

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HARMONY HOUSE MANOR, INC.

LEGAL ENTITY

To operate HARMONY HOUSE MANOR

NAME OF FACILITY OR AGENCY

Located at 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 84
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 26

This certificate is granted in accordance with the Public Welfare 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 July 1, 2010 until January 1, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314391

Robert E. Robinson

ISSUING OFFICER

Kenneth Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 02 2010

Mr. Neal Harrison, President
Harmony House Manor, Inc.
2888 Carpenter Park Road
Davidsville, Pennsylvania 15928

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904

Dear Mr. Harrison:

As a result of the Department of Public Welfare's (Department) licensing inspections on November 10, 2009, November 12, 2009, January 29, 2010 and June 2, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

In accordance with 55 Pa.Code § 2600.269(b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Mr. Neal Harrison

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55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132d	II	67	\$5	\$335	5 calendar days from mailing date of this letter
141a-2	II	67	\$5	\$335	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:


Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Neal Harrison

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial "K" and a distinct "T" and "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Avenue, Johnstown, PA 15904		CURRENT LICENSE NUMBER 314390	
INSPECTION DATE(S) (Include all dates of the inspection) 6/2/2010		REGIONAL REPRESENTATIVE S. Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) NOVA R Irons Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nova R Irons</i>		DATE 6-18-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emrich</i>
			DATE 6/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The 5/26/2010 fire drill evacuation time was 13 minutes, exceeding the safe evacuation time of 10 minutes, specified by the Richland Township Fire Department's Fire Chief, [REDACTED] in his letter dated 8/25/2009. The home's fire drill record is as follows: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac time</th> </tr> </thead> <tbody> <tr> <td>5/26/10</td> <td>6:10am</td> <td>13 min</td> </tr> <tr> <td>4/21/10</td> <td>7:00pm</td> <td>4.5 min</td> </tr> <tr> <td>4/14/10</td> <td>1:30pm</td> <td>4 min</td> </tr> <tr> <td>3/17/10</td> <td>9:18am</td> <td>5 min</td> </tr> <tr> <td>2/12/10</td> <td>6:00pm</td> <td>5 min</td> </tr> <tr> <td>1/20/10</td> <td>10:00am</td> <td>4 min</td> </tr> </tbody> </table>	Date	Time	Evac time	5/26/10	6:10am	13 min	4/21/10	7:00pm	4.5 min	4/14/10	1:30pm	4 min	3/17/10	9:18am	5 min	2/12/10	6:00pm	5 min	1/20/10	10:00am	4 min	6-2-10 7/31/10	on 6-2-10 I went over evac procedures w/ staff + Residents. Did Mock Drill I also called The Fire Chief + I'm waiting on a Return call to set-up a training w/ him as well for staff Drills over 10min in the future will be Re-done w/ same staff within 2 weeks time Fire Chief [REDACTED] will conduct training for all staff. The administrator will keep documentation of the training.	Steps have been taken to correct violation; full compliance is not verifiable 6/25/10 Date Initials (DPW) SE
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JUN 22 2010


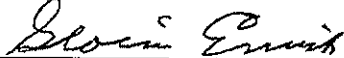
Continued on Page 1A:


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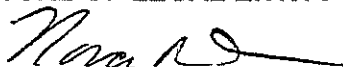
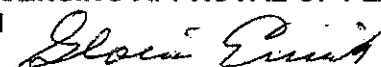
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	30 cigarette butts were found on the ground around the designated smoking area to the rear of the building.	6-18-10 Ongoing	Staff will now check daily outside smoke area for cigarette butts. I also posted No smoking signs on fence by cell phone tower area. (This was added to staff checklist) Administrator will monitor staff checklists for completion - 22	Steps have been taken to correct violation; full compliance is not verifiable 6/25/10  Date Initials (DPW);

