

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UMH PA CORP

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, 2013 until December 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 236550

Robert E. Robinson

ISSUING OFFICER

[Signature]

ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 31 2013

Mr. John Lopatka, COO
UMH PA Corp
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

RE: Tunkhannock Manor
License #: 236550

Dear Mr. Lopatka:

As a result of the Department of Public Welfare's licensing inspection on October 22, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

The license indicates the home's recent change in the name of the legal entity from United Methodist Homes for the Aging, Inc. to UMH PA Corp.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa. Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

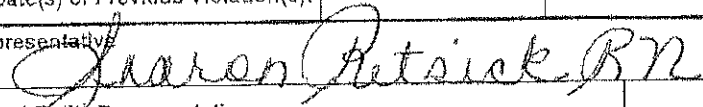
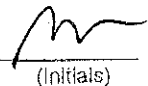
2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A, date of hire 7-2-13, has not had a criminal background check completed. This staff person is providing unsupervised care to residents.

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.

" See Attached " # 1

Enclosed for this violation is a copy of employee criminal background check rec'd by the facility.

cont.

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
Sharon Ritsick RN/Admin		11/6/13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>12/12/13</u> (Date)		Plan of correction implementation status as of <u>12/12/13</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



27611

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

1. Regulation 2600.51

Plan of Correction: A criminal background check has been completed on the employee.
(Will send upon receipt of the background check).

Due to the unfortunate demise of the previous Administrator of the home, the facility has been working non-stop to ensure all records, including employee records, are complete and up to date. An audit was completed on all employee charts prior to the inspection, however, this one in particular was missed and or misplaced. A criminal background check was obtained on the day of the inspection for this employee.

The current Administrative staff is completing a second audit of all employee charts and working with our Human Resource staff of our sister facility to get all employee records in an organized and accessible manner, which will be a carbon copy of all the employee records in our sister facility, Wesley Village. Our goal is to maintain best practices in this facility and carry over the practices that are successful in our other facilities and bring them to Tunkhannock Manor.

- The Administrator will be responsible to assure that a criminal background is completed on all new employees prior to their first day of work in the home. The Administrator will also be responsible to complete quarterly audits on all employee charts to assure all information is current and present. The Administrator will and can work closely with the Human Resource staff from Wesley Village in maintaining these records, and assuring accuracy of all the information included.

M
12/2/13

Sean Rutsock RN / Administrator

11-6-13

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 10/22/2013, Department Licensing Representatives were calculating staffing hours and discovered for at least the months of September and October of 2013, there are only two staff members on duty at night (11:30pm - 7:30am). The home has 10 individuals with mobility needs and two of the ten require a 2-person assist. Consequently, in the event of a full evacuation, there are not enough staff members working during the nightshift to safely evacuate all of the residents of the facility.

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.

"See Attached" #2 (2 pages)

Cont.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RN</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RN / Admin.</i>		Date <i>11-6-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <i>12/12/13</i> (Date)	Plan of correction implementation status as of <i>12/12/13</i> (Date)	
The above plan of correction was approved by <i>M</i> (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	



3 of 11
Susan Ritsick RN/Admin
11-6-13

"We care about the people we care for."

Tunkhannock Campus
50 W. Tloga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

2. Regulation 2600.60(a)

Plan of Correction:

Upon the new Administrative team assigned to Tunkhannock Manor, after [REDACTED] demise, came into the home and began reviewing resident records and physical assessment of residents, the team had identified (5) residents whom they felt were in need of a higher level of care. In addition to these initial five residents, (5) additional residents have been identified for transfer to a higher level.

To assure that the residents safety and well-being have been met, the facility is to increase the staff on the overnight shift and continue the increase until the immobile residents have been transferred out of the facility.

As of this date, two of the identified residents have been transfer to Wesley Village skilled facility. The third resident identified will not be returning to our facility after a hospitalization and then time in a skilled nursing facility for rehabilitation. The fourth resident's designated party, has not decided on a facility and is contemplating taking the resident to care for her in her own home. The fifth residents designated party has been contacted and is in the process of making a decision on which facility for transfer. All residents have been given the option to transfer to our sister facility at Wesley Village skilled care.

