



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Mr. Francis Emershaw,
Chief Executive Office
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 19, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
 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

Department Representatives observed the oil fired boiler located in the basement of the facility. The facility has installed a carbon monoxide detector approximately 4 feet from the boiler. The Care Facility Carbon Monoxide Alarms Standards Act requires the detector be installed no less than 15 feet from any fossil fuel burning device. The detector was also observed to be battery powered. It was observed that the detector was not labeled with the date the battery was installed in the detector, also required by the Care Facility Carbon Monoxide Alarms Standards Act.

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 in regards to maintaining compliance with applicable health, safety and wellness requirements for our Residents and Staff. Our facilities carbon monoxide detector was measured approximately 4 feet from the boiler, instead of the required 15 feet and the detector had also not been labeled with the date the battery was installed. The Carbon monoxide detector was immediately moved to the correct proximity of 15 feet from the oil burner. The battery was changed labeled and dated. Administrator 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) Alyna Hornick

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) A.Hornick Director/Co-Administrator Date 6-28-17.

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

The above plan of correction is approved as of 7-31-17
 (Date)

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

Plan of correction implementation status as of 7-31-17
 (Date)

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

Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

It was determined that the facility manages finances for residents of the facility. The facility reviews an itemized account of financial transactions made with the resident but does not review this with the resident's designated person on a quarterly basis.

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 importance of the noted violation is to provide an itemized account, which allows the Resident to review financial transactions and verify accuracy. Our Facility reviews on itemized account of financial transactions with the Resident on a quarterly basis, financial transactions are not reviewed with the Residents designated person. All Residents with a designated person will be mailed a copy of the Resident's financial transactions on a quarterly basis beginning July 1st, 2017 (Attachment 2A). Residents whom have a designated person will be tracked to ensure forms are being mailed out on a quarterly basis (Attachment 2B). Administrator will monitor for compliance.

documents reviewed. q. 7-31-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alyssa Hornick Director / Co-Administrator Date 6-28-17

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Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident room 9. The room does not have any type of window covering to provide privacy to the residents.

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 facility understands the importance of Residents right to privacy. Resident room #9 did not have any window covering to provide the Resident with privacy. Curtains have since been purchased and hung on the windows. Staff will ensure while cleaning Residents rooms that all window coverings are present and in good condition. Administrator 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 Hornick

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Alyssa Hornick Director / Co-Administrator Date 6-28-17

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Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
 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

Department Representatives observed the clothing dryers located in the basement of the facility. Behind both dryers is a large accumulation of lint on and near the dryer ductwork which poses a fire hazard.

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 accumulation of lint, maintenance thoroughly cleaned behind the dryers. Maintenance will routinely come to facility to clean lint behind dryers and surrounding area. Administrators will continue to monitor for compliance.


Home say 5 one w/month. Q. 7-31-17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *A. Hornick Director/Co-Administrator* Date *6-28-17*

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Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a cotton sock located directly behind the clothing dryer. The sock is combustible and was located directly behind a heat source which poses a risk of fire.

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 provide a safe environment for our Residents. A cotton sock was located directly behind the clothing dryer. The sock was immediately removed by staff, and wire racks will be installed to the wall over the dryers to prevent any items from falling behind the dryers. Administrators will monitor for compliance.

The home will have these racks installed by 08/31/17
as per. sup Q. 7-31-17


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

Signature of Legal Entity Representative (Required on EVERY Page) *Allyna Hornick*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *A. Hornick Director/Co-Administrator* Date *6-28-17*

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Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
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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 facility's van utilized to transport residents does not contain a CPR shield as required.

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 the essential items for basic emergency medical care are present in the case of an emergency. The first aid kit located in the facility's van to transport Residents did not contain a CPR shield as required. CPR shields have been ordered via our Accounting department, and will be placed in all vehicles at the facility upon delivery, that are used to transport Residents. Staff will continue to check all first aid kits on a weekly basis. Administrators 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) *Aluma Hornick*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *A Hornick / Director-Cg-Administrator* Date *6-28-17*

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Violation Report: 22175 - 06/19/2017 - Hummel, Jesse
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record for resident #1 does not contain a current picture of the resident, which is not less than two years old. The resident has lived in the home since 2014.

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.

Having a complete record for each Resident helps give the home the best possible picture of who the Resident is, their history and what services or needs the Resident may have. The record for Resident #1 did not contain a current photo which was less than 2 years old. Current pictures of all Residents have since be taken and placed in all Residents charts. Staff will take pictures of all Residents during our annual Christmas party, to ensure photos are kept up to date. Administrators to monitor.

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Signature of Legal Entity Representative (Required on EVERY Page) Alma Hornick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) A. Hornick / Director Co-Administrator Date 6-28-17

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