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<ul style="list-style-type: none"> Resident # 1's Lantus bottle was opened, with no opening date listed. The manufacturer's instructions recommend discarding 28 days after opening. Resident # 2's Acetaminophen expired on 3/2010. Resident # 3's Nutriferon expired on 2/2010. Resident # 5's Lorazepam expired on 5/2010. Resident # 6's Loperamide, and Anti-Diarrhea tab, expired on 5/2010. 	<p>6-2-10</p> <p>6-2-10</p> <p>6-4-10</p> <p>6-2-10</p> <p>+</p> <p>ongoing</p>	<p>STAFF Re-oriented on The importance of Labeling Bottles.</p> <p>All expired medications were discarded.</p> <p>Res. #2 was an Emergency placement did notify his wife upon her discharge from Hospital that his meds must be current & in original Bottles.</p> <p>STAFF doing weekly med Audits which should eliminate The occurrence of expired meds in the med-cart</p> <p>Administrator will review results of medication audits.</p> <p>Documentation shall be kept.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6/25/10 <i>BE</i></p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<ul style="list-style-type: none"> One loose brown round pill was found in Resident # 3's medication drawer. One loose red round pill was found in Resident # 4's medication drawer. One white round pill, one white oblong pill, one green oblong pill, one brown and orange pill, and half of a white round pill were found in the PRN medication drawer. 	6-2-10 <i>ongoing</i>	Staff were educated on the importance of inspecting med drawers. Also weekly Med Audits provide a opportunity for everything to be pulled from carts so should eliminate this issue. I also randomly will check carts for loose meds. Administrator will review results of medication audits. Documentation shall be kept.	Steps have been taken to correct violation; full compliance is not verifiable 6/25/10 Date Initials (DPW)


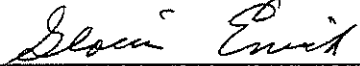
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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Avenue Johnstown, PA. 15904		CURRENT LICENSE NUMBER 314390	
INSPECTION DATE(S) (Include all dates of the inspection) 1/29/10		REGIONAL REPRESENTATIVE D. McConnell	
SIGNATURE OF LEGAL ENTITY <i>Noel Dean</i>	DATE 2-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Eruit</i>	DATE 5/04/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
161b At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.	The menus posted did not list an alternative meal or drink.	1-29-10	Alternative Food + Drinks added to All menus STAFF will monitor These weekly	5/04/10 BE


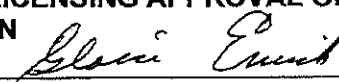
MAR 2 2010

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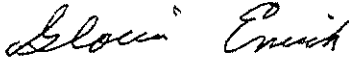
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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The menus posted were not dated and could not be determined if the current week and following week are posted.	1-29-10	menus dated. STAFF will weekly date & post menus TO show current week and the coming week.	5/04/10 BE

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	The assessment for resident #1 dated 11/15/09 was not updated to address the resident's special diet as ordered by the physician on 1/11/10.	1-29-10 3-15-10	Assesment + support plan corrected. Notified STAFF to inform me immediately of any changes so support plans + assessments can be updated as needs change or services are added The Administrator will review each assessment to ensure it is correct + complete. -BE	Steps have been taken to correct violation; full compliance is not verifiable <u>5/04/10</u> <u>BE</u> Date Initials (DPW)

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan for resident #1 dated 11/15/09 was not updated to address the resident's special diet as ordered by the physician on 1/11/10.	1-29-10 3-15-10	Support Plan updated STAFF informed to notify me immediately of any changes so support plan can be updated as needs change or services are added. The Administrator will review each support plan to ensure it captures all of the resident's needs. <i>GE</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>5/03/10</u> <i>GE</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
INSPECTION DATE(S) (Include all dates of the inspection) November 10, 2009 and November 12, 2009		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Nova R</i>	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/23/10

1. REGULATION 55 Pa.Code § 2600.	2. VIOLATION/CLASS	3. DATE BY WHICH CORRECTION WILL BE COMPLETED	4. PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5. DATE COMPLIANCE VERIFIED BY DPW
25d-3SOP. If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	The home's contract indicates that a portion of the rebate will be collected by the home. Resident #1 and #2's contracts did not address the home's intended use of the collected revenue from the rent rebate.	11-25-09 11-11-09 11-11-09	Resident #1's Letter Regarding Rent Rebates Signed Resident #2's Letter Regarding Rent Rebates Signed I check all files to ensure all Rent Rebates had been signed. Any additional addendums I will track more carefully to avoid missing, anyone	4/10/10 BE

