	Date <i>7/22/15</i>
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Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(j) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 The following items were found not dated in the home's kitchen refrigerator/freezer: 1-16oz. pkg. of Oscar Myer Bologna; 1-8oz. pkg. of Deli-Turkey; 1-bag of chicken legs and 1-1lb. box of Gorton's Fish Fillets.
 The following expired items were found in the home's kitchen refrigerator/ freezer: 1-plastic bag of "pizza cheese" dated 5/12/15; 1-pkg. Chicken Chip Steak dated 3/23/15 and 1-8oz. bottle of French's Mustard dated 4/24/15.

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 the quality of the food we provide seriously at Conyngham Care Center and we are endeavoring to prevent lapses in the future. The noted undated and expired food has been disposed of. In order to ensure prevention of further occurrences, a notice has been posted on food storage refrigerators reminding direct care staff to date and label any items before placing them in the refrigerator/freezer and to check daily for expired food and properly dispose of this in the garbage (Attachment 4A). It has also been notated on the daily task log (Attachment 4B), that third shift staff will check all refrigerators and freezers daily for unlabeled or expired food and dispose of any such items. Administrators will monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2014		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative *Richard A. Vahey*
 (Required on EVERY Page) *Director/Co-Administrator N.E.C.* Date *7/22/15*

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Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 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
 An accumulation of dryer lint measuring ¼" thick was found covering the inside of both of the home's exterior dryer ducts.

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 safety very seriously at Conyngham Care. Immediately upon notification of the lint presence in the external dryer ducts the facility director cleaned them out the same day. It has been added to the daily task log (Attachment 5A) that first shift staff will check the external ducts and surrounding areas daily for lint and clean out any accumulation/ remove any debris from duct venting area. An administrator will check the vents and surrounding area weekly to verify compliance with this plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Richard A. Vahey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Richard A. Vahey Director/Co-Administrator N.E.C.</i>	Date <i>7/22/15</i>
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The above plan of correction was approved by *M*
 (Initials)

Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated 1/20/15, is missing the following elements: height, weight, pulse and temperature. The medical evaluation for resident # 2 is not dated to indicate when the resident was evaluated by their physician. The medical evaluation for resident # 3, dated 7/11/14, is not marked to indicate the need for body positioning/movement. The medical evaluation for resident # 4, dated 11/3/14, is missing the following elements: special health needs, body positioning/movement and special dietary needs.

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.

Conyngham Care Center recognizes the importance of having all pertinent medical forms filled out correctly and completely. We want all of our residents to receive all appropriate, necessary care. Staff have been educated on this matter via a memo (Attachment 6A). With regard to the missing information from our current inspection: Resident #3 has had a new DME completed on 6/24/15; and the missing information on Resident #1, 2 & 4's DMEs was completed by the relevant medical service provider for each. In order to prevent missing or incomplete information in the future, two staff will review all medical evaluations (MA51s & DMEs) for omissions, with at least one of these staff being an administrator. Administrators will monitor for compliance.

The administrator shall Audit all current Medical evaluations to assure that all information is complete and accurate. The Audit shall be completed by August 14, 2015. Documentation of the Audit shall be maintained by the home and available for the Department upon request. M 7/24/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/01/2014

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 Director/CO-Administrator N.E.C. Date 7/22/15

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Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Approximately 4 cigarette butts were noted on the ground in the home's exterior smoking area that is equipped with receptacles.

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.

Facility Director held a home meeting with residents on 6/25/15 at dinner to review the importance of using the provided cigarette butt receptacles. All residents were in attendance and it was agreed that it was important for fire safety to use the appropriate receptacles. There was no dissent noted. Also, signs have been posted in the smoking areas (Attachment 7A) to advise smokers not to throw cigarette butts on the ground and instead to use the appropriate receptacles. Signs were also posted at the main entrance for staff & visitors near the smoking area (Attachment 7B) to advise them of our policy. An administrator will check the grounds weekly to verify compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard A. Vahey*
Director / Co-Administrator N.E.C. Date *7/22/15*

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Violation Report: 22175 - 06/24/2015 - O'Haire, Anne
 PCH Name: CONYNGHAM 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 screenings for resident # 2 (dated 3/11/15) and # 1(dated 2/28/15) are not marked to indicate that their needs can be met in a personal care home.

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 our pre-admission screenings very seriously and only accept appropriate residents who will be compatible with our population. The pre-admission screenings for residents #1 & #2 have been corrected to 'Yes' as these residents were deemed to be residents whose needs could be met at our PCH. In the future all pre-admission screenings will be reviewed by both the PCH Director and the Supervisor upon every admission to prevent missing information such as this.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 Director/Co-Administrator N.E.C.</i>	Date <i>7/22/15</i>
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