



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to UMH PA CORP
LEGAL ENTITY

To operate TUNKHANNOCK MANOR
NAME OF FACILITY OR AGENCY

Located at 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 38

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 7, 2023 until December 8, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **236550**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing Date: December 7, 2023

[REDACTED]
UMH PA CORP
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

RE: Tunkhannock Manor
License #: 236550

Dear [REDACTED]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is a reduction from 42 to 38 with all of the capacity licensed as SDCU. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

November 17, 2023

[REDACTED]
UMH PA CORP
50 WEST TIOGA STREET
TUNKHANNOCK, PA, 18657

RE: TUNKHANNOCK MANOR
50 WEST TIOGA STREET
TUNKHANNOCK, PA, 18657
LICENSE/COC#: 23655

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2023, 11/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *TUNKHANNOCK MANOR* License #: *23655* License Expiration: *12/08/2023*
 Address: *50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657*
 County: *WYOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *UMH PA CORP*
 Address: *50 WEST [REDACTED]*
 [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/18/2023* Issued By: *Tunkhannock Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Incident, New* Exit Conference Date: *11/06/2023*

Inspection Dates and Department Representative

09/12/2023 - On-Site: [REDACTED]
 11/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *26*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire Home* Capacity: *38* Residents Served: *26*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *26*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

09/12/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2023*

Inspections / Reviews (*continued*)

11/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

11/17/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Staff member A witnessed Staff member B yelling at Resident 1 on 9/4/2023. The incident was not reported to BHSL until 9/8/2023.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

Staff member A was immediately re-educated by [REDACTED] Administrator, related to the need to report suspected abuse to supervisor/administration. In addition, all staff members were re-educated by [REDACTED] Administrator on timely reporting of suspected abuse and the requirements in 2600.16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse report covered by law)

The Administrator, [REDACTED] will be responsible to ensure any further instances of abuse will be evaluated to ensure immediate reporting to supervisor/administration and the incident or condition is reported to the Department's Personal Care Home regional office or the Personal Care Home complaint line within 24 hours.

Licensee's Proposed Overall Completion Date: 11/14/2023

Bypass Document Submission

Implemented [REDACTED] /17/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff Member B admitted to being argumentative and yelling at Resident 1 on 9/4/2023.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

Upon completion of investigation, staff member B was terminated by the Administrator, [REDACTED]. All staff members were re-educated by the Administrator, [REDACTED], related to the requirements under 2600.42.c. A resident should be treated with dignity and respect.

The Administrator, [REDACTED], will be responsible to ensure the requirements of 2600.42.c., A resident will be treated with dignity and respect, will be followed.

Licensee's Proposed Overall Completion Date: 11/14/2023

Bypass Document Submission

Implemented [REDACTED] - 11/17/2023)