

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED METHODIST HOMES FOR THE AGING, INC.

LEGAL ENTITY

To operate TUNKHANNOCK MANOR

NAME OF FACILITY OR AGENCY

Located at 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 42
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 8, 2011 until December 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 236550

Robert E. Robinson

ISSUING OFFICER

RC King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

FEB 03 2012

Mr. Keith D. Chadwick, President
United Methodist Homes for the Aging, Inc.
Tunkhannock Manor
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

Dear Mr. Chadwick:

As a result of the Department of Public Welfare's licensing inspection on November 15, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

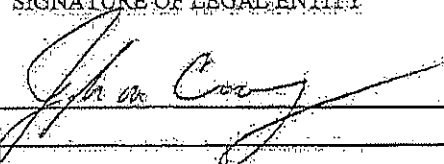
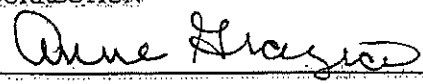
Sincerely,

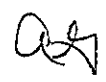
A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

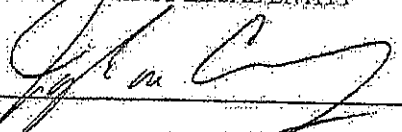
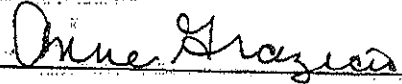
Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME TUNKHANNOCK MANOR, 50 WEST TOGA STREET TUNKHANNOCK, PA 18657		CURRENT LICENSE NUMBER 236550	
INSPECTION DATES (include all dates of the inspection) 11/15/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joseph M. Corey, Senior Vice President / Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-3-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-11-12

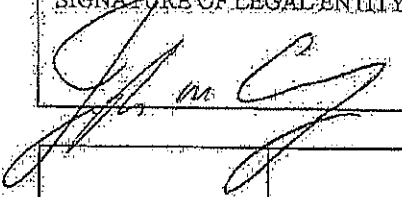
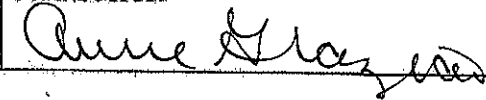
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	An exit sign was not posted above the dining room door which leads to the outside.	12-15-11	A 120 volt "EXIT" sign has been installed above the door leading to the outside area. This sign is permanently mounted which will prevent this violation from recurring.	 1-11-12

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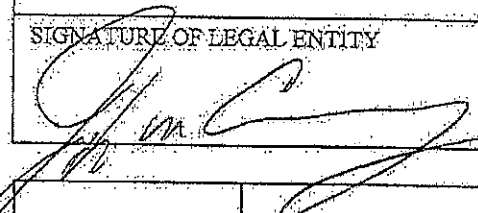
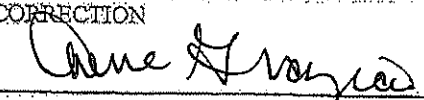
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Resident # 1's Advair 500/50 diskus was not labeled the date it was opened. The manufacturer's instructions read "the use by date is 1 month from date of opening the pouch." Resident # 2's Apidra Solostar insulin pen and Lantus Solostar insulin pen and Lantus Solostar insulin pen was not labeled the date it was opened. The manufacturer's instructions read "discard after 28 days."	11-17-11	Once medications are received from the pharmacy the manufacturer's instructions will be read. Labels will be placed on medications that have a "use by date". The label will specifically have an open date and a discard date area. To avoid this violation in the future employees have been educated on our policy for Storage and Security of Medications and Equipment has been updated. Monitoring for compliance will be the responsibility of the Director of nursing. *Note attachment "B" for policy update in the highlighted area.	1-11-12 

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a: A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name; (2) Drug allergies; (3) Name of medication; (4) Strength; (5) Dosage form; (6) Dose; (7) Route of administration; (8) Frequency of administration; (9) Administration times; (10) Duration of therapy, if applicable; (11) Special	The home's master key to the medication administration record for the month of November, 2011, did not include an area for the printed name.	11-15-11	The master key to the medication administration record was corrected at the time of inspection 11-15-11. See Attachment "A". The administrator or the designee will check monthly to insure correctness and compliance.	Steps have been taken to correct violation; full compliance is not verified. 1-11-12 Initials (Last, First, Middle)

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				