

Department of Human Services
Bureau of Human Service Licensing

March 11, 2021

[REDACTED] LEGAL ENTITY
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 02/10/2021, 02/11/2021 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 **Licen e #:** 22587 **Licen e Expiration Date:** 03/10/2022
Addr e : 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:** CHRISTOPHERSLEHMANN@GMAIL.COM

Certificate(s) of Occupancy

Type: I-2 **Date:** 07/21/2011 **Issued By:** Plymouth Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 34 **Waking Staff:** 26

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 02/10/2021

Inspection Dates and Department Representative

02/10/2021 - On-Site: [REDACTED]
02/11/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 34

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 12 **Diagnosed with Intellectual Disability:** 4
Have Mobility Need: 0 **Have Physical Disability:** 3

Inspections / Reviews

02/10/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/10/2021*

3/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/15/2021*

3/11/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 10:45 a.m., the sidewalk leading from the home's emergency exit door in the dining room to the external fire safe area was not cleared of approximately 2 inches of snow. Administrator "A" reported the last snowfall occurred the day before on 2/9/21 in the early afternoon hours.

Plan of Correction

Accept

Snow was immediately removed from walkway on 2/10/21. Administrator will monitor that all walkways are cleared and treated after any snowfall or ice event. Maintenance will ensure all walkways cleared after any snowfall or ice event.

Completion Date: 02/10/2021

Update - 03/04/2021

Upon Resubmission of the Plan of Correction, the Adm will send a digital photo of the snow-free exit area outside of the home's dining room external fire safe area.

AG, 3-4-21

Document Submission

Implemented

Snow was immediately removed from walkway on 2/10/21. Administrator will monitor that all walkways are cleared and treated after any snowfall or ice event. Maintenance will ensure all walkways cleared after any snowfall or ice event.

Update - 03/11/2021

verification sent via portal 3-10-21, AG

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

A bedside lamp in room [redacted] closest to the window, was not within reach of the resident.

Plan of Correction

Accept

Resident's lamp was moved closer and within resident's reach immediately on 2/10/21. Resident lamps will be within arm's reach at all times. Administrator will monitor resident room lamps at bedside to ensure they are within an arm's reach.

Completion Date: 02/10/2021

Update - 03/04/2021

The Administrator or Designee will provide education to Resident(s) regarding education about safety and fall prevention in why bedside lighting is so important.

A photo of the now in-arm's -length lamp will be included in the Resubmission of the home's Plan of Correction. AG, 3-4-21

101j7 - Lighting/Operable Lamp *(continued)***Document Submission****Implemented**

Resident's lamp was moved closer and within resident's reach immediately on 2/10/21. Resident lamps will be within arm's reach at all times. Administrator will monitor resident room lamps at bedside to ensure they are within an arm's reach. Education was provided about safety and fall prevention in why bedside lighting is so important.

Update - 03/11/2021

verification sent via portal 3-10-21, AG

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

1 rewrapped turkey was found in the home's walk-in freezer not labeled or dated.

Plan of Correction**Accept**

Turkey was immediately dated on 2/10/21. Administrator will monitor kitchen refrigerators and freezers to ensure that all food is dated.

Completion Date: *02/10/2021*

Update - 03/04/2021

Any education provided to either Dietary Staff or Ancillary Staff will be submitted with the home's Resubmission of the Plan of Correction.

AG, 3-4-21

Document Submission**Implemented**

Turkey was immediately dated on 2/10/21. Administrator will monitor kitchen refrigerators and freezers to ensure that all food is dated. Education was provided to all staff regarding food safety.

Update - 03/11/2021

verification sent 3-10-21, AG

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (*continued*)**Description of Repeat Violation**

Resident # 1's glucometer did not include the documented numbers as found in resident # 1's medication administration record (M.A.R.) Resident # 1 is prescribed to receive blood glucose checks 4 times daily before meals which includes the snack time. The following documented numbers were not found in the resident's glucometer on the following dates and times:

2/4/21 at 12 p.m. results recorded as 148

2/5/21 at 12 p.m. results recorded as 201

2/8/21 at 4:00 p.m. results recorded as 119

2/9/21 at 4:00 p.m. results recorded as 131

2/9/21 at 8:00 p.m. results recorded as 205.

REPEAT VIOLATION 2/3/20

Plan of Correction**Accept**

Audit of all resident glucometers and MARs was completed on 2/11/21.

Administrator held Accu-Chek/glucometer training for staff to review importance of MARs, glucometer, and insulin administration policies and procedures on 2/24/21.

An audit of each med cart glucometer will be done monthly by Administrator to ensure MARs match Accu-Chek/glucometer machine output.

PCA's will monitor daily Accu-Chek readings are correctly transcribed onto MARs.

Completion Date: *02/24/2021*

Update - 03/04/2021

The Adm will retain Audits of the glucometers until the next Renewal inspection or until there is no evidence of a Repeated Violation.

AG, 3-4-21

Document Submission**Implemented**

Audit of all resident glucometers and MARs was completed on 2/11/21.

Administrator held Accu-Chek/glucometer training for staff to review importance of MARs, glucometer, and insulin administration policies and procedures on 2/24/21.

An audit of each med cart glucometer will be done monthly by Administrator to ensure MARs match Accu-Chek/glucometer machine output.

PCA's will monitor daily Accu-Chek readings are correctly transcribed onto MARs.

Administrator will retain Audits of the glucometers until the next Renewal inspection or until there is no evidence of a Repeated Violation.

Update - 03/11/2021

verification sent 3 10 21, AG