

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 5, 2022

[REDACTED]
NORTHEAST COUNSELING SERVICES
[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 07/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CONYNGHAM CARE CENTER* License #: *22175* License Expiration: *08/03/2022*
 Address: *63 S.HUNTER HIGHWAY,PO BOX 473, DRUMS, PA 18222*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *NORTHEAST COUNSELING SERVICES*
 Address: *663 EAST MAIN STREET, NANTICOKE, PA, 18634*
 Phone: *5707357590* Email: *concare@ptd.net*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/06/2022*

Inspection Dates and Department Representative

07/06/2022 - 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: *1* Have Physical Disability: *0*

Inspections / Reviews

07/06/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/29/2022*

Inspections / Reviews *(continued)*

08/28/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2022
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2022

10/06/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2022
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/13/2022

11/04/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2022
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/11/2022

12/05/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2022
 Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary for the home's previous Renewal, dated 7/27/21, was not posted in a conspicuous and public place in the home.

POC Submission

Accept (AG - 08/28/2022)

Upon the inspector indicating this deficiency on the date of inspection, the Administrator did post the inspection summary from the 7/27/21 inspection on the bulletin board in the main hallway of the PCH.

Please see image attached showing the inspection summary as posted in a public area.

Administrators will continue to monitor for compliance and will post all future inspection summaries when received.

Licensee's Proposed Overall Completion Date: 07/06/2022

Implemented (AG - 11/04/2022)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for Resident #1 was not signed by the resident's payer.

POC Submission

Accept (AG - 10/06/2022)

Following the inspection, Resident #1's payer was contacted and sent a copy of the contract. [REDACTED] signed the contract and returned it to the PCH.

Please see attached PDF, the updated signature page of the resident-home contract.

Administrators will oversee compliance in the future - the Director/Administrator will initiate the contract and Supervisor/Administrator will review once all responsible parties have signed.

Verification was reviewed and approved by AG in Step 1.

Licensee's Plan Completion Date: 08/29/2022

Implemented (AG - 11/04/2022)

42e - Telephone Access

3. Requirements

2600.

42e - Telephone Access (continued)

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

Per staff and resident interviews, residents do not have access to the home's telephone, located in the Administrator's office, without having to first ask for permission from staff. Residents must have access to telephone use without having to ask for permission.

POC Submission

Accept (AG - 08/28/2022)

After the inspection, the Administrator did contact our phone service provider and a third phone line was added to the PCH at the earliest available service date of 7-18-22.

See attached photo of the phone for resident use located in an accessible common area of the PCH.

Administrator will ensure that this phone and phone line remain active and accessible to residents at all times.

Licensee's Proposed Overall Completion Date: 07/18/2022

Implemented (AG - 11/04/2022)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the home's first floor shared bathroom was full of used paper towels and uncovered at time of inspection.

POC Submission

Accept (AG - 08/28/2022)

The trash can was emptied at the time of inspection. A replacement trash can with a lid was obtained and replaced the uncovered can.

Please see attached photo.

Administrators will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented (AG - 11/04/2022)

102i - Soap Dispenser

5. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap located in the shared bathroom located on the third floor of the home.

102i - Soap Dispenser (continued)

POC Submission

Accept (AG - 10/06/2022)

The unlabeled bar of soap was disposed of at the time of inspection. This PCH provides hand soap in dispensers as well as body soap and shampoo also contained in dispensers for resident use, and we do not purchase bar soap for the residents. As some of our residents do opt to purchase their own soap and not use the soap we provide, a meeting was held with the residents to inform them that if they are using bars of soap, staff will provide them with a labeled container for same.

Direct care staff will do daily checks on all shifts and administrators will monitor for compliance.

Verification was reviewed and approved by AG in Step 1.

Licensee's Plan Completion Date: 08/29/2022

Implemented (AG - 12/05/2022)

132a - Monthly Fire Drill

6. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2022 or May 2022. The home documented that a drill was not conducted in May 2022 due to a resident testing positive for COVID-19, however the home did not contact the Northeast Regional Office to request further guidance..

POC Submission

Accept (AG - 08/28/2022)

Fire drills were conducted since June 2022 and will continue to be held on a monthly basis. If there are any unusual circumstances in the future, Administrators will contact Northeast Regional Office for further guidance regarding this matter.

A fire drill was held following the inspection on 7-15-22 and will continue to be held.

Fire drills will continue to be held at least monthly and Administrators will monitor for compliance.

Please see attached document, fire drill log for June & July 2022.

Licensee's Proposed Overall Completion Date: 07/06/2022

Implemented (AG - 11/04/2022)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted a fire drill during sleeping hours in the past six months,

132e - Fire Drill Sleeping Hours *(continued)*

POC Submission

Accept (AG - 08/28/2022)

An overnight fire drill was conducted following the inspection on July 15, 2022. Sleeping hour fire drills will continue to be conducted at least once every 6 months. Administrators will monitor for compliance.

Please see document attached documenting the sleeping fire drill conducted on July 15, 2022.

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented (AG - 11/04/2022)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's Preadmission Screening form, dated [REDACTED] does not include information regarding the resident's supervision needs, or a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept (AG - 10/06/2022)

This form was amended by Administrator at the time of inspection. Administrators will monitor for compliance.

Please see attached document, which is the amended form.

Verification was reviewed and approved by AG in Step 1.

An audit was performed on existing records by administrators and documented at the PCH. Attached is updated monthly check form including a quarterly audit of resident records.

Licensee's Plan Completion Date: 09/02/2022

Implemented (AG - 11/04/2022)