PCH Division
 Central Region Field Office

JAN - 6 2010

RECEIVED

/p.2

814-266-2168

Nova

Jan 05 10 03:22p

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Nova R. Jones</i>	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/23/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).	Direct care staff #A, #B, and #C did not receive training in Resident Rights or the Older Adult Protective Services Act during the 2008 training year.	12-7-09 2-11-09	STAFF A Received This Training in my office Staff B+C Received The Resident Rights Training I will monitor training more closely to ensure all staff receive the proper annual training. A staff training plan will be developed to include all the required training. The administrator will review the training plan monthly to ensure all trainings are being completed. <i>MES 2/23/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4/10/10</i> Date <i>BE</i> Initials (DPW)

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


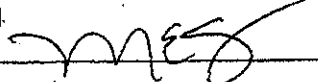
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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
INSPECTION DATE(S) (Include all dates of the inspection) November 10, 2009 and November 12, 2009		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY 	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/23/10

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85a Sanitary conditions shall be maintained.	-On 11/10/09, there was food spillage of flour and sugar on the three wooden shelves on the left side of the upper food pantry above the kitchen.	11-10-09	Area Cleaned. Kitchen Staff will clean Area's Weekly and monitor areas daily for spillage	5/04/10 BE
	-On 11/10/09, there was old syrup runoff on the outside of the Safari Chocolate Syrup container, and old food stains and grit on the lids of the large white tub of rice and the large tub of flour – all stored under the stainless steel counter near the large mixer. Additionally, there was a large amount of dirt, debris, and food bits on the floor under this counter.	11-10-09	All Area's cleaned. Staff will be more cautious of spills + monitor daily for spills + clean them immediately	
	-On 11/10/09, there were old food	11-10-09	Area cleaned + will be checked daily + cleaned Things are split	

VIOLATION REPORT
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	stains and residue on the floor between the oven and the wall. -On 11/10/09, there were loose grapes on the floor of the food storage room in the secure dementia unit. -On 11/12/09, there were food crumbs along the inside cabinet walls of the lazy-susan shelving in the secure dementia unit [SDU] kitchen area. -On 11/12/09, there was an accumulation of dirt and debris on the top shelf beside the hall shower in the SDU.	11-10-09 11-12-09 11-12-09	Grapes picked up. Storage Areas will be checked daily Area cleaned. Staff will wipe Lazy Susan daily Shelves cleaned. Housekeeper will check daily + staff will check evening + night shift will monitor AS well	5/04/10 BE

2/23/10

The administrator will instruct staff to check all areas of the home on each shift to ensure sanitary conditions are maintained. Documentation of these checks will be kept by the administrator. MES 2/23/10

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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	On 11/10/09, the light bulb in the north rear exit pathway from the main dining room to the outside exit was not working. Therefore there was no light in the exit passageway for illumination at night in case of emergency.	11-10-09	Bulb changed. Will change bulb as soon as it goes out. Staff will monitor lighting daily.	4/10/10 BE

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<ul style="list-style-type: none"> - On 11/10/09, the ceiling, right side wall, and top door frame of the outside exit door of the north rear exit from the main dining room were missing plaster, and the wood under-lathing was exposed. - On 11/10/09, there was a large white slipping rug located on the floor of the walk-in closet closest to the door of room # 102. - On 11/10/09, the ceiling panel above the steps to the north rear exit from the main dining room was loose and there was a red liquid dripping from it onto the floor. 	11-11-09 12-15-09 11-10-09 11-10-09	Removed debris from Area Repair has begun. see Attachment Repair will be complete Staff will monitor each shift any Areas in home needing Repair Throw Carpet was Removed & sent home w/ Residents family. STAFF will monitor that no families bring Carpets in to The facility Panel changed. Appears to be stained from an old spill. Staff will monitor daily for spills	4/01/10 SE

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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
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	<p>- On 11/12/09, a section of the wood trim to the closet door frame in room # 202 had been taken off and was left on the closet floor, with some nails' exposed.</p> <p>- On 11/12/09, the base fixture for a toilet that had been removed from the closet in room #206 was partly raised from the floor, with two upright bolts exposed, creating a tripping hazard. Additionally, a sink had been removed from the wall in room #206, and the base piping for the hot and cold water pipes were still protruding up from the floor.</p>	<p>11-12-09</p> <p>11-16-09</p>	<p>Trim put back on. Maintenance informed not to let things exposed. staff will monitor each shift</p> <p>All pipes ect were cut below floor level & plywood was put over holes to ensure no tripping hazard. staff will monitor All areas of the home daily for any hazards</p>	<p>4/6/10 82</p>

