



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: March 11, 2016

Mr. Brian Picchini, President & CEO
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 Human Services' licensing inspection on December 8, 2015 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: 23855 - 12/08/2015 - Valence, Duane
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 was verbally abused by staff person A on Friday, 11/20/2015 at approximately 10 PM. The home failed to report the incident of abuse to the Department's Regional Licensing Office within 24 hours of the incident. An incident report from the home was not received until 5:00PM on Monday, 11/23/2015.

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.

All Direct Care Staff members were reoriented to the importance of reporting any behavior which a person deems as possible abuse of any kind directly to the DHS Regional Licensing Office and to the Administrator as a Reportable Incident within the 24 hour period.
 Direct Care Staff members are aware that they can report the incident themselves if they report this to the Charge Nurse and she does not report the incident.
 The Administrator will be responsible for assuring that all Staff is well trained on the procedure for a Reportable Incident.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Annette Chickney Administrator</i>	Date <i>12/31/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-10-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3-10-16
 (Date)

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

Violation Report: 23655 - 12/08/2015 - Valence, Duane
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 Staff person A on 11/20/2015 at approximately 10PM while assisting resident #1 with personal care needs commented that the resident had "Thunder Thighs." Staff person B was present and indicated resident #1 did visually appear upset after hearing the statement. Information secured at the time of investigation indicates that staff person #1 had made the same comment to resident #1 on several different occasions when attending to resident #1. Resident #1 was not treated with dignity and respect.

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.

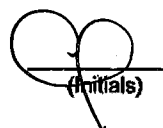
Staff person A, who was directly the cause of the violation of a Resident being treated with dignity and respect is no longer employed by Tunkhannock Manor.
 All staff are trained on the importance of Resident Rights and are aware that calling a resident names is not only considered verbal abuse, it is considered a violation of the Resident's Rights.
 The Administrator is responsible to see to it that all Staff are totally aware of our Resident's Rights and are trained on Resident Rights upon hire and retrained annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Annette Chickery Administrator</i>	Date <i>12/31/15</i>
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The above plan of correction is approved as of <u>3-10-16</u> (Date)	Plan of correction implementation status as of <u>3-10-16</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