The increase of staff hours on the night shift is indicative on the enclosed staff schedule. The Administrator will be responsible to assure that all residents in the facility receive the care the facility can provide and the residents' safety, well-being and health are not compromised. Residents will be evaluated prior to admission into the facility. The facility will adhere to its policy and procedures for admitting residents who are considered both physically and mentally mobile. The Administrator will also instruct appointed nursing staff who are the desigee, to complete resident evaluations prior to admission and complete the pre admission screening tool. The Administrator will appoint the designated staff as she feels they are qualified to complete an evaluation of a resident after some instruction and assistance.

Residents will also be evaluated prior to returning to the facility after they have been out of the home due to hospitalization and/or rehabilitation in a skilled nursing facility. Again, the resident will need to be both physically and mentally mobile to return to the facility.

Policy and Procedure for Admission and Discharge Criteria for the home is included. The Administrator will be responsible to assure that all residents are assessed routinely and their physician and designated party be notified should their condition decline. Informing

308 11

a resident and their designated party the need to transfer to a higher level of care should start when a resident is first admitted to the home and the Administrator is reviewing the resident-home contract and the policies and rules of the home. The resident and the designated party should be aware from the beginning the criteria for a resident to remain in the Personal Care Home and the possibility of transfer to a higher level of care can happen if the home is unable to meet the needs of the resident due to an overall decline of their condition.

M
12/2/13

Sean Retack RN / Admin.

11-6-13

Violation Report: 23855 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on January 31, 2013.

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.

" See Attached " # 3

Enclosed is a signed copy of the training provided to the Plant Operations Director regarding performing fire drills & maintaining compliance.

Cont.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ritsick RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ritsick RN / Admin* Date *11-6-13*

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

The above plan of correction is approved as of <u>12/12/13</u> (Date)	Plan of correction implementation status as of <u>12/12/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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



UNITED METHODIST HOMES

pg 4 of 11

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

3. Regulation 2600.132(c)

Plan of Correction:

Two over-night fire drills were held in the facility, however, the second drill was not within six months after the first overnight fire drill. The Plant Operations Director is responsible to plan and conduct the fire drills in the home. The regulation was reviewed with the Plants Operations Director, and it was suggested that he plan his fire drills for the year and include the overnight drills in a specific month to prevent non-compliance with this regulation again.

- The Administrator will be responsible to assure that the Plants Operations Director adheres to the regulation , plans ahead for his scheduled fire drills, and assures the over night drill is within six months of each other
- The Administrator is to receive copies of all fire safety information, letters, drills and recommendations received by the Plant Operations Director. Any concerns or problems with the fire drill must be presented to the Administrator.

*Saron Rutsick RN / Administrator
11-6-13*

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
There are an insufficient number of staff present on the overnight shift to safely evacuate 10 residents with mobility needs, including 2 residents that need 2 people per resident to safely evacuate.

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.

"See Attached" #4

Cont.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ritsick RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Ritsick RN / Admin* Date *11-6-13*

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

The above plan of correction is approved as of *12/12/13*
(Date)

Plan of correction implementation status as of *12/12/13*
(Date)

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

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



UNITED METHODIST HOMES

Pg 5911

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

- 1. Regulation 2600.132(h)
Plan of Correction: The Plan of correction for this violation is the same as indicated for regulation 2600.60(a), as previously stated.
Immobile residents are in the process of being transferred to a higher level of care. The addition of staff on the overnight shift will continue until all immobile residents and/or a majority is transferred out, the additional staffing will remain in place.
 - The Administrator will be responsible to assure the transfers continue, and the staff is in place on the overnight shift.

Susan Retsick R.N. / Administrator
11-6-13

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

The home's administration identified 4 residents who possibly need a higher level of care: Resident # 1 (Date of Admission 1/16/09) Resident # 2 (Date of Admission 3/12/13), Resident # 3 (Date of Admission 12/30/08) and Resident # 4 (Date of Admission 7/24/08). All 4 residents have had a cognitive decline and two of the residents, # 1 and # 3, are currently 2 person assists. The home has not completed an updated medical evaluation to verify their current cognitive and physical status. Resident # 2 has had 9 falls from 3/14/13 to 3/30/13, 4 falls from 4/1/13 to 4/9/13, 2 falls from 7/13/13 to 7/22/13 and 2 falls from 9/20/13 to 9/22/13. The documentation available was unable to determine the exact cause of the falls. As per Resident # 3's Resident Assessment and Support Plan (R.A.S.P.), Resident # 3 is a 2 person assist, in need of 24 hour supervision, is non-communicative, unable to turn in bed independently and is incontinent. (As per Resident's Assessment and Support Plan dated 1/14/13 and 1/27/13 respectively).

