



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 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' (Department) annual licensing inspection on September 14, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23855 - 09/14/2017 - Deluca, Amy
PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The License Inspection Summary dated 9/22/2016 posted on the home's bulletin board contained the resident privacy coding sheet attached to it.

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 removed the privacy coding sheet from the posted License Inspection and in the future will double check prior to posting all License Inspections that there is no privacy coding sheet attached.

The administrator shall be responsible for ongoing compliance.

M 10/5/17

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* Date *10/5/17*

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

The above plan of correction is approved as of 10/6/17 (Date)

Plan of correction implementation status as of 10/6/17 (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: 23855 - 09/14/2017 - Deluca, Amy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility has a carbon monoxide detector installed within the mechanical room which contains three liquefied petroleum gas water heaters. The detector is installed near the device and cannot be installed 15 feet or more from the fossil fuel burning device. The facility has not installed a carbon monoxide detector directly outside of the mechanical room which is required by the Care Facility Carbon Monoxide Alarms Standards Act.

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 carbon monoxide detector installed within the mechanical room is in fact 16 feet away from the ~~device~~ fossil fuel burning device however Maintenance has now installed another carbon monoxide detector outside the mechanical room as required by the Care Facility Carbon Monoxide Alarms Standards Act. It is at least fifteen feet away for the fossil fuel burning device.

- The administrator shall monitor and assure ongoing compliance

[Signature]
10/6/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *10/4/17*

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

The above plan of correction is approved as of 10/6/17
(Date)

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

Plan of correction Implementation status as of 10/6/17
(Date)

- Fully Implemented
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- Partially implemented - Inadequate Progress
- Not Implemented

Violation Report: 23855 - 09/14/2017 - Deluca, Amy
 PGH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

Resident #1's personal cash fund ledger indicates the account had a balance of \$403.82 on 6/30/2017, \$356.32 on 7/31/2017, and \$390.32 on 8/31/2017. According to staff interviews, the home did not offer the resident assistance in establishing an interest-bearing account.

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 residents whose accounts contain a balance of over \$200 have been sent letters offering each of them assistance in establishing an interest-bearing account at a local bank. (see attached)

The administrator shall monitor and assure ongoing compliance. *M* 10/6/17

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

Date 10/4/17

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10/6/17
 (Date)

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M
 (Initials)

Violation Report: 23855 - 09/14/2017 - Deluca, Amy

PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

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 #2 was admitted to the facility on [redacted] 16. The contract for resident #1 dated [redacted] 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 Resident Contract for Resident #1 has been signed by Resident #1. In the future the administrator will assure that all admission contracts are signed by the Resident. (see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Annette Chickock

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

Annette Chickock

Date

10/4/17

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(Date)

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(Date)

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M
(Initials)

Violation Report: 23855 - 09/14/2017 - Deluca, Army
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member A did not have training in the following required annual training topics for the 2016 training year: medication self-administration, and instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and 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.

It is part of the Administrative Assistant's job to track the training for the Direct Care Staff as well as all ancillary staff. Our training modules are now also a part of our Electronic Training to ensure that all staff receive their required annual trainings. We have hired a new Administrative Assistant who is currently monitoring the 2017 training.

— The administrator will assure that all trainings are up to date for each member of the Direct Care staff as well as all ancillary staff.

The administrator shall monitor and assure that all training is current for 2016, 2017 and ongoing.

The administrator shall be responsible for ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s): 10/6/17

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 *10/4/17*

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Plan of correction implementation status as of 10/6/17 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 23655 - 09/14/2017 - Deluca, Amy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The notification to the fire department letter dated 9/9/17, regarding residents with mobility needs, does not include the total capacity of the home.

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.

As per communication with the Fire Chief at Tunkhannock Fire Department the information that we are currently sending to the Fire Department is acceptable. The letter that we send to the Fire Department lists the Resident/Residents that are classified as Immobile which indicates that they will require full assistance to evacuate the building. The letter to the Fire Department also includes a copy of our floor plans which denote where our immobile Resident/Residents are located.
 (see attached)

The administrator shall also include the total capacity of the home in correspondences with the local fire department as per 2600.124
 The administrator shall monitor and assure ongoing compliance. *M*
 10/6/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Annette Chubbey</i>	Date <i>10/4/17</i>
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The above plan of correction was approved by <u><i>M</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: 23855 - 09/14/2017 - Deluca, Amy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 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

The annual practicum documentation for the following staff persons is incomplete due to missing information. Staff person A's medication observation dated 6/2017 does not indicate if the staff person passed or failed and the student examination data summary sheet is not signed by the trainer. Staff person B's medication observation dated 6/2017 does not indicate if the staff person passed or failed. Staff person C's annual practicum student examination summary sheet is not signed by the trainer. Staff person D's medication observation dated 6/2017 does not indicate if the staff person passed or failed and the student examination data summary sheet is not signed by the trainer.

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 contacted the person who is currently performing our medication observations and our annual practicums and has discussed with her the failure to perform the services as a Med Tech Trainer that she was required to do.

United Methodist Homes is currently working to establish a protocol for the future to assure that we maintain compliance with our Med Tech certifications and that all is completed as it should be. The Administrator will review the observations and practicums prior to filing them to assure that they are completed appropriately.

The administrator shall be responsible for ongoing compliance. M 10/6/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Annette Chickoff* Date *10/4/17*

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Violation Report: 23655 - 09/14/2017 - Deluca, Amy
 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 # 3 was admitted to the facility on 5/31/17. The facility completed an assessment of the resident's personal care needs on 6/16/17, more than 15 days after the resident's admission to the facility.

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 all Resident assessments, both initial and annual and is also responsible for completing them in a timely manner as per regulation.

We have recently hired a new Nursing Supervisor who will maintain the RASP's according to Regulation.

- 6 The Administrator will review each RASP as it is completed prior to entering it into the Resident record.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10/4/17*

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The above plan of correction is approved as of 10/6/17
 (Date)

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

Plan of correction implementation status as of 10/6/17
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented