

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

May 31, 2023

[REDACTED], ADMINISTRATOR  
PLYMOUTH MANOR PERSONAL CARE CENTER LLC  
[REDACTED]  
[REDACTED]

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 04/04/2023, 04/05/2023 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: PLYMOUTH MANOR PERSONAL CARE CENTER License #: 22587 License Expiration: 03/10/2024  
 Address: 120 MARTZ MANOR, PLYMOUTH, PA 18651  
 County: LUZERNE Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: PLYMOUTH MANOR PERSONAL CARE CENTER LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/21/2011 Issued By: Plymouth Borough

**Staffing Hours**

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

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/05/2023

**Inspection Dates and Department Representative**

04/04/2023 - On-Site: [REDACTED]  
 04/05/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 40 Residents 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: 8 Are 60 Years of Age or Older: 38  
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

04/04/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/05/2023

05/09/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/26/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2023

Inspections / Reviews *(continued)*

## 05/22/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/26/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/26/2023

## 05/31/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/26/2023

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 last LIS dated 2/24/2022, was kept behind the reception desk and was not assessable without staff assistance.*

**Plan of Correction**

Accept (████) - 05/22/2023)

*Corrected 4/4/23 immediatly at time of inspection By Administrator*

*Administrator will monitor that current inspection book be accessible at all times on counter outside covid required glass enclosure at counter .*

*Administrator will conduct monthly audit to ensure book with LIS is accessible to all at front desk*

*Monthly LIS accessibility audit completed by Administrator 4/7/23 and 5/2/23*

*Staff aware of state regulation and to keep current inspection book accessible at all times. at front desk. Staff training for compliance regarding LIS must be accessible to all at all times at front desk was conducted on 4/26/2023 for all staff.*

**Licensee's Proposed Overall Completion Date:** 05/17/2023

Implemented (████) - 05/31/2023)

**65f - Training Topics****2. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Staff Member A was not trained in the mandatory topic of care for residents with mental health or intellectual disabilities for the 2022 training year.*

**Plan of Correction**

Accept (████) - 05/22/2023)

*Administrator will monitor that monthly staff trainings per state regulations are completed by each staff member for each topic monthly .*

*Administrator will monitor that any training missed will be made up at a later time and documented on original training sign in sheet.*

*Administrator will conduct monthly audit on staff monthly training to ensure all staff received the training each month per compliance.*

*monthly audit on 2022 trainings and 2023 trainings conducted 4/7/2023.*

*Corrected on 5/12/2023 PCA Staff member received the missed 7/2022 training on Caring For Residents With MH/MR.*

**Licensee's Proposed Overall Completion Date:** 05/17/2023

Implemented (████) - 05/31/2023)

**89b - Hot Water Temperature**

**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*The water temperature taken from the bathroom of room 111 was 130.1 degrees.*

**Plan of Correction**

**Accept** (████ - 05/22/2023)

*Administrator along with Maintenance Director will monitor water temps monthly in resident bathroom sinks for proper temp. .*

*Administrator and maintenance checked every sink in each resident bathroom and water within normal temp range -4/7/23 -4/13/23 -4/21/23 -4/29/23 and 5/2/23*

*Corrected 4/7/2023*

*Maintenance Director checked all hot water heaters (3) to ensure that they are set to temp within normal limits and each unit is set at proper temp. within normal limits and will audit (3) hot water heaters monthly. Audit conducted 4/7/2023 and 5/2/2023.*

**Licensee's Proposed Overall Completion Date: 05/17/2023**

**Implemented** (████ - 05/31/2023)

**101j7 - Lighting/Operable Lamp**

**4. 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**

*There was no lamp or light assessable at bedside for Resident 1 or Resident 2.*

**Plan of Correction**

**Accept** (████ - 05/22/2023)

*Corrected 4/5/23*

*Bedside light attached to wall at bedside for resident 1 and 2 by Maintenance Director.*

*Resident 1 and 2 do not want a bed side table/dresser with lamps and move it from bedside . So bedside light attached to wall for resident 1 and 2 to accommodate their requested room arrangement and to be in compliance.*

*Monthly audit will be conducted to ensure bedside light at each resident bedside in each room by Maintenance Director and or Housekeeping Director.*

*Monthly Audit Completed 4/7/2023 5/10/2023.*

**Licensee's Proposed Overall Completion Date: 05/17/2023**

**Implemented** (████ - 05/31/2023)

**125a - Combustible Storage**

**5. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*There was a washcloth observed on the exhaust vent of the dryer in the laundry room.*

125a - Combustible Storage (continued)

Plan of Correction

Accept (████) - 05/22/2023)

Corrected 4/5/23 by Housekeeping Director

Administrator along with Housekeeping Director, Maintenance Director and PCA's will monitor laundry room dryer area for any items that may fall behind dryer to be removed for safety reasons and per state regulations daily.

Daily audits conducted to ensure no items fell behind dryer and for safety.

Daily audits started 4/7/2023

Staff training provided to all staff on safety and compliance and daily audits to be done to check behind dryers for fallen items. 4/26/2023

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented (████) - 05/31/2023)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The medication cart was observed by the Licensing Representative unlocked and unattended on ██████.

Plan of Correction

Accept (████) - 05/22/2023)

Corrected 4/4/23 med cart locked and training provided to all PCAS 4/26/2023

Administrator along with charge aide will monitor Med carts to be locked at all times for safety and per state regulations with monthly audit.

PCA training provided on Med carts/safety/locks/compliance for All Staff 4/26/2023

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented (████) - 05/31/2023)

187a - Medication Record

7. 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

The MAR for Resident 3 listed ██████ tab once daily however the medication was discontinued

Plan of Correction

Accept (████) - 05/22/2023)

Corrected 4/5/23 Immediately at inspection by Administrator and PCA . Medication discontinued per Dr. order and MAR updated with new order to DC med.

Administrator along with Charge Aide PCA will continue with monthly audits on Med carts and MARS .

PCA Training provided on Med cart safety and Med safety /MARS /DR's orders /DC meds / pharmacy /Compliance 4/26/2023

Licensee's Proposed Overall Completion Date: 05/17/2023

187a - Medication Record (continued)

Implemented (████ - 05/31/2023)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The MAR for Resident 3 was initialed by staff member B that a medication that was discontinued and was not available on the medication cart was administered at █████ on █████ and █████.

Plan of Correction

Accept (████ - 05/22/2023)

Corrected 4/5/23 MAR Corrected Med DC on MARS per DR orders

Administrator along with Charge Aide will do will continue to do monthly audits on Med carts and MARS .

PCA training on MARS/Dr's Orders /DC meds/Safety?compliance and med safety provided 4/26/2023

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented (████ - 05/31/2023)