

Department of Human Services  
Bureau of Human Service Licensing

December 14, 2021

[REDACTED], CHIEF EXECUTIVE OFFICER  
[REDACTED]  
[REDACTED]

RE: CONYNGHAM CARE CENTER  
63 S.HUNTER HIGHWAY,PO BOX  
473  
DRUMS, PA, 18222  
LICENSE/COC#: 22175

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *CONYNGHAM CARE CENTER* License #: *22175* License Expiration:  
Address: *63 S.HUNTER HIGHWAY,PO BOX 473, DRUMS, PA 18222*  
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/08/1985* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/27/2021*

Inspection Dates and Department Representative

07/27/2021 - On-Site: [REDACTED]

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: *2* Have Physical Disability: *0*

Inspections / Reviews

07/27/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2021*

**Inspection Dates and Department Representative (*continued*)**

11/21/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/29/2021*

07/27/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

Physical Site

1. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

*A large box of frozen pancakes and garlic knots located in the stand alone freezer in the basement were opened and unsealed.*

Plan of Correction

**Accept**

*The food items in question were immediately repackaged, dated and labeled upon discovery by the inspector. All staff were reminded about proper packaging of food and labeling/dating. The kitchen manager at the time has since been replaced, and the current kitchen manager was provided with all food safety related regulations and has been monitoring the food supply and overseeing the storage of food upon arrival at the PCH. Administrators will continue to monitor for compliance.*

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, documents with the training or instructions to staff must be included as evidence of compliance. Also required will be the evidence of any monitoring or checking that had been done by the Administrator since implementation of the approved POC for the the Renewal Inspection of the monitoring for compliance.*

*Documentation should be sent in the Portal.*

*AG, 11-21-21*

**Completion Date:** 07/27/2021

Document Submission

**Implemented**

*The Kitchen Manager has been provided with a copy of the RCG.  
See attached document "Food Memo" as communication to staff in regards to food storage.  
See attached document "Admin Checks" which was edited to include checking all food packaging to checks regularly done by the Administrators.*

**Completion Date:** 07/27/2021

132i - Testing Fire Alarm

Fire Safety

1. Requirements

2600.  
132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

*Based on an interview with the home's administrator, the home was not activating the fire alarm on a monthly basis.*

Plan of Correction

**Accept**

*Due to the suspension of fire drills by DHS, the fire alarm was not activated. This is due to our residents' typical prompt move to evacuate upon hearing the alarm, which would have led to COVID positive residents co-mingling with residents who tested negative at this time. Once all residents who were cohorted separately were able to come out of isolation, fire drills were reinstated in our facility. In the future event of a fire drill suspension, staff on duty*

**Fire Safety (continued)**

*will inform all residents that the alarm will be activated as a test to confirm functionality*

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, The Adm will submit a copy of the Home's Fire Drill Log to demonstrate evidence of compliance. Documentation of the testing will be done on the Fire Drill Log to evidence compliance.*

*Documentation should be sent in the Portal.*

█, 11-21-21

**Completion Date:** 07/27/2021

**Document Submission**

**Implemented**

*Regular fire drills have resumed as of April 2021 - attached are the Fire Drill Logs documenting fire drills occurring from April 2021 until the present.*

*Please see enclosed document "Fire Drill Logs"*

**Completion Date:** 07/27/2021

**187a - Medication Record**

**Medications**

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Staff did not sign or initial the Medication Administration Record of resident #1 on █/21 and █/21 to indicate that █ had been administered at 5pm.*

**Plan of Correction**

**Accept**

*The staff person in question was given remediation regarding proper documentation following a medication pass. Medication trainers and administrators will monitor for continued compliance. Please see attached remediation.*

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Administrator will note "please see previously enclosed document".*

*Documentation should be sent in the Portal.*

█, 11-21-21

**Completion Date:** 08/01/2021

**Document Submission**

**Implemented**

*Please see previously enclosed document.*

**Completion Date:** 08/01/2021