

Department of Human Services
Bureau of Human Service Licensing

February 9, 2021

[REDACTED], MANAGING MEMBER
PLYMOUTH MANOR PERSONAL CARE CENTER LLC
120 MARTZ MANOR
PLYMOUTH, PA 18651

RE: PLYMOUTH MANOR PERSONAL
CARE CENTER
120 MARTZ MANOR
PLYMOUTH, PA, 18651
LICENSE/COC#: 22587

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2020, 07/17/2020, 08/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: PLYMOUTH MANOR PERSONAL CARE CENTER **Licence #:** 22587 **Licence Expiration Date:** 03/10/2021
Address: 120 MARTZ MANOR, PLYMOUTH, PA 18651
County: LUZERNE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5707792730 **Email:** [REDACTED]

Legal Entity

Name: PLYMOUTH MANOR PERSONAL CARE CENTER LLC
Address: 120 MARTZ MANOR, PLYMOUTH, PA, 18651
Phone: 5707792730 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/17/2020

Inspection Dates and Department Representative

07/09/2020 - On-Site: [REDACTED]
07/17/2020 - Off Site: [REDACTED]
08/17/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licence Capacity: 40 **Resident Served:** 40

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 12 **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 19 **Diagnosed with Intellectual Disability:** 4
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/09/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *09/01/2020*

8/28/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/09/2020*

2/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/18/2021*

2/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The RASP, dated 4/8/20, for Resident #1 indicates the resident requires assistance with toileting reminders/changing every two hours and PRN. It has been determined through staff interviews that Resident #1 did not receive this assistance from 7/3/20 at 9:02 until 7/4/20 shortly before 8 am.

Plan of Correction

Directed

PCA's will monitor residents on bathroom reminders and changes on the overnight shift for any incontinence needs. Administrator will remove bathroom reminders with changes every two hours PRN from all RASP's except if it is an incontinent overnight resident need.

Resident was not an overnight incontinent resident, using the bathroom independently. Resident used bathroom on own per RASP. Bathroom reminders with changes every two hours PRN is offered if needed per resident need as a precaution for skin integrity and dignity issues for all residents who wear adult diapers and have memory impairment issues. Resident was changed at 9:02pm. If adult diaper is dry and clean, diaper would not be changed and wasted at resident and family expense. 11-7 employee adamantly stated that ■ changed resident at 5am during questioning twice, but on third occasion when asked (after being terminated from facility and disgruntled) ■ stated to inspector that ■ didn't recall if ■ changed resident who is also ■ grandmother. No proof was provided from the person who put in this complaint or time stamp of the alleged soiled diaper, only verbal allegations. Resident was sent to ER for evaluation due to lack of appetite and lack of consumption of fluids, causing concern for dehydration.

Directed Plan of Correction:

The Home will audit all RASPs with 30 days of receipt of this Plan of Correction to update all toileting for residents.

The audit records will be retained by the Home.

AG, 8-28-2020

Completion Date: 08/27/2020

Update - 08/28/2020

8-28-20

Recommended Language usage is Adult Incontinence Product. Use of term "diaper" is discouraged for dignity and respect.

23a - Activities of Daily Living Assistance (continued)**Document Submission****Not Implemented**

PCA's will monitor residents on bathroom reminders and changes on the overnight shift for any incontinence needs.

Administrator will remove bathroom reminders with changes every two hours PRN from all RASP's except if it is an ncontinent overnight resident need.

Resident was not an overnight incontinent resident, using the bathroom independently. Resident used bathroom on own per RASP. Bathroom reminders with changes every two hours PRN is offered if needed per resident need as a precaution for skin integrity and dignity issues for all residents who wear adult incontinence products and have memory impairment issues. Resident was changed at 9:02pm. If adult incontinence product is dry and clean, adult ncontinence product would not be changed and wasted at resident and family expense. 11-7 employee adamantly stated that she changed resident at 5am during questioning twice, but on third occasion when asked (after being terminated from facility and disgruntled) she stated to inspector that she didn't recall if she changed resident who is also her grandmother. No proof was provided from the person who put in this complaint or time stamp of the alleged soiled adult incontinence product, only verbal allegations. Resident was sent to ER for evaluation due to lack of appetite and lack of consumption of fluids, causing concern for dehydration.

The Home will audit all RASPs with 30 days of receipt of this Plan of Correction to update all toileting for residents. The audit records will be retained by the Home.

Update - 02/08/2021

The home is required to submit verification of compliance via the Portal in the Sans Write platform.

The outcome of the Audit of the RASPs needs to be submitted via the Portal. Please call 800-984-9346 if assistance is required.

AG, 2-8-21

23a - Activities of Daily Living Assistance (continued)

Document Submission**Implemented**

PCA's will monitor residents on bathroom reminders and changes on the overnight shift for any incontinence needs.

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The Home will audit all RASPs within 30 days of receipt of this Plan of Correction to update all toileting for residents. The audit records will be retained by the Home.