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	- On 11/12/09, the ceiling directly under the upper food storage pantry was stained with a brown liquid. This liquid was also dripping from the ceiling and a wet spot was present on the carpet.	11-12-09	Stain appears to be from an old spill. Storage Room was checked & nothing is currently leaking. Ceiling tile replaced. Staff will check for spills each shift.	4/01/10 BE

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>-On 11/10/09, there were no handrails available for the sloping floors in the foyers between the first exit door and the outside exit door in each of the fire exit pathways that are located on both sides of the rear of the main dining room.</p> <p>-On 11/10/09, there were no handrails available for the exterior exit pathway stairs located outside of the outer exit door of the north rear exit pathway from the main dining room.</p>	<p>12-8-09</p> <p>12-15-09</p> <p>12-15-09</p>	<p>Handrail installed in 1st exit Area</p> <p>once drywall is finished Handrail will be installed</p> <p>Hand rails will be installed on Both sides of the Steps.</p>	<p>4/21/10 BE</p>

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93b Each porch shall have a well-secured railing.	On 11/10/09, there were no porch rails available for the above ground exterior landing of the stairs located outside of the outer exit door of the north rear exit pathway from the main dining room.	12-15-09	Rails will be installed by 12-15-09	4/01/10 GE

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	-On 11/10/09, the smoke alarm on the ceiling of the upper food pantry above the kitchen was hanging open and had no battery in it	11-10-09	Battery Replaced. Kitchen staff will monitor this daily to ensure it is in place & will change battery when needed	4/01/10 <i>BE</i>
	-On 11/10/09, the ceiling exhaust vents did not work in either toilet stall of the hall bathroom located by room #102.	11-12-09	Fans were replaced. Each shift will monitor bathrooms to ensure fans & lights are working.	
	-On 11/10/09, the ceiling exhaust vent did not work in the toilet stall in room #109.	11-12-09	Fan Replaced. Staff will monitor each shift	
	-On 11/10/09, the blue wooden swing bench on the outside deck had peeling paint and several warped seat boards.	12-8-09	Swing Thrown away. will monitor outdoor furniture during seasonal times for damage	

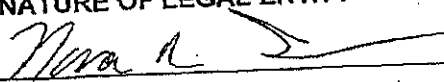
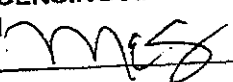
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	-On 11/10/09, the ceiling light in the second floor of the middle front stair tower was not working.	11-10-09	Bulb change. Staff will monitor lighting each shift for burned out bulbs.	
	-On 11/12/09, the radiator cover was off the heat piping in the closets in rooms # 202 and 206.	11-12-09	Covers put back on. Maintenance informed not to leave any thing exposed. Staff will monitor each shift for any dangers	4/10/10 BC
	-On 11/12/09, the radiator cover was off a section of the heat piping in room #4 in the SDU.	11-12-09	"	
	-On 11/12/09, the dishwasher on the upper floor was missing a side panel cover on the side exposed and accessible to residents.	12-7-09	put cover back on. Staff will monitor for missing covers each shift.	

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	On 11/12/09, The first aid kit in the SDU was missing tape and a thermometer.	12-8-09 2/28/10 and monthly	Tape & Thermometer put in 1st Aid Kit. Staff will check this monthly to ensure nothing is missing. Documentation of the monthly checks will be kept by the administrator. mcs 2/23/10	4/10/10 <i>sk</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-On 11/10/09, there was no bed side light available beside the bed nearest the door in room #109.	11-10-09	Lamp put by bed. Staff will check each shift to ensure Lamps are in place	4/10/10 SE
	-On 11/12/09, there was no bed side light available beside the bed nearest the door in room #206.	11-12-09	Lamp put by bed. Staff will check each shift to ensure Lamps are in place	
	-On 11/12/09, there were no light bulbs available in the bedside lamps in rooms #5, 9, and 10 in the secure dementia unit.	11-12-09	Bulbs Replaced staff will check each shift for missing bulbs	
	-On 11/12/09, the bed side lamp in room #8 in the SDU was not plugged into the wall.	11-12-09	Lamp plugged in. Staff will check each shift to ensure Lamps are working	
	Repeated Violation – 10/7/08 et al.			

