

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

October 15, 2024

[REDACTED], ADMINISTRATOR  
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 09/24/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: CONYNGHAM CARE CENTER License #: 22175 License Expiration: 08/03/2025  
 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]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 11/08/1995 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/24/2024

**Inspection Dates and Department Representative**

09/24/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 20 Residents Served: 17  
 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: 7  
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 4  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/24/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2024

10/11/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/14/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/18/2024

Inspections / Reviews *(continued)*

10/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Homes carbon monoxide detector located in the dining room and in the stairwell to the 3rd floor was dated 6/27/2023. The Pennsylvania care facility carbon monoxide alarm standards act indicated that carbon monoxide detector batteries are to be changed annually and dated when that occurs.

Plan of Correction

Accept ( [redacted] ) - 10/11/2024

The homes third floor carbon monoxide detector battery was changed and dated correctly directly after inspection on 9-24-24. All detectors will be changed annually during our observed fire drill. Administrator will monitor for compliance. Annual checks will also be added to the Administrator's monthly/annual checklist. Please see attached photo and form.

As we realize the importance to comply with all laws, ordinances and regulations.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [redacted] ) 10/15/2024

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

4 sections of the sidewalk that went to the entrance of the home had crumbling divots that pose a possible trip/fall hazard. The areas measured 3 inches wide by 18 inches long, 4 inches wide by 36 inches long, 6 inches wide by 36 inches long, and 2 inches wide by 17 inches long.

Plan of Correction

Accept ( [redacted] ) - 10/11/2024

All cracks on our concrete sidewalk at the front of the building were repaired by our Maintenance department on 10-9-24. Staff will do regular checks to ensure building/ yard is in good condition, any noted deficiencies will be immediately reported to an Administrator. Regular checks of the building have been added to the Administrator monthly checklist to monitor for compliance. We understand the importance of our building being in good condition for our Residents safety.

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented ( [redacted] ) - 10/15/2024

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f Refrigerator/Freezer Temps (continued)

Description of Violation

The freezer portion of the refrigerator/freezer #3 in the basement did not contain a thermometer required to check the temperature.

Plan of Correction

Accept (█ - 10/11/2024)

A thermometer was immediately placed inside freezer #3 during inspection on 9 24 24. Kitchen manager will do daily checks to ensure all freezers/refrigerators contain a working thermometer. A memo has been added to each, instructing staff to make sure to locate a working thermometer each time they are opened. Administrator will monitor for compliance.

See attached.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 10/15/2024)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The fire exit on the 3rd floor would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (█ - 10/11/2024)

We realize the safety of Residents being able to evacuate immediately in the event of an emergency. Maintenance on 10 9 2024 was here to look at the door. The door is metal surrounded by a metal frame, maintenance was able to lubricate the door making sure it will open easily in the event there is an emergency.

All emergency exits will be tested monthly during fire drills to ensure they are unlocked and unobstructed.

Administrator to monitor for compliance.

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented (█ - 10/15/2024)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed █. The manufacturer directions indicate the █ is to be used within 28 days of the pen being opened. Also, resident is prescribed █, 1 puff orally every morning. The manufacturer directions indicate the inhaler is to be used within 6 weeks of the inhaler being opened. The home did not have documentation when the pen or inhaler were opened.

183e - Storing Medications (continued)

Plan of Correction

Accept ( ) - 10/11/2024)

Resident number #1 had come from a different facility on [redacted], as the insulin pen was not dated when opened, unfortunately we were unable to get an exact date. After speaking with the pharmacy the pen had been filled on 9-5-24. A new pen was immediately requested on 9-25-24, however insurance would not pay for the insulin pen until 9-27-24. On 9-27-24 our facility secured a new pen that was properly dated upon opening, and the old pen was discarded. Resident #1 [redacted] inhaler was opened at our Facility on 9-21-24, however was not dated. The inhaler was dated immediately following inspection on 9-24-24, with the correct date it was opened. All med trained staff received training on the importance of storing medication in accordance with the manufacturer's instructions. Stickers to label medications with an open date were purchased, and a memo was placed in the medication cabinet to remind all staff the importance to date medications when they are opened. Medication trainers and Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 10/15/2024)

185a - Implement Storage Procedures

6. 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.

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #1 – At [redacted], the glucometer reading was [redacted]. However, MAR, was not documented with the glucometer number. Resident #2 – [redacted] the glucometer had numerous readings at different times. However, the Medical Administration Record, MAR, was not signed off as administered.

Plan of Correction

Accept ( ) - 10/11/2024)

The Med tech who failed to document the BGL readings in the MAR on [redacted] was retrained in documentation in relation to the medication administration cycle. See attached training sheet for completed retraining/remediation. For Resident #2, many of the undocumented checks were being completed independently by this Resident while she was attending a psychiatric program during the day. Administrator contacted staff at the day programming regards to this occurring, to establish supervision of her glucometer use. Upon Residents return home Med trained staff will check the glucometer readings and any readings done outside of the facility are added to the MARS to assure all MARS and readings coincide. A memorandum has been provided to all med trained staff reiterating the procedure for documenting any BGL readings done when a resident receives BGL checks away from the facility. A Medication Administration Check Sheet was provided to all med trained staff to complete after every med pass to assure all MARs are properly maintained. Administrator to monitor for compliance.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented ( ) - 10/15/2024)

224a - Preadmission Screen Form

7. 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 # 3's preadmission screening dated [redacted] did not indicate if the home can meet the residents needs.

Plan of Correction

Accept [redacted] - 10/11/2024)

During inspection on 9-24-24, the preadmission screening was corrected immediately that we are able to meet the resident's needs. Both Administrators will review all new admissions to ensure all forms are completed in their entirety.

Monthly chart audits have been added to the Administrator monthly checklist to monitor for compliance.

Administrators to monitor for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted] - 10/15/2024)