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.

"See Attached" # 5

Cont.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Bittick RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Bittick RN / Admin* Date *11-6-13*

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

The above plan of correction is approved as of 12/12/13 (Date) Plan of correction implementation status as of 12/12/13 (Date)

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

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



UNITED METHODIST HOMES

Pg 6 of 11

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

5. Regulation 2600.111(b)(2)

Plan of Correction: As previously stated the facility is in the process of transferring the immobile residents to a higher level of care. The RASP forms in place were reviewed initially by the new Administrative team that was appointed to the facility after the demise of the present Administrator, [REDACTED]. The facility had experienced another change in management, the DON was terminated from her position, and records needed to be reviewed thoroughly.

- The Administrator will be responsible to assure that all resident RASP and DME are completed initially, annually, and if there is any significant change in the residents condition. The facility has put a tracking system in place to accurately maintain the DME's and resident RASP. The Administrator and the full time day shift nurse will presently be in charge of assuring the information is complete and up to date. The addition of other designees in the facility, namely the other licensed nurses, will also be instructed on how to complete these forms correctly and also be involved with maintaining tracking of this information.

✓ Resident RASP forms are being assessed for accuracy and assurance that all information is complete and up to date. A full audit of the residents DME forms have been completed and at present, are up to date, and in compliance with the level of care the home can provide.

*MW
12/12/13*

Sharon Rutsch RN / Administrator

11-6-13

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 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
 During the inspection on 10-23-13, Novolog, 10ml. prescribed for Resident #5, the bottle was opened, but not dated. The manufacturer instructions state the medication is good for 28 days from the date it was 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.

"See Attached" #6

Cont.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/02/2012
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Butsick RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Butsick RN / Admin* Date *11-6-13*

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

The above plan of correction is approved as of 12/12/13 (Date) Plan of correction implementation status as of 12/12/13 (Date)

The above plan of correction was approved by *m* (Initials)

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



Pg 7 of 11

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

6. Regulation 2600.188(b)

Plan of Correction: Upon appointment of a new Administrative team, a full medication cart audit had been completed initially. In addition to assurance of all medications present in the home for only the residents served by the home, the audit of medication carts, refrigerator medications such as insulin, overflow medications and all diabetic supplies were completely audited. To assure the medications within the home are current and have not expired the following policies have been put in place for the nursing staff and medication certified PCA's:

1. Medication cart audits will be completed on a weekly basis by the staff on the overnight shift. The audit will include all medication in the medication carts, the overflow medications, refrigerated medications, insulin, diabetic supplies and narcotic medications.
2. A new system was implemented as a tracking system for expired medications. The staff will place two white stickers on all medication delivered into the home. Prior to storing the medication, the staff will place the expiration date of the medication on the first white sticker in red to alert staff easily of the expiration date. The second white sticker will be documented with the date the medication was reordered. This policy has been implemented and has been done successfully in our sister facility at Wesley Village. Again, the goal is to maintain safe practices in all the homes of the United Methodist Homes.
3. All medications are to be labeled with the start date the medication was started in the home. This includes most importantly insulin which are time limited for use once they are opened. This also provides a very good tracking system for the administration of medications in the home. This policy has been implemented in the Tunkhannock Facility and is also used in the Wesley Village Facility.
All the above policies have been implemented in the facility and the staff has been in serviced on the new policies by the appointed Administrator.

- The Administrator will be responsible to assure that the above policies and the medication cart audits are completed as assigned. At the present, all nurse staff in the home are responsible to comply with the above. Concerns or problems are to be addressed to the Administrator.

[Signature] 12/12/13

Susan Busick RN / Administrator 11-6-13

Elizabeth Church Campus
Binghamton, NY
(607) 722-3463

Hilltop Campus
Johnson City, NY
(607) 798-7818

Wesley Village Campus
Pittston, PA
(570) 655-2891

Corporate Office
Binghamton, NY
(607) 775-6400

pg 7 of 11

- A controlled substance destruction policy in addition to the use of a controlled substance receipt log have been implemented into the facility , again, as part of our best practices for all facilities.

