



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 26, 2019

Mr. Francis Emershaw
Chief Executive Officer
Northeast Counseling Services
663 East Main Street
Nanticoke, Pennsylvania 18634

RE: Conyngham Care Center
63 South Hunter Highway, PO Box 473
Drums, Pennsylvania 18222
License # 221750

Dear Mr. Emershaw:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 4, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "Carolyn K. Ellison".

Carolyn K. Ellison
Deputy Secretary, Office Administration
Shared Services for Health and
Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CONYNGHAM CARE CENTER*
 Address: *63 S HUNTER HIGHWAY PO BOX 473, DRUMS, PA 18222*
 County: *LUZERNE* Region: *NORTHEAST*

License Number: *221750*

Administrator

Name: *Alyssa Hornick* Phone: *5707882052* Email: *FRANE@PTD.NET*

Legal Entity

Name: *NORTHEAST COUNSELING SERVICES*
 Address: *663 EAST MAIN STREET, NANTICOKE, PA, 18634*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/08/1985* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

06/04/2019 - On-Site: Kristin DeVries, Vanessa Mendez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *16*

Secured Dementia Care Unit

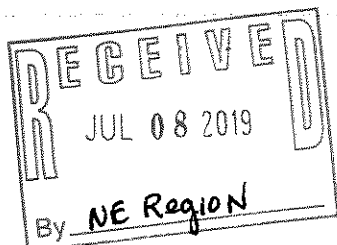
In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *1* Have Physical Disability: *0*



CONYNGHAM CARE CENTER

221750

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The carbon monoxide detector's battery was last replaced on 03/25/18. According to the Care Facility Carbon Monoxide Alarms Standards Act, the battery must be replaced at least once annually.

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.)

At the time of the inspection, the batteries were replaced in the carbon monoxide detector. Administrators will ensure batteries are changed in carbon monoxide detectors, following the same schedule as the observed fire drills (by a fire professional) that occur annually every May.

Legal Entity Representative

Alyssa Hornick
Signature

Alyssa Hornick *7-1-19*
Printed Name and Title *Administrator* Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

25c13 - Complaint Procedure

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident #1 was admitted to the home on 07/12/18. Verification that the resident received a notification of their Resident Rights could not be located in the resident's contract.

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 has a court appointed Legal Guardian who had signed and kept the residents' rights on his behalf. In the instance of a resident having a Legal Guardian who would require this item for their records, Administrators will ensure that two copies of residents rights are signed by applicable parties – one copy for the signor and another copy retained for the resident chart. At the time of inspection, the resident rights were immediately reviewed with Resident #1 and placed in his chart.

Legal Entity Representative

Alyssa Hornick
Signature

Alyssa Hornick 7-1-19
Printed Name and Title Administrator Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

65d - Initial Direct Care Training

Regulations

2600.

65.d.1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person A, hired on 8/27/18, and direct care Staff Person B, hired on 8/14/18, provide unsupervised ADL services for residents. However, the home did not have verification that these staff completed a supervised demonstration of their job duties.

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.)

On the orientation sheet for new direct care staff persons, there is a date designating when the 40 hour supervised job demonstration has been completed. Administrators will verify that the date is present on the orientation form, and Administrators will initial and date verifying the completion of the required supervised training. In addition to this, Administrators will also specifically designate the dates and hours equaling 40 hours of supervised job demonstration and will sign to indicate that this has occurred. See attachment A.

Legal Entity Representative

Alysa Hornick

Signature

Alysa Hornick

Printed Name and Title

Administrator

7-1-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

Freezer #1 located in the home's basement and the Frigidaire freezer located in the home's kitchen both had a temperature reading of 10°F at time of inspection.

The Whirlpool refrigerator located in the home's kitchen had a temperature reading of 45°F at time of inspection.

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.)

Following the inspection, new thermometers were obtained to measure the temperature for the freezers and refrigerators in the facility. Direct care staff on each shift will be responsible for monitoring and adjusting the temperatures of the refrigerators/freezers at least once per shift. Administrators will monitor for compliance. See attachment B, the updated shift assignment sheets for direct care staff.

Legal Entity Representative

Alyssa Hornick
Signature

Alyssa Hornick 7-1-19
Printed Name and Title Administrator Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the fire department, dated 5/9/19, does not include the home's total license capacity. It also states that there are currently 15 residents in the home; at time of inspection, there were 16 residents in the home.

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.)

Following the inspection, the notice to the fire department was updated and submitted to the local fire department that day. Administrators will resubmit letter to the fire department as necessary, at least annually. See attachment C, the updated notice to the local fire department.

Legal Entity Representative

A. Hornick

Signature

Alyssa Hornick 7-1-19

Printed Name and Title *Administrator* Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

144c2 - Smoking Area Distance

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: 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.

Description of Violation

There was a trash can that contained flammable garbage and cigarette butts located in the home's designated smoking pavilion area, posing a possible fire hazard.

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 garbage can containing fire hazard materials was immediately emptied and moved out of the smoking area at the time of the inspection. Direct care staff had conducted a meeting with all residents regarding this matter, as the garbage can had been procured by a resident and brought to the smoking area. Fire safety and concerns were reinforced with all residents. The garbage can will be secured away from the designated smoking area so it would not be able to be moved back to the smoking area. Any extra garbage cans will be stored in the locked shed. Administrators will continue to monitor.

Legal Entity Representative

Alysa Hornick
Signature

Alysa Hornick 7-1-19.
Printed Name and Title Administrator Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home only had the menu for the current week posted, and not the menu for 1 week in advance, as required by this regulation.

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 home does have a monthly menu planned out, but due to the population we serve, having more than one week menu posted was resulting in confusion to the residents. The second week was posted at the time of inspection, and two weeks will be posted at all times, including dates so as to reduce resident confusion. Administrators will continue to monitor for compliance.

Legal Entity Representative

Alyssa Hornick
Signature

Alyssa Hornick 7-1-19
Printed Name and Title *Administrator* Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 has a PRN Refresh Tears .5% which was opened and used, but was not labeled for the date on which it was opened. This label for this medication states that it is to be discarded 90 days after opening.

Resident #3 has a PRN Ventolin HFA 90mcg which was opened and used, but was not labeled for the date on which it was opened. This label for this medication states that it is to be discarded 12 months after opening.

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 trained staff were educated on this matter by Medication Trainers and Administrators. In order to prevent this from occurring again, a label will be added to the medication container annotating the date opened by the medication trained staff person opening the medication, and date of expiry as per medication label designations. This additional label will be on the medication itself or on the container, but not in a location that would obscure the pharmacy label. All medication trained staff are responsible for adding the appropriate label and Administrators will monitor for compliance.

Legal Entity Representative

Alyssa Parnich

Signature

Alyssa Parnich 7-19

Printed Name and Title Administrator Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7-12-19
(Date)

Plan of correction implementation status as of

7-12-19
(Date)

The above plan of correction was approved by

MM
(Initials)

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

CONYNGHAM CARE CENTER

221750

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #1's record did not indicate the resident's identifying marks, if any.

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.)

At the time of the inspection, the descriptive data was completed by the Administrator. Upon admission of any new resident, Administrators will ensure that all identifying marks are included on the descriptive data, or a designation of no apparent identifying marks would also be noted where appropriate. Administrators will monitor for compliance.

Legal Entity Representative

Alyssa Hornich

Signature

Alyssa Hornich

Printed Name and Title

7-1-19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

The above plan of correction was approved by MM
(Initials)

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