



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 3 1 2016

Mr. Francis Emershaw, CEO  
Northeast Counseling Services  
663 East Main 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' annual licensing inspection on June 22, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22175 - 06/22/2016 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The hallway bathroom on the first floor did not have an operable fan for ventilation. The bathroom is an interior room with no window.

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 hallway bathroom on the first floor did not have a properly working fan for ventilation; fan has since been taken apart by our maintenance and cleaned thoroughly. We recognize the importance that equipment must be in good repair to provide Residents with the best possible living environment. Administrator will check for compliance on a regular basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alyssa Chiogna CO-Administrator          Director NECS</i>	Date <i>7-15-16</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>7/19/16</u> (Date)	Plan of correction implementation status as of <u>7/19/16</u> (Date)
The above plan of correction was approved by <u><i>M</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 - 06/22/2016 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The following resident rooms did have lamps at the bedside, however they were unplugged in: Room 1, Room 2, Room 5, Room 6, and Room 7.

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 noted violation is important that Residents have access to proper lighting to avoid safety concerns. All bed side lamps have been plugged in by staff. Administrators have also placed LED push button lights in all Residents rooms to ensure they have access to lights at all times. Safety of our Residents is very important to us, and we will continue to monitor that they have access to a light source at all times. Administrators and Staff will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alyssa Chiogna</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alyssa Chiogna Director/ Co-Administrator</i>			Date <i>7-15-16</i>

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Violation Report: 22175 - 06/22/2016 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**

The shared bathroom in room #5 had two bars of soap on the counter of the sink. One bar was in an unlabeled soap container, the other bar was lying on the sink.

**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 noted violation is important to ensure proper personal hygiene is maintained. Shared bathroom Room #5 contained two bars of soap that was not labeled with Residents initials. We do not encourage or allow our Residents to share personal hygiene supplies. The bars of soap were immediately disposed of by staff. Residents have been supplied with new bars of soap and containers with their initials, to prevent any further incidents. Administrators and staff will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) NECS Alyssa Chiogna Director/Co-Administrator Date 7-15-16

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Violation Report: 22175 - 06/22/2016 - 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 Frigidaire upright freezer in the basement was operating at 10 degrees above 0.

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 noted Regulation is important to ensure food is stored at safe temperatures. The Frigidaire upright freezer located in the basement was operating at 10 degrees above 0, the temperature has since been adjusted by staff. Staff will closely monitor all refrigerators and freezers thermometers to ensure food is being stored at a safe temperature, as noted on our 3<sup>rd</sup> shift daily log (Attachment 4A). Administrators will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Alysa Chiogna*

Printed Name and Title of Legal Entity Representative

NECS

(Required on EVERY Page) *Alysa Chiogna Director / Co Administrator*

Date

*7-15-16*

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Violation Report: 22175 - 06/22/2016 - Rushin, Julienne  
 PCH Name: CONYNGHAM CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

The refrigerator in the kitchen had a package of salami lunchmeat that was opened on 6/15/16 still available for consumption, along with a container of turkey lunchmeat that was not dated and spoiled.  
 The Amana chest freezer in the basement had 5 clear bags of raspberries that were not dated when they were taken out of the case.

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 noted violation is important to ensure we are serving Residents food that is safe to consume. The refrigerator in the kitchen had lunchmeat that was previously frozen and had since spoiled. Also, in our basement freezer, 5 bags of unlabeled raspberries were found. Both items have since been discarded. Our 3<sup>rd</sup> shift staff will continue to monitor refrigerators and freezer for out dated and unlabeled items, (Attachment 5A & 5B) as well as all shifts. Administrators to monitor compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Alyssa Chiogna*

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

*NECS  
 Alyssa Chiogna Director/CU-Administrator*

Date *7-15-16*

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Violation Report: 22175 - 06/22/2016 - Rushin, Julienne  
 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**

The home's designated smoking areas are located in the backyard under the arbor and under the pavillion. Approximately 3 extinguished cigarette butts were noted in dry leaves beside the steps leading to the back door of the 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.*

The noted violation is important to reduce the risk of fires with unsafe smoking. Facility Director, Supervisor and Staff continuously inform Residents of safety risks and where cigarette butt depots are located. Conyngham Care Center does have signs located at both designated smoking areas and at our entrance where to dispose cigarette butts (Attachments 6A and 6B). Due to our unpredictable population, daily checks of grounds for cigarette butts has been added to our 2<sup>nd</sup> shift daily log (Attachment 6C). Administrator will check for compliance.

*The administrator shall monitor and assure ongoing compliance.*  
*m 7/19/16*

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Signature of Legal Entity Representative (Required on EVERY Page) *Alysa Chiogna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alysa Chiogna Director/Co-Administrator* NECS. Date

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1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Department Representative noted correction fluid on a portion of the "diagnosis" section of resident #1's DME.

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 noted violation is important to ensure that the information is accurate and unaltered. On Resident #1 DME Physician had used correction fluid on the diagnosis section. DME was taken to Physician and completed without using correction fluid on 7-12-16. To prevent any further incidents Co-Administrators will review each DME, and resubmit to Physician if any correction fluid is visible. Administrators to monitor for compliance.

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Signature of Legal Entity Representative (Required on EVERY Page) Alyssa Chiogna

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alyssa Chiogna Director/Co-Administrator N.E.C.S.  
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