



OCT 24 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's Bureau of Human Services Licensing annual inspection on September 4, 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.

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, appearing to read "J. Rowe", is written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23655 - 09/04/2018 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" DOH 04-04-16 did not have proof that they had the educational requirements to provide direct care in the home. Staff person "A" did not have a record that he/she acquired a high school diploma, GED or a C.N.A. certificate.

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 person listed above could not produce a GED or C.N.A certificate or a High School diploma. She has been removed from the schedule and terminated from her position as Personal Care Attendant.

A Direct Care Staff Checklist has been created and added to the New employee check list to assure that any new direct care staff hires have provided information to meet all the necessary qualifications of a Direct Care Staff person.

The Administrator will monitor all new hires and utilize the check list. The Administrator will assure compliance to this regulation.

Repeat Violation: No	Data(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 *9/28/18*

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

The above plan of correction is approved as of 10/9/18
 (Date)

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

Plan of correction implementation status as of 10/9/18
 (Date)

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

Violation Report: 23655 - 09/04/2018 - O'Haire, Anne
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a bed enabler bar approximately 1 foot in length attached to the bed. The enabler bar did not have a cover over it and therefore posed a potential entrapment risk to 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 bed enabler bar in Resident #1's room is now covered. The importance of keeping the device covered has been discussed and explained to the resident. The Nursing staff will frequently check that the device is covered.

The Administrator will keep a list of all Residents who have enabler bars attached to their beds and will do monthly checks to assure that this regulation is consistently met.

The Administrator will be responsible to assure that we are in compliance with this regulation.

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) *Administrator Annette Chickey* Date *9/28/18*

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The above plan of correction was approved by <u>MM</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 - 09/04/2018 - O'Haire, Anne
 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 # 2 receives blood glucose monitoring 3 times per day with insulin administered on a sliding scale. On the following dates and times, the blood glucose readings were recorded incorrectly:

- 8/30/2018 at 11:23am the resident's blood glucose reading in the meter was 228 but was recorded as 234.
- 8/31/2018 at 7:44am the resident's blood glucose reading in the meter was 220 but was recorded as 237
- 9/3/2018 at 11:18am the resident's blood glucose reading in the meter was 238 but was recorded as 235.

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 have been re-educated on the best practice for obtaining accurate blood sugar readings. The staff member using the meter will obtain the blood sample, observe the meter reading and immediately document the reading directly into the Resident Electronic Health Record because the cart and computer are right there. Obtaining and recording the correct reading to match the meter is imperative to assure that the correct dose of insulin per sliding scale is administered to the Resident.

The Nursing Supervisor has implemented an audit process at change of shifts daily to effectively track the glucometer readings and note any patterns.

The Administrator will be responsible for following up and assuring that this regulation is met.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/08/2018

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 *9/28/18*

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Violation Report: 23655 - 09/04/2018 - OHaire, Anne

PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 receives insulin on a sliding scale. On the following dates the incorrect number of units of insulin were administered to the resident:

8/28/2018 at 4:09pm the resident's blood sugar was 210 requiring 4 units of insulin but only 3 units were administered.

8/31/2018 at 7:21am the resident's blood glucose was incorrectly recorded as 237 and 5 units of insulin were administered. The actual blood glucose reading in the resident's meter was 220 requiring only 4 units of insulin.

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.

This violation goes hand in hand with the previous violation. Adhering to best practice for obtaining meter readings and accurately recording the readings into the Resident Electronic Health Record and checking the meter reading against the sliding scale for insulin coverage will prevent the Nursing staff from administering an incorrect amount of insulin. The process implemented to audit the meter readings at change of shifts will be beneficial in assuring that if the glucometer reading is documented correctly based on the actual reading then the appropriate amount of insulin per sliding scale will be administered.

The Nursing Supervisor will be responsible for monitoring the daily audits at change of shifts.

The Administrator will be responsible for assuring that we are in compliance with this regulation.

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) *Annette Chickney Administrator* Date *9/28/18*

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Violation Report: 23655 - 09/04/2018 - 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

A Resident Assessment and Support Plan (RASP) was completed for resident # 2 on 7/3/2018. The previous RASP was dated 7/6/2016. The home did not have documentation that a RASP was completed in 2017.

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.

Since our Resident records are electronic, the Resident Assessment Support Plan (RASP) is also kept in the EHR. We are unable to retroactively correct the documentation error identified in the Electronic Health Record. The error was made by a newly hired Nursing Supervisor. Currently this Nursing Supervisor now has the experience and education to complete the RASP along with the correct dates to prevent future errors of this nature from occurring.

The Administrator will review the completed RASPs on a monthly basis and as needed. The Administrator will be responsible for assuring that we are in compliance with the regulation.

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) <i>Annette Chickey Administrator</i>	Date <i>9/28/18</i>
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