M
12/12/13

Suzanne Putzick RN / Administrator
11-6-13

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 10-22-13, Resident #4 had a prescribed box of a Aveeno Balh Pak treatment, in the medication room, that had expired on 8/2013.
 On 10-22-13, Resident #6 had a prescribed bottle of QC Tussin, 8oz., syrup 100/5ml., in the medication room, that had expired on 9-2013.

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.

"See Attached" #7

Enclosures for violation 183(f) as stated above & previous, 183(d). Numbered accordingly:

- #1 - Nurse Meeting Agenda (2 pages)
- #2 - Nurse Meeting Agenda (1 page)
- #3 - Policy for Destruction of Medications (2 pages)
- #4 - Policy + Procedure for Medication Start Dates (1 page)
- #5 - Policy + Procedure for Medication Care Audits (2 pages)
- #6 - P&P for Tracking Medication Expiration Dates (2 pages)
- #7 - P&P for Maintaining Receipt of Controlled Substances
- #8 - P&P for Controlled Substance Receipt Log (2 pages)

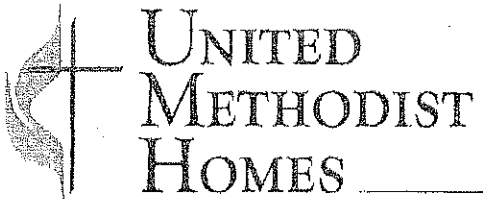
Repeat Violation: No Date(s) of Previous Violation(s): Cont-

Signature of Legal Entity Representative
 (Required on EVERY Page) Sharon Ritsick RN

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Sharon Ritsick RN / Admin 11-6-13

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

The above plan of correction is approved as of <u>12/12/13</u> (Date)	Plan of correction implementation status as of <u>12/12/13</u> (Date)
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



Pg 8 of 11

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

7. Regulation 2600.188(f)

Plan of Correction: This plan of correction will be the same as the previous with the implementation of new policy and procedures for medication cart audits, tracking of expired medications delivered into the home, documentation of start dates on all medications used, destruction of medications (both controlled and non-controlled medications), and a controlled substance receipt log.

- The Administrator will be responsible to assure these policies are in place and continue to be implemented by the staff involved in the administration of medications.

M
12/12/13

Searox Rutseck RN / Administrator
11-6-13

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.202 - The following procedures are prohibited:
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 was found in room 17 in a Gerl Chair's reclined position. Resident # 3 is unable to independently manipulate the chair from a reclined to an upright position and additionally cannot verbally call for assistance.

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.

"See Attached" #8

Cont.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Bitsick RN*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Sharon Bitsick RN / Admin* *11-6-13*

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

The above plan of correction is approved as of *12/12/13*
 (Date)

Plan of correction implementation status as of *12/12/13*
 (Date)

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

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



9811

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

8. Regulation 2600.202

Plan of Correction: The plan of correction for this violation remains the same as previous for the transfer of immobile residents to a higher level of care. The resident found using a geri- chair the day of the inspection was immediately removed from the chair and placed in a wheelchair. The facility will no longer use any geri- chairs for the residents.

As stated previously, all residents will be assessed prior to their admission into the home and also will be assessed on a routine basis to assure the home can provide the care the resident requires should a residents overall condition decline.

As stated previously, the new administrative team was aware of the immobile residents at the time of their appointment into the facility. The need to transfer residents to a higher level of care was evident and as stated is presently, taking place to assure all residents are placed in the proper level of care.

- The Administrator will be responsible to assure that this situation of having multiple immobile residents in the facility does not occur again. The United Methodist Homes is providing the necessary assistance for the residents, their families, and designated parties, to assure that all residents in need of a higher level of care is completed with maintaining the residents dignity and ensuring their safety and well- being is top priority. The United Methodist Homes has provided the home with availability of social workers, nurses, financial representatives, and management leaders of the corporation to assure all residents and their families receive what they need and any help they request.
- The Administration has been available to the staff of the facility in providing answers to questions or concerns they may have regarding the residents and the transfer of these residents to a higher level of care. Many of the staff have cared for these residents for a long time and have become very familiar with their needs and the family who visit them.
- The present Administration is implementing changes in the facility to promote safe practices for the staff and provide a support system for them to adhere to these changes. The staff have been extremely open to these changes and are finding these practices to be a better system for them to utilize when providing resident care.

[Signature]
12/12/13

Susan Betsch RN Admin

11-6-13

Elizabeth Church Campus
Binghamton, NY
(607) 722-3463

Hilltop Campus
Johnson City, NY
(607) 798-7818

Wesley Village Campus
Pittston, PA
(570) 655-2891

Corporate Office
Binghamton, NY
(607) 775-6400

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The home acknowledged that Residents #2 and #4 have had additional significant changes since their last RASP's completion - Resident #2's last RASP dated 3/27/13 and 4/10/13. Resident #4's last RASP dated 1/22/13 and 1/25/13. The home's administration further acknowledged that a Level of Care needs to be completed, as these residents have experienced significant decline since the last update of the RASP.

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.

"See Attached" #9

Cont.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Bitsick RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Bitsick RN / Admin* Date *1-6-13*

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

The above plan of correction is approved as of <u>12/12/13</u> (Date)	Plan of correction implementation status as of <u>12/12/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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



UNITED
METHODIST
HOMES

pg 10811

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

9. Regulation 2600.225(c)

Plan of Correction: The plan of correction for this violation is the same as previously stated on #2, #1, #5, and #8 on the above.

- The Administrator will be responsible to assure compliance with this regulation is maintained by the staff in the facility to which it has been assigned.
- The appointed Administrative team has implemented a new policy and procedure for the resident RASP form and the availability of the forms for staff review. The resident RASP form will be maintained on the resident chart, however, a copy of the RASP form will also be placed in a binder stored in the nurses office. The PCA and nurse staff, and other staff such as the Activity Director who may refer to the RASP form on a resident during a trip out of the facility, will have access to the RASP form and be able to view the residents plan of care more easily and assure that the plan of care for each resident is implemented by all direct care staff. The direct care staff will sign an acknowledgement every month that they are aware of the resident RASP, what it is, where it is located, and how it is used to provide care for a resident. The acknowledgment staff signature sheet is located in the front of the two binders (which is separated for each resident floor). The nurse staff will be responsible to assure a copy of each resident RASP form is placed in the binder upon completion of the RASP after a resident admission and then annually or if any addendums, or significant changes occur with a resident and changes the contents of the RASP form on a particular resident.
- The Administrator will be responsible to assure this policy and procedure is completed and is maintained in the facility.

12/12/13

Susan Rutsock RN / Admin

11-6-13

Elizabeth Church Campus
Binghamton, NY
(607) 722-3463

Hilltop Campus
Johnson City, NY
(607) 798-7818

Wesley Village Campus
Pittston, PA
(570) 655-2891

Corporate Office
Binghamton, NY
(607) 775-6400

Violation Report: 23655 - 10/22/2013 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The RASP'S for Residents #2 and #4 have not been revised to indicate the resident's changes in needs. Resident # 2's last RASP dated 3/27/13 and 4/10/13. Resident # 4's last RASP dated 1/22/13 and 1/25/13. The home's administration further acknowledged that a Level of Care needs to be completed, as these residents have experienced significant decline since the last update or completion of the RASP.

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.

"See Attached" # 10

Cont.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RW</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Bitsick RW / Admin</i>		Date <i>11-8-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <i>12/12/13</i> (Date)	Plan of correction implementation status as of <i>12/12/13</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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	



UNITED METHODIST HOMES

Bg 11/2/11

"We care about the people we care for."

Tunkhannock Campus
50 W. Tioga Street • Tunkhannock, PA 18657
(570) 836-2983 • Fax (570) 836-3947
www.unitedmethodisthomes.org

10. Regulation 2600.227(c)

Plan of Correction; The plan of correction for this violation will again be the same as previously identified in #2, #4, #5, #8, and #9.

* The Administrator will be responsible to :

1. To continue the procedure of transferring all immobile residents out of the home to a higher level of care, ensuring their safety, well-being and dignity in the process.
2. To assure all new policies and procedures implemented since the change in Administration in the home, are maintained and completed as assigned. To continue to implement new policies and procedure where needed to assure safe practices within the homes as demonstrated in the other sister facilities of the United Methodist Homes.
3. To educate the staff on new practices within the home and provide assistance when needed in promoting support for all the staff in the facility.
4. Educate staff on the admission process of a resident, and the criteria required for a resident to remain in a Personal Care setting without compromising the residents safety, health or well-being.

*M
12/12/13*

*Sharon Putzick RN, Administrator
11-6-13*