



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: October 4, 2017

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' licensing inspection on July 19, 2017 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23655 - 07/19/2017 - 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 #1's DME dated 06-29-16 did not address resident's mobility needs in section 10.

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.

It is the responsibility of our Nursing Supervisor to complete and monitor the DME's for each of our Residents. On this particular DME the box was not checked as it should have been by the Nursing Supervisor nor was it checked when reviewed by the PCP. We have since hired a new Nursing Supervisor and have reviewed with her the importance of checking to assure that each item on the DME is completed. The Administrator will review each DME prior to it being filed into the Resident Record.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Annette O'Riordan</i>
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Annette O'Riordan</i>	<i>10/2/17</i>

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

The above plan of correction is approved as of <u>10/3/17</u> (Date)	Plan of correction implementation status as of <u>10/3/17</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 - 07/19/2017 - O'Haire, Anne
 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

Resident #1's primary physician ordered hospice care on 11-17-16 due the resident's diagnosis of Ischemic Cardiomyopathy, Chronic obstructive pulmonary disease and decline in his/her mobility. No new DME was completed for Resident #1 reflecting the resident's mobility decline and admission into hospice services.

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.

It remains the responsibility of the Nursing Supervisor to complete and monitor the DME's for each of our Residents and to assure that the PCP has reviewed the DME and signed and dated it accordingly. When a change occurs as above it is also the responsibility of the Nursing Supervisor to see to it that a new DME is completed when a change occurs as above. We have hired a new Nursing Supervisor who understands the responsibility and will undertake this responsibility accordingly and with full knowledge of what is expected. The Administrator will review each DME to be sure that the medical condition of the resident is reflected in DME prior to entering the DME into the Resident Record.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickley* Date *10/2/17*

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

The above plan of correction is approved as of <i>10/3/17</i> (Date)	Plan of correction implementation status as of <i>10/3/17</i> (Date)
The above plan of correction was approved by <i>Am</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

Violation Report: 23655 - 07/19/2017 - 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 #1's primary physician ordered hospice care on 11-17-16 due the resident's diagnosis of Ischemic Cardiomyopathy , chronic obstructive pulmonary disease and decline in his/ her mobility. The home did not complete and new assessment to address the resident's changes in his/her medical status.

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.

It is and has always been the responsibility of the Nursing Supervisor to complete the RASP and to update or complete a new RASP if the condition of the resident changes in any way. We have hired a new Nursing Supervisor who has undertaken the responsibility of completing, monitoring, and updating each Resident's RASP to assure that changes have been documented.

The Administrator will review each RASP prior to it being entered into the Resident record and when a resident's status has changed and a new RASP is required.

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
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
10/3/17 (Date)		10/3/17 (Date)	
The above plan of correction was approved by		<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	
M (Initials)			