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

August 24, 2026

[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 07/14/2026 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**: *08/03/2026*

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**: *11/08/1995* **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**: *07/14/2026*

Inspection Dates and Department Representative

07/14/2026 - 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: *17* **Are 60 Years of Age or Older**: *8*

Diagnosed with Mental Illness: *17* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

07/14/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/13/2026*

08/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

Inspections / Reviews *(continued)*

08/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/24/2026*

08/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A spray bottle of Clorox Cleaning Spray, with a manufacture's label indicating "contact poison control immediately if ingested", was found in an unlocked and unattended kitchen closet, and accessible to residents. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept (- 08/17/2026)***

Immediately upon identification of the violation during the inspection, all cleaning supplies were removed from the unlocked kitchen closet and secured in a locked storage area, eliminating resident access to poisonous materials. On 7-15-2026, a locking mechanism was installed on the kitchen closet door. All cleaning supplies were then returned to the closet, which is now maintained in a locked condition.

To prevent recurrence, the Administrator has instructed all staff that poisonous materials must be stored only in locked storage areas when not in active use. Staff were educated on 8-10-2026. The Administrator and/or designee will conduct routine daily monitoring to ensure all cleaning supplies remain properly secured and inaccessible to residents in accordance with 55 Pa. Code §2600.82(c).

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented (- 08/24/2026)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

The resident's assessment and support plan, dated states resident 1 self-administers. Resident 1's Documentation of Medical Evaluation, dated , states they cannot self-administer. During staff interviews completed this day, it was stated Resident 1 does not self-administer their medication.

Plan of Correction ***Accept (- 08/17/2026)***

Resident #1's Assessment and Support Plan was immediately reviewed and updated to accurately reflect that the resident does not self-administer medications, consistent with the Medical Evaluation and the resident's current level of care. The updated assessment and support plan was reviewed with applicable staff to ensure consistency in the resident's record and care. Staff were educated on 7-24-2026 An audit of all current resident assessments and support plans was completed on 7-27 & 7-28-2026 to verify that medication administration status is consistent with the Medical Evaluation and actual practice. The Administrator/Designee will provide education to staff responsible for completing assessments on ensuring that assessments, support plans, and medical evaluations are reviewed for accuracy and consistency during annual reviews and whenever changes occur. The Administrator/Designee will monitor compliance through periodic chart audits to ensure ongoing accuracy.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented (- 08/24/2026)