



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 17 2014

Mr. Brian Picchini, President & CEO
UMH PA CORP
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

RE: Tunkhannock Manor
License #: 236550

Dear Mr. Picchini:

As a result of the Department of Public Welfare's licensing inspection on October 20, 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.

Your regular license for the period December 8, 2014 to December 8, 2015 was issued on September 12, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

5/11

Enclosure
License Inspection Summary

Violation Report: 23855 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.41(a) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 record did not have a signed copy of the resident rights.

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.

A new copy of the resident rights was obtained and presented to the resident in question. The rights were explained to the resident and the resident signed the new copy. A copy of the resident rights is normally kept in the new resident orientation packet. The individuals responsible for preparing this packet and presenting this to the resident for signature have been educated related to the necessity of resident acknowledgment of receipt of resident rights. The Administrator will audit and ensure this procedure is followed.

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 / Administrator* Date *11/7/14*

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

The above plan of correction is approved as of 11/10/14
 (Date)

Plan of correction implementation status as of 11/10/14
 (Date)

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

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

Violation Report: 23665 - 10/20/2014 - Patton, Leslie
 PGH 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
 The PA criminal background check for staff person A (hired 9/4/14) was not completed until 10/10/14. The staff person continued to work beyond the 30-day provisional hiring period.
 The home did not obtain a PA criminal background check for staff person B (hired 1/10/06) and staff person C (hired 9/3/07) until 7/29/14.

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 omission of obtaining employee background checks was discovered by administration via auditing prior to this survey. The background checks were conducted immediately upon this discovery. The new hire orientation packet has been revised, and new packets were distributed to Department Managers. The Department Managers were reeducated on proper orientation policy and procedure with a focus on the necessity of criminal background checks being completed upon hire.

• Additionally a 100% audit of all current employee records was conducted by a corporate Human Resources representative to ensure all current employees have compliant criminal background checks. In addition, within 30 days of hire the Administrative Assistant will audit all new hire employee records. If the necessary, compliant background check is not present the employee will be taken off the schedule pending the receipt of a compliant background check.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/22/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michael Perlock / Administrator		11/7/14

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Violation Report: 23855 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person D (hired 4/7/14) did not receive training for the training year 2013, regarding the home's emergency medical plan or the reporting of reportable incidents.
 Staff person E (hired 7/22/14) did not receive training for the training year 2013, regarding the home's emergency medical plan. The staff person did receive training regarding the reporting of reportable incidents but there is no indication when the training was provided and therefore it could not be determined if the training was received in a timely manner.

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 two staff members in question were properly trained in the indicated areas. The facility has revised its new hire orientation packet and reeducated all staff members involved with the hiring process related to the completion and dating of the training for the home's Emergency Medical Plan and Reporting of reportable incidences and conditions. Prior to completion of 40 hours of work the Administrative Assistant will audit new employee files to ensure all necessary inservicing has taken place. If it has not the employee will be removed from the schedule and properly inserviced.

Additionally, all current employee files were audited by a corporate Human Resources representative to ensure all required training related to the Emergency Medical Plan and Reporting of reportable incidences and conditions are present.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Perlock / Administrator</i>			Date <i>11/7/14</i>

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Violation Report: 23655 - 10/20/2014 - Patton, Leslie
 PGH Name: TUNKHANNOCK MANOR

1. REGULATION 65 Pa.Code §2800
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 The indoor room temperature in the home's chapel room and resident activities area was 68.4 °F at 9:10am.

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 temperature in both areas was immediately adjusted to ensure the comfort of the residents. Upon making the adjustments it was observed that the thermostats in these areas had been turned to the off position. In response to this issue the facility has installed locked covers on the thermostats to prevent employees and/or residents from adjusting them without the approval of the Administrator or a Department Manager. The Director of Plant Operations will audit temperatures in these areas weekly to ensure compliance with this regulation.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Perlock/Administrator* Date *11/7/14*

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Violation Report: 23855 - 10/20/2014 - Patton, Leslie
 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

The required numbers were not posted on or near the phones located in single occupancy room #19 and #32.

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.

