



Sent via e-mail to: achickey@umhwc.org
Mailing Date: December 30, 2019

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 23, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: TUNKHANNOCK MANOR

License Number: 23655

Address: 50 WEST TIOGA STREET,, TUNKHANNOCK, PA 18657

County: WYOMING

Region: NORTHEAST

Administrator

Name: Annette Chickey

Phone: 5708362983

Email: achickey@umhwc.org

Legal Entity

Name: UMH PA CORP

Address: 50 WEST TIOGA STREET, TUNKHANNOCK, PA, 18657

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/27/1994

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 35

Waking Staff: 26

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/23/2019 - On-Site: Ryan Yankow, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42

Residents Served: 35

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A white sock was located behind the 3rd Amana dyer in the laundry room, posing a possible fire hazard.

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 Housekeeping/Laundry Supervisor has instructed all housekeeping/laundry staff to add to their list of daily tasks checking behind each dryer for combustibile or flammable materials such as lint or clothing eradicating any possible fire hazards.

The Administrator will review the check lists on a monthly basis and also randomly to assure accuracy of daily Audits and take responsibility for preventing discrepancies.

(see attached)

Legal Entity Representative

Annette Chickey
Signature

Annette Chickey Administrator 10/2/19
Printed Name and Title Date

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The above plan of correction is approved as of 10-22-19
(Date)

Plan of correction implementation status as of 10-22-19
(Date)

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

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

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill log does not indicate AM or PM for the drill held on 8/27/19 at 6:07.

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 Maintenance Director assures that he will take the time to be more thorough in completing the Fire Drill Log after a fire drill has been concluded particularly time and date, indicating whether the fire drill was held in the AM or PM. The Administrator, who monitors the Fire Drill Log and highlights the months that a fire drill between the hours of 11 PM and 7 AM should be done, will be more vigilant in checking the Fire Drill Log for proper completion and will fully take responsibility for accurate documentation.

Legal Entity Representative


Signature

Annette Chickey Administrator 10/7/19
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1's glucometer was not calibrated to the correct date and time.

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 who checks the glucometer readings against the MAR on a weekly basis will add this to her schedule to assure that each Resident's glucometer is calibrated correctly.

The Administrator will take responsibility for examining a new admission's medical equipment, particularly the glucometer to ascertain proper calibration of the the device.

Legal Entity Representative

Annette Chickey
Signature

Administrator Annette Chickey 10/7/19
Printed Name and Title Date

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