

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

January 19, 2024

[REDACTED]
NORTHEAST COUNSELING SERVICES
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CONYNGHAM CARE CENTER* License #: *22175* License Expiration: *08/03/2024*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/05/2023*

Inspection Dates and Department Representative

10/05/2023 - 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: *16*
 Number of Residents Who:
 Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: [REDACTED]
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: [REDACTED]
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/05/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2023*

11/13/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/01/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2023*

Inspections / Reviews *(continued)*

11/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

01/19/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home had to implement their emergency procedures from 9/11/23 – 9/19/23 by using bottled water for drinking and cooking due to their well water having coliform in it. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 11/16/2023)

The faulty lightbulb that caused the water issue was replaced on 9-15-23. All staff were educated on reportable incidents on 10-10-23. A training was held to review that the Administrator must be contacted immediately should any reportable incidents arise, and if the Administrator is unsure whether or not an incident is reportable, they will contact the Regional Office for guidance. Maintenance will do monthly checks on our water treatment system to ensure the light is functioning properly and Administrators will monitor for compliance. Please see attached training signature sheet.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [redacted] - 11/16/2023)

125a - Combustible Storage

2. Requirements

2600.

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

Description of Violation

The following combustible materials were located within 2 feet of the homes hot water heater: a rubber carpet, multiple pieces of drywall, foam pipe coverings, a pair of crutches, a garbage bag and two shop vacs.

The following combustible materials were located to the right of the oil-fired boiler: multiple bags of clothing, boxes full of miscellaneous items, wooden picture frames and a wooden chair.

The following combustible materials were in the room with the two oil tanks: 5-gallon container of primer, a wood chair, a tote, a cooler, and two mattresses.

A propane grill and an extra tank of propane was located next to the homes designated pavilion smoking area.

The above noted items pose a possible fire hazard.

Plan of Correction

Accept [redacted] - 11/16/2023)

All items located by the boiler were removed during inspection on 10-5-23 by staff. We have posted signs asking staff to keep this area free from debris. The grill was moved into the shed for storage on 10-5-23 and will only be used while staff is present. After grilling, it will be moved back to the shed, away from the designated smoking area. The Kitchen Manager will make sure all areas are clear from debris and the grill remains in storage. Administrators will monitor daily for compliance. Please see attached photos.

125a - Combustible Storage (continued)

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [redacted] - 11/16/2023)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

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

Description of Violation

A sleeping hour fire drill was held on 5-12-23 at 11:02p. There is no documentation that a sleeping hour fire drill was held in the six-month period preceding the sleeping hour fire drill conducted on 5-12-23.

Repeat Violation 7/6/22

Plan of Correction

Accept [redacted] - 11/16/2023)

Administrator had a meeting with staff who is responsible for conducting and recording fire drills on 11-1-23, to explain the importance of holding sleeping hour fire drills in a six month period proceeding the last sleeping hour fire drill.

Staff was provided with a yearly log checklist to complete fire drills as according to RCG guidelines. A sleeping hour fire drill will be conducted in the month of November 2023 to complete the six month period time frame. Direct Care Staff responsible for fire drills will use the list to ensure sleeping fire drills are done according to Regulation 132a. Administrators will monitor for compliance.

Please see attached Fire Drill Log

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [redacted] - 11/16/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] Documentation of Medical Evaluation dated [redacted] does not have anything noted for cognitive functioning.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept [redacted] - 11/16/2023)

Resident [redacted] DME, was corrected by the PCP on [redacted]. Caseworkers assigned to each Resident will review all documentation to ensure it is completed correctly. Administrators will review all medical forms after completion to make sure it has been completed in its entirety. Administrators will complete a checklist to assure all documentation has been reviewed, forms will then be filed in Residents chart.

Administrators will monitor for compliance.

Please see attached corrected form, and checklist.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [redacted] - 11/16/2023)

144c2 - Smoking Area Distance

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

4 chairs with a brown nylon fabric and 2 wicker chairs were in the home's grapevine smoking area, posing a possible fire hazard.

Approximately 12 chairs with a brown nylon fabric were in the homes pavilion smoking area, posing a possible fire hazard.

The chairs were not equipped with a California tag for fire resistance standards.

Plan of Correction

Accept [redacted] 11/16/2023)

All nylon fabric and wicker chairs were replaced by new chairs on 11-3-23 that meet the fire safety standards. Staff will check daily to make sure chairs are remain in good working condition and safe for our Residents.

Administrators will monitor for compliance.

Please see attached purchase receipt.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [redacted] - 11/16/2023)