Both residents in question were recent admissions. Upon observation the emergency numbers were posted on the residents' phones. The Housekeeping department has been reeducated related to the necessity of placement of the emergency numbers on or by each phone immediately upon admission. The Director of Housekeeping will conduct admission and monthly audits to ensure the emergency numbers are properly posted.

The administrator shall monitor and assure ongoing compliance.
MJ
11/10/14

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Violation Report: 23856 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 56 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The thermometer in the freezer section of the refrigerator located in the home's first floor lounge near the nurse's office was broken.

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.

At the time of inspection the Plant Operations Director replaced the broken thermometer. The Dietary Department has been reeducated related to the necessity of checking the thermometers daily upon stocking the refrigerators. The Director of Dining Services will perform a weekly audit of the refrigerator/freezer thermometers in addition to the daily Dietary audit.

The administrator shall monitor and assure ongoing compliance.
MM
11/10/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>11/7/14</i>	
<i>Michael Perlock / Administrator</i>			

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Violation Report: 23655 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following items located in the double-door freezer in the home's dry good storage room were frozen beyond the permissible 6 month timeframe:

- (3) Ziplock bags of hash browns dated 3/13/13
- (1) package of fully cooked sausage links dated 10/30/13
- (1) package of fully cooked sausage links dated 11/29/13

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.

At the time of inspection the items were removed and disposed of. The Dietary Department has been reeducated related to the need to inventory and utilize or discard food prior to expiration. In the future these inventories will be supplemented by monthly audits to be conducted by the facility Dietary Manager and the Corporate Food Services Director to ensure food will be utilized prior to expiration or discarded.

*The administrator shall monitor and assure ongoing compliance. M
 11/10/14*

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Violation Report: 23655 - 10/20/2014 - Palton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home did not have a copy of the emergency preparedness plan for the municipality in which the home is located.

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 facility has obtained a copy of the Wyoming County Hazard Mitigation Plan. A copy of this plan will be posted in the main lobby area of the facility to ensure it is accessible to residents, their family members, and employees.

The administrator shall monitor and assure ongoing compliance.
 M
 11/10/14

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
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Michael Perlock / Administrator

Date 11/7/14

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Violation Report: 23655 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's monthly fire drill record does not indicate how many residents were present in the home during the drill conducted on 11/12/13 at 10:00am or the exit route(s) used during the drill conducted on 10/17/14 at 10:25am.

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 facility cannot correct these omissions, as they occurred in the past. The Director of Plant Operations has been reeducated related to the need to include the number of residents and exit routes utilized in the monthly fire drill record. Following each fire drill the Administrator will audit the monthly fire drill records to ensure completeness and accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 23855 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menus posted on the bulletin board across from the medication room did not contain the following week's menu.

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 proper menu was posted immediately upon identification. The Dietary Department was inserviced related to changing weekly menus the evening prior to menu cycle change. The Dietary Manager will audit the morning of menu change to ensure the proper menu is posted.

The administrator shall monitor and assure ongoing compliance - M 11/10/14

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Violation Report: 23855 - 10/20/2014 - Patton, Leslie
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 65 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person F completed the most recent Annual Practicum for medication administration on 9/4/13. Staff person F did not complete an Annual Practicum to be completed by 9/4/13 and therefore is not properly trained to administer medication.

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.

This violation is a result of an error when a new trainer took over the medication administration training at the facility. Training for this staff person was not properly transcribed causing the quarterly update to be performed late. This PCA was fully retrained on 10/22/2014. The trainer has been reeducated related to the necessity of properly completing and dating medication training documentation.

The administrator shall monitor and assure ongoing compliance. M 11/10/14

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/Administrator		Date 11/7/14

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Violation Report: 23655 - 10/20/2014 - Patton, Lealle
 PGH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a personal body device that alerts the resident when the fire alarm is activated. This aid is not addressed in the resident assessment support plan.

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.

An addendum was made to this resident's RASP at the time of survey to indicate the personal fire alarm aid. The Director of Nursing has been reeducated related to the need to add any fire alarm aid to the RASP.

The corporate Quality Assurance Manager will conduct quarterly audits of resident RASPs to ensure all personal fire alarm aids are documented.

The administrator shall monitor and assure ongoing compliance
 M
 11/10/14

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) Date
 Michael Perlock / Administrator 11/7/14

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