



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: October 21, 2014

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 September 29, 2014 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23655 - 09/29/2014 - Rushin, Julianne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 Review of the home's fire drill logs indicate that the home failed to alternate the days on which the drills were conducted. From 1/31/14 to 8/28/14 the drills were done on either a Friday or Thursday during the last week of every month.

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.

The Administration will review the fire drill log monthly to ensure the drills are conducted at the proper times, days, and weeks, and not when additional staff are present. A compliant schedule will be made in advance to assure this occurs, and changes can be made as needed. The facility Administrator and Plant Operations Director are responsible for scheduling and conducting the fire drills. They have already discussed the need to conduct fire drills on a variable schedule to ensure employees cannot anticipate the timing. The Administrator and Plant Operations Director will ensure fire drills are scheduled on varying days and weeks of the month, and also will continue to ensure they are done on every shift as required.

Please also insure that they are also unannounced - that only the Adm & Plant ops Dir are involved w/ advanced knowledge of. 10-16-14.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michael Perlock, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Perlock, NHA/Administrator* Date *10/10/2014*

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

The above plan of correction is approved as of <u>10-16-14</u> (Date)	Plan of correction implementation status as of <u>10-16-14</u> (Date)
The above plan of correction was approved by <u><i>MP</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

Violation Report: 23655 - 09/29/2014 - Rushin, Julienne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 9/5/14 at 9:15 am, staff person "A" administered medications to resident #1 that belonged to another resident.

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.

The Personal Care Aid in question was not paying the appropriate amount of attention while administering medications, and handed the medications to the resident's table mate. The PCA has been counseled in regards to facility policy and procedure stating that staff must identify the resident upon administering medications. this is to happen one of two ways, the staff may either ask the resident their name, or may say the resident's name to verify the resident is the person identified on the Electronic Medical Record. The PCA was reinserviced on proper medication administration procedure (see attached: Proper Medication Administration at a Glance). Additionally all Medication trained PCAs received a refresher inservice on Wednesday, October 8th, 2014.
 (see attached: Medication Administration Remediation Training)

The Administrator and Director of Nursing are responsible for ensuring all staff are following proper medication administration policy and procedures. The Director of nursing will conduct unannounced observations of med pass to ensure all proper procedures are being followed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael Perlock, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Perlock, NHA/Administrator* Date *10/10/14*

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The above plan of correction is approved as of 10-16-14
 (Date)

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

Plan of correction implementation status as of 10-16-14
 (Date)

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