

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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, 2012 until December 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **236550**

Robert E. Robinson

ISSUING OFFICER

R. C. 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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 28 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 (Department) licensing inspection on November 2, 2012 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 Human Services Licensing so that compliance can be verified.

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

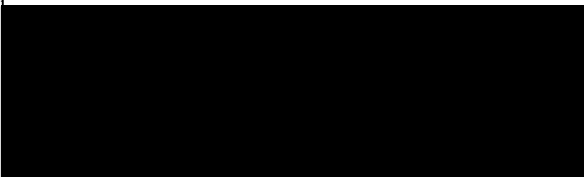
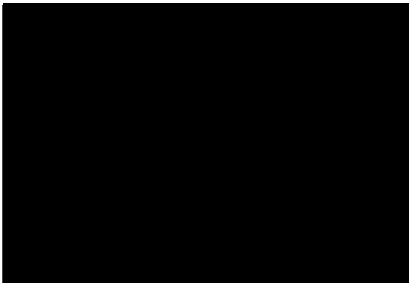
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PGH Name: TUNKHANNOCK MANOR		License Number: 236550
Address: 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657		County: Wyoming
Administrator: JOSEPH COREY		Region: NORTH
Legal Entity Name: UNITED METHODIST HOMES FOR THE AGING INC		
Legal Entity Address: 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657		
Certificate(s) of Occupancy C-2 LP 09/27/1994 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full - <i>Renewal</i>	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
On-Site Inspections Dates and Department Representatives On-Site 11/02/2012: O'Haire, Anne; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 91-31 <i>A</i> Random Indicators: 44f-102e-142a-161c-237 b		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 42 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

RECEIVED

NOV 28 2012

**SCRANTON FIELD OFFICE
Human Services Licensing**

Violation Report: 23655 - 11/02/2012 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa. Code §2600

2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

2a. DESCRIPTION OF VIOLATION

The bedrooms of resident #1 and #2 both have grab assist bars attached to their beds. The grab assist bars measures approximately 12" wide and 8" height from the mattress to the handrail. The two grab assist bars were not covered at the time of inspection to prevent a resident limb from getting entrap in the grab assist bars, causing an injury to the resident.

Entrapped

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① This violation has been corrected by placing covers over the grab assist bars attached to the residents bed.
- ② For the future grab assist bars will have a cover placed on them at the time of mobilization.
- ③ The Director of Nursing will be responsible for monitoring this process through assessment and support planning.

Adm or designee will do a weekly walk through of all resident rooms to check for continued compliance.

QJ 12-12-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-12-12
 (Date)

Plan of correction implementation status as of 12-12-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23655 - 11/02/2012 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Resident room #'s 8, 21 and 32 did not have the current personal care home compliant hotline (1-877-401-8835) instead the old PCH Hotline (1-800-254-5164) was posted with the other required emergency service numbers next to the resident's phones,

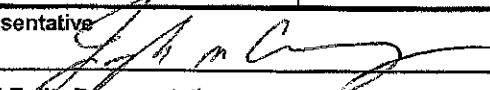
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This violation was corrected at the time of inspection and will become part of our Continuous Quality Improvement Program to assure no further re-occurrences of this nature. The Director of House keeping will be responsible for this regulatory requirement and will conduct routine checks of All resident phones.

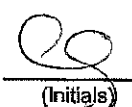
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Joseph M. Corey	11/24/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-12-12</u> (Date)	Plan of correction implementation status as of <u>12-12-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23655 - 11/02/2012 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following items located in the home's walk in freezer were not labeled or dated:

- A large box of turkey patties.
- A large box of stuffed beaded flounder
- A large box of veal patties

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This violation was corrected at the time of inspection.

2. The Director of Dietary will be responsible for making routine inspections of our food inventory to assure correct labeling and dating of all items and also assure this violation does not reoccur.

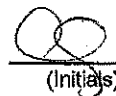
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joseph M. Corey	Date 11/24/2012
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Violation Report: 23655 - 11/02/2012 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 Lantus 100u/n, insulin vial was opened on 09/26/12; the bottle's label stated that this medication must be used within 28 days of being opened.
 Resident # 2 Lantus 100 u/n insulin vial was opened on 09/26/12; the label stated that this medication must be used within 28 days of being opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① This violation was corrected at the time of inspection by contacting Lecl's pharmacy and receiving delivery of the insulin promptly.
- ② For the future the staff person who opens the insulin will adhere a flag that will indicate the "Date to order" on it. This date will be 4 days prior to the discard date to allow timely delivery.
- ③ Night staff will monitor the insulin dates weekly on Monday night. They will inform the dayshift of their findings during morning report.
- ④ The dayshift will then be responsible for ordering the insulin from the pharmacy when it is needed.
- ⑤ The Director of Nursing will be responsible for monitoring the process through weekly reviews.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/24/2012

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented