



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Ms. Annette Chickey, Administrator
UMH PA Corp
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

RE: Tunkhannock Manor
License #: 236550

Dear Ms. Chickey:

As a result of the Department of Human Services' annual licensing inspection on September 22, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23655 - 09/22/2016 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. **REGULATION 55 Pa.Code §2600.25(b)** - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. **DESCRIPTION OF VIOLATION**
 Resident # 1's contract dated 5/16/16 is not signed by the 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 Executive Administrative Assistant, who is the Designee will be sure to obtain the signature of the Resident on each new Admission as per our protocol.
 The Administrator will review each newly signed Admission Agreement/Contract to assure that all signatures are present.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette O'Rickey

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

Annette O'Rickey Administrator

Date 10/18/16

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

The above plan of correction is approved as of

10/25/16
 (Date)

Plan of correction implementation status as of

10/25/16
 (Date)

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

The above plan of correction was approved by

m
 (Initials)

Violation Report: 23655 - 09/22/2016 - O'Haire, Anne
 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 home's administrator reported that the majority of the home's residents generally awake for breakfast by 6:30 AM. The home conducted their sleep time hour drills on 12-31-15 at 6:15 AM and 05-24-16 at 6:15AM. The home's sleep hour fire drills were not held at a minimum of a half hour before the majority of the home's population awoke for the day.

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.

Although the fire drills were held during sleeping hours, once every six months, as the regulation states, and the residents usually arise between 6:30 AM and 7:00 AM, and the times of the Sleeping Hour fire drills were at 6:15 AM which is within 30 minutes before residents normally awoken as per the Discussion portion of the Regulation, the Administrator has reviewed this Regulation with the Maintenance Supervisor and The Administrative assistant to assure that the Sleeping Hour Fire Drill times are staggered and are earlier than 30 prior to Residents rising in the Morning.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chickery

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

Annette Chickery Administrator

Date

10/18/16

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 (Date)

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 (Date)

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- Not Implemented

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

Violation Report: 23655 - 09/22/2016 - O'Haire, Anne
 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

The home conducted a sleep hour fire drill on 05-24-16 at 8:15 AM with 7 staff members recorded as participating in the fire drill. The home regularly staffs the 11:00 PM to 7:00AM overnight shift with 2 direct care staff persons. The fire drill conducted on 05-24-16 was not conducted at a time when the usual staffing pattern was present.

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 Administrator has discussed and reviewed this regulation with The Maintenance Director and the Administrative assistant to assure that the usual staffing pattern on the shift is observed throughout the Fire Drill. The times of the Fire drills will be staggered as well since it is highly recommended that the sleeping hour drills be held between 2 AM and 4 AM.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chicked

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

Annette Chicked Administrator

Date

10/18/16

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10/25/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 23855 - 09/22/2016 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident # 2's DME dated 7/22/16 is incomplete as there is nothing noted for temperature.

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 Nursing Supervisor upon completion of a DME will bring it to Administration for review to assure that all areas are completed properly prior to sending to the Physician for completion of the "Medical Professional Information" section.

The Administrator will be responsible for assuring that the DME is complete.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Annette Churkey Administrator</i>	Date <i>10/18/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/25/16
 (Date)

Plan of correction implementation status as of 10/25/16
 (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: 23655 - 09/22/2016 - OHaire, Anne
PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2800

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident # 3's PRN milk of magnesium was not available at the time of the inspection.
Resident # 4's PRN cough syrup, Tylenol, nitro and glucose gel was not available at the time of the inspection.

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 Nursing Supervisor is responsible for monitoring the Nursing Staff and the medication carts. The Administrator and the Nursing Supervisor will complete quarterly med cart audits.

The 11-7 staff will do monthly cart audits and report findings to the Nursing Supervisor.

The Nursing Supervisor will review the information with the Administrator. Documentation of the med cart audits will be entered in the daily communication book.

The Nursing Supervisor is also responsible for reporting information regarding medication changes, new medications, and discontinued medications to the Administrator as they occur.

The Administrator is responsible for assuring the the procedure is followed accordingly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)				
<i>Annette Chirkey</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)				Date
<i>Annette Chirkey Administrator</i>				<i>10/18/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!				
The above plan of correction is approved as of <u>10/25/16</u> (Date)		Plan of correction implementation status as of <u>10/25/16</u> (Date)		
The above plan of correction was approved by <u>m</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 - 09/22/2016 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident # 3's MAR notes Coumadin 2.5mg 1 tablet orally Sunday, Tuesday and Thursday. The label of the medication notes Coumadin 2.5mg 1 tablet orally Tuesday, Thursday, Saturday and Sunday.
 Resident # 3's MAR notes Coumadin 2.5mg 1/2 tablet orally Saturday, Monday, Wednesday and Friday. The label of the medication notes Coumadin 2.5mg 1/2 tablet orally Monday, Wednesday and Friday.

