



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 17, 2018

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 March 8, 2018 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 23655 - 03/08/2018 - 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

Through interview with the home's administrator it was determined that during staff person A's employment with the home, the staff person was administering medications to residents. The home does not have documentation that staff person A received the required initial training in medication administration.

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 newly hired Personal Care Attendants will be med tech certified in order to be able to assist with Medication Administration to our Residents. Any Personal Care Attendant who has been previously certified as a Med Tech will still be required to participate in the Med Tech Certification process at Tunkhannock Manor prior to being allowed to assist our Residents with Medication Administration. The Administrator will monitor the Medication Training program to assure that all Med Techs are in continued compliance.

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 Administrator* Date *3/23/18*

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

The above plan of correction is approved as of 4/16/18
 (Date)

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

Plan of correction implementation status as of 4/16/18
 (Date)

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

Violation Report: 23655 - 03/08/2018 - Deluca, Amy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

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 #1 has an order for Milk of Magnesia 400mg to be given one time daily as needed. The medication was not available in the cart.

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 Staff performing our Weekly Cart Audits apparently overlooked the missing Milk of Magnesia which should have been in the Med Cart. The Pharmacy replaced the Milk of Magnesia the next day. Our Nursing Supervisor will observe and perform cart audits as well reporting findings to the Administrator.

The Administrator will monitor regularly to assure continued compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Annette Chickel Administrator* Date *3/23/18*

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