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 Resident's MAR was updated upon written receipt of the notice of change in the Coumadin orders, however the Directions Change label was not added to the current supply of Coumadin. That is the proper procedure when a current medication remains the same but the delivery is changed. The Nursing Supervisor will monitor the procedure of Medication changes and utilize the labels that are in stock in each med cart for use until the current supply is depleted and a new supply is received from the Pharmacy with the new label.

The administrator shall monitor for ongoing compliance.

[Signature]
 10/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chickney

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

Annette Chickney Administrator

Date

10/18/16

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

The above plan of correction is approved as of

10/25/16
 (Date)

Plan of correction implementation status as of

10/25/16
 (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: 23855 - 09/22/2016 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 4's ranitidine, preserivision, metoprolol tartrate, amitriptyline and alprazolam did not have a diagnosis or purpose listed on the MAR.

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 Nursing staff is aware that a diagnosis is necessary on the MAR. During the Med Cart Audits which are performed monthly and quarterly, the presence of a diagnosis must also be checked. The Nursing Supervisor will take note that all residents have a diagnosis with each medication that is listed on the MAR.

The Administrator is responsible for assuring that the procedure is being properly completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/07/2015
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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) *Annette Chickney Administrator* Date *10/18/16*

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

The above plan of correction is approved as of 10/25/16 (Date) Plan of correction implementation status as of 10/25/16 (Date)

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

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

Violation Report: 23655 - 09/22/2016 - OHaire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

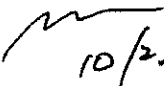
2a. DESCRIPTION OF VIOLATION

Resident # 3 refused the following medications: omeprazole 20mg at 6pm from 9/1-9/21/16, hydralazine 10mg at 1pm and 5pm from 9/1-9/14/16, metoprolol tartrate 50mg at 8pm from 9/1-9/4/16, 9/7-9/17/16 and 9/19-9/20/16. The prescriber was not notified regarding the refusals.

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 Nursing Staff is aware that the physician must be notified after each occurrence unless there is an order from the Physician not to be notified every time. A reminder of this was posted in the Nurse's station immediately following DHS's inspection on 9/22. Nursing staff has been mindful of this and the Nursing Supervisor reports that there has been no further incidents where the physician was not notified of a medication refusal.

The administrator shall monitor for ongoing compliance.

 10/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chickery

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

Annette Chickery Administrator

Date *10/18/16*

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The above plan of correction is approved as of

10/25/16
 (Date)

Plan of correction implementation status as of

10/25/16
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 23655 - 09/22/2016 - OHaire, Anne
PCH Name: TUNKHANNOCK MANOR

1. REGULATION 56 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3's has an order for Coumadin 2.5mg on Sunday and Thursday and 1.25mg on all other days. On Tuesday 9/13/16 and 9/20/16 2.5 mg was administered instead of 1.25mg.

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 medication error occurred when the correct dosage of the Coumadin was not administered to the resident. this was also considered a Reportable Incident. The Reportable incident was completed and reported to DHS the following day after our inspection on 9/22. The error occurred as a result of the Medication change where the directions change label was not placed on the Medication. The Nursing Supervisor is responsible for assuring that all steps in the procedure of a Physician's order to change the dosage of a medication.

The Administrator is responsible for following up on medication changes that are reported by the Nursing Supervisor.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Annette Chickey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Annette Chickey Administrator* Date *10/18/16*

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

The above plan of correction is approved as of 10/25/16 Plan of correction implementation status as of 10/25/16
(Date) (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: 23655 - 09/22/2016 - OHaire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the home on [redacted] 16. The resident's assessment portion of the RASP was finalized on 5/26/16.

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 Nursing Supervisor is responsible for completing the RASP according to the Regulation. The Nursing Supervisor is aware of this. The Nursing Supervisor will give the RASP (along with the DME) to the Administrator to assure that the dates of completion are within the time frame that the regulation states.

The Administrator is responsible for making sure that the Nursing Supervisor is following the procedure for completing the Resident RASPs in a timely manor.

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>10/18/16</i>
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The above plan of correction is approved as of 10/25/16
 (Date)

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

Plan of correction implementation status as of 10/25/16
 (Date)

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- Not Implemented

Violation Report: 23655 - 09/22/2016 - O'Haire, Anne
 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
 Resident # 5 significant change RASP dated 9/15/16 was incomplete as there was nothing noted on pages 4 & 5.

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 Nursing Supervisor is and was aware that there was a change in the Resident's condition. The Nursing Supervisor neglected to add an addendum to the current RASP reflecting the change. The Nursing Supervisor understands the importance of adding information to the RASP to assure that all Nursing Staff is aware of these changes. Nursing Meetings are conducted twice weekly so that any changes can be discussed.

The Administrator is responsible for knowing when a resident's condition changes and a new RASP needs to be completed. The Administrator will monitor this for all Residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/07/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chucky*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chucky Administrator* Date *10/18/16*

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