2/28/10
 and daily

Documentation of the checks will be kept by the administrator.
 MEG 2/23/10

VIOLATION REPORT
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 11/12/09, there was no thermometer in the freezer of the refrigerator on the upper floor of the home. Repeated Violation – 10/7/08 et al.	11-12-09 2/23/10 and daily	Thermometer put in freezer. Staff will monitor each shifts to ensure thermometers are in each fridge & freezer. Documentation will be kept by the administrator. MES 2/23/10	5/04/10 SE

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103g Food shall be stored in closed or sealed containers.	On 11/10/09, the following foods were found to be unsealed in the kitchen: - Two packs of saltine crackers, a bag of all-purpose breading, and a bag of yeast, all stored on the shelf above the large mixer and microwave; - A bag of an unlabeled white substance on the door shelf, and a bag of chicken tenders on the bottom shelf of the large white freezer; - an unlabeled and unsealed clear plastic tub of ham or chicken salad sandwich spread; and a tall white plastic unlabeled and unsealed tub of the same food – both locate in the two-door large stainless steel refrigerator in the	11-10-09 2/28/10 and daily	All Items are sealed & Labeled. Kitchen Staff will monitor daily to ensure items are Sealed & Labeled Correctly. The administrator will check the kitchen daily to ensure all foods are sealed. MCS 2/23/10	5/04/10 <i>ga</i>

VIOLATION REPORT
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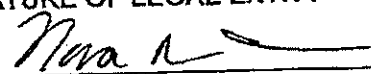
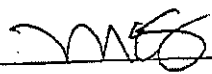
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	kitchen, on the second shelf from the top.	1		

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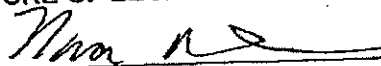
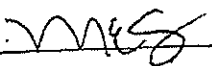
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103i Outdated or spoiled food or dented cans may not be used.	-The following moldy vegetables were located in the walk in refrigerator located in the Secure Dementia Unit on 11/10/09: <ul style="list-style-type: none"> o Cucumber o Two tomatoes -On 11/10/09, The following foods were found to be unlabeled: <ul style="list-style-type: none"> o A clear plastic tub of ham or chicken salad sandwich spread; and a tall white plastic tub of the same food, in the two-door large stainless steel refrigerator in the kitchen, on the second shelf from the top. o In the large white freezer, there was an unlabeled and undated bag of meat on the 	11-10-09 11-10-09	Items Thrown away. Kitchen staff will check fruits & veggies daily for spoilage. All items Labeled & Sealed. Kitchen staff will monitor daily to ensure all items are Sealed & Labeled	5/08/10 BE

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
INSPECTION DATE(S) (Include all dates of the inspection) November 10, 2009 and November 12, 2009		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
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	second shelf from the top, and unlabeled, undated bag of a white substance on the door shelf, and an unlabeled bag of chicken tenders on the bottom shelf. -On 11/10/09, there was a dented #10 can of pears and a dented #10 can of rice pudding in the upper food pantry	11-10-09 2/28/10 and daily	Dented cans removed. All canned goods coming into the facility will be checked for dents. The administrator will check the kitchen daily to ensure all foods are labeled and dated and there are no outdated or spoiled foods or dented cans. MEG 2/23/10	4/6/10 BE

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	- On 11/10/09, the north rear exit pathway from the dining room to the outside exit was obstructed by a row of wooden chairs and a row of metal chairs that were stored on both sides of the walls of the foyer between the first exit door and the outside exit door, leaving only approximately 1 1/2 feet of space to walk through. - On 11/10/09, the outer exit door of the north rear exit pathway from the dining room to the outside exit was locked or obstructed to the point where it could not be opened after several attempts by both the inspector and the administrator.	11-10-09 11-11-09	All chairs were Removed + Staff will check all egress + stairwells each Shift for obstructions I opened the door 1st Attempt This date. UNSURE why was unable to day before. maintenance check door + I've tried it since w/ no problem staff will continue to monitor	4/01/10 SE

2/28/10 Staff will monitor the door daily to ensure it opens easily. MES 2/23/10

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NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390	
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SIGNATURE OF LEGAL ENTITY <i>Nova R</i>	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/23/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher located at the exit of the Secure Dementia unit to the designated smoking area was last inspected in 2007.	12-10-09	Blue's inspected Fire extinguisher. I will be sure to check it when they do yearly check.	4/12/10 BE

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor 601 Lamberd Ave; Johnstown PA 15904		CURRENT LICENSE NUMBER 314390
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SIGNATURE OF LEGAL ENTITY 	DATE 3-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE 3/1/10

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home has a safe evacuation time of 10 minutes as specified by Fire Chief [redacted] Richland Township Fire Department, in his 8/25/09 letter. On 6/30/09 the evacuation time exceeded 10 minutes. Evacuation times are as follows: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time (min:sec)</th> </tr> </thead> <tbody> <tr> <td>10/5/09</td> <td>5:58 AM</td> <td>8:00</td> </tr> <tr> <td>9/15/09</td> <td>4:00 PM</td> <td>4:00</td> </tr> <tr> <td>8/12/09</td> <td>2:00 PM</td> <td>5:30</td> </tr> <tr> <td>7/5/09</td> <td>10:30 AM</td> <td>4:00</td> </tr> <tr> <td>6/30/09</td> <td>7:30 PM</td> <td>10:30</td> </tr> <tr> <td>5/3/09</td> <td>6:10 AM</td> <td>8:00</td> </tr> </tbody> </table> Repeated Violation – 10/7/08 et al	Date	Time	Evac. Time (min:sec)	10/5/09	5:58 AM	8:00	9/15/09	4:00 PM	4:00	8/12/09	2:00 PM	5:30	7/5/09	10:30 AM	4:00	6/30/09	7:30 PM	10:30	5/3/09	6:10 AM	8:00	3/16/10 3/15/10 3/1/10 – 5/31/10 3/31/10 3/31/10	The home will hold additional training for all staff on the home's evacuation procedures to ensure all staff are fully aware of their role in an evacuation. Documentation of this training will be kept by the administrator. All residents will be educated on the importance of evacuating quickly. At least one fire drill on each shift will be held within the next 3 months. Only the staff who would normally be on duty at the time of the drills will participate in the drills. The home will add staff to each shift sufficient to evacuate all residents from the building in 10 minutes or less in the event of an emergency in accordance with Fire Chief Paul Ellsworth's 8/25/08 letter. The home will amend its written criteria for admission and discharge to reflect that residents who are unable to evacuate in 10 minutes or less will not be admitted to the home or will be discharged from the home. Written notice of the change will be provided to all residents.	Steps have been taken to correct violation; full compliance is not verifiable 4/2/10 [Signature] Date Initials (DPW)
Date	Time	Evac. Time (min:sec)																							
10/5/09	5:58 AM	8:00																							
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SIGNATURE OF LEGAL ENTITY <i>Nova</i>	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/23/10

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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen.	- Resident #3's current medical evaluation dated 9/30/09 did not include the ability to self medicate or a mobility assessment. - Resident #4's current medical evaluation dated 4/8/09 did not include communicable diseases, ability to self medicate or a mobility assessment. Repeated Violation – 10/7/08 et al.	11-12-09 11-12-09 3/15/10 2/28/10	Faxes Dr. J had him complete med. eval. will monitor future evals to ensure Dr's complete them " " The administrator will review each medical evaluation on file to ensure each one is complete. The administrator will review each medical eval. when received from the physician to ensure it is complete. <i>MES 2/23/10</i>	Steps have been taken to correct violation; full compliance is not verifiable 4/10/10 <i>BE</i> Date Initials (DPW)

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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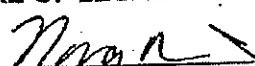
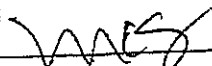
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contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home allows smoking in the designated smoking area to the rear of the building. On 11/10/09 at least 13 cigarette butts were observed on the ground that were not properly extinguished and disposed of in the proper receptacles.	11-11-09 3/15/10 3/15/10	Area cleaned. Staff will clean smoke Area daily for cigarette butts, or debris All residents who smoke in the home will be educated on the proper extinguishing procedures. The administrator will monitor the smoking area daily to ensure the proper smoking procedures are followed.	Steps have been taken to correct violation, full compliance is not verifiable 4/12/10 SE Date Initials (DPW)
			MES 2/23/10	

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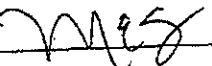
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<ul style="list-style-type: none"> - On 11/12/09, Humalog and Lantus insulin were being stored for resident #7. These medications had been opened more than 28 days prior; Humalog was opened 7/16/09, Lantus was opened 9/19/09. Manufacturer's instructions state the insulin expires 28 days after opening. - On 11/12/09, Novolog Insulin was being stored for resident #8 which had been opened more than 28 days prior; Novolog was opened 10/09/09. Manufacturer's instructions state the insulin expires 28 days after opening 	<p>11-12-09</p> <p>11-12-09</p>	<p>Insulin Re-ordered & Removed. Staff instructed to check dates daily to ensure these items are ordered in a timely fashion</p> <p>u</p> <p>4</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/12/10 </p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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	- Medications for former residents were still being stored in the tall beige cabinet next to the desk in the SDU. The medications included: A bag of Klor-Con Powder packets, a bottle of Aspirin, and a bottle of Acetaminophen for former resident # 9; Five bottles of Acetaminophen for former resident # 10, and a bubble pack card with 51 Tylenol in it, that had been prescribed for a former resident, but the name and identifying information had been removed. The medication had come from Diamond Pharmacy with an expiration date of 9/27/09. Staff interview indicated that the acetaminophen and Tylenol	11-12-09	All meds for former Residents Removed. Staff will double check when a Resident leaves to ensure all meds are pulled Staff informed they are not permitted to keep Tylenol in the facility for personal use from former Residents These items were disposed of & staff will monitor daily to	Steps have been taken to correct violation, full compliance is not verifiable 4/12/10 Date Initials (DPW) <i>BE</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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	were being kept for use by the home as house medication.	3/15/10 3/15/10	<p>ensure this is not occurring again</p> <p>All staff will be instructed that the home cannot store medications that are expired, discontinued or are for residents no longer living in the home.</p> <p>The administrator will and weekly check the medications weekly, including the insulin, to ensure there are no expired, discontinued medications or medications for former residents.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>4/12/10 <i>BE</i> Date Initials (DPW)</p>

VIOLATION REPORT
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for	On 11/12/09, the medication <i>Diphenhydromine 50mg</i> was being stored for administration to resident # 7, but it was not listed on his/her medication administration record (MAR).	11-12-09 3/1/10	Dr. called to see if he wants Res. # 7 on this med or not. Staff informed all meds in facility must be on Mars or disposed of. Staff will monitor each shift to ensure all meds are on Mars The administrator will check each MAR monthly to ensure all medications are listed. <i>MES</i> 2/23/10	Steps have been taken to correct violation, full compliance is not verifiable 4/12/10 Date <i>BR</i> Initials (DPW)


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the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	<i>AIC</i> Direct care staff #A and #B currently administer insulin injections to residents in the home, but the last diabetes patient education program they completed was on 7/2/08 – more than 12 months ago.	12-16-09	Diabetes training Scheduled. These two staff missed the training on 4-16-09. They were informed this is unacceptable - they are required to full-fill training requirements I will track more closely for any missed training.	6/2/10 SC/RE

3/1/10

The administrator will track the diabetes training expiration dates to ensure no staff's training lapses. If training lapses the administrator will not allow the staff to administer insulin injections until training is completed.
MES 2/23/10

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment.	- Resident #5 had a change in condition due to a wound during the month of October. The last assessment was dated 6/29/09 and no new assessment has been done to identify the resident's change in condition. - Resident #2 began hospice services on 1/23/09 and a new assessment was not completed.	11-12-09 12-12-09 3/15/10	Corrected Assessment. Staff will notify me of any changes immediately w/ all Residents so Assessments & Support Plans can be kept current. Added change. Any Admits, or discharges re: hospice, homehealth will also be changed on support Plans & Assessments The administrator will review each assessment to ensure it is current and complete. <i>[Signature]</i> 2/23/10	6/23/10 SC/BE

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SIGNATURE OF LEGAL ENTITY 	DATE 12-9-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/23/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	- Resident #3 was ordered by the doctor on 3/26/08 to have the bed placed on the floor. This was not documented in the current support plan dated 10/30/08. - Resident #4's assessment dated 4/10/09 indicated that the resident was immobile however the current support plan dated 4/10/09 does not address how the home will meet the mobility needs of this resident.	11-12-09 11-16-09 3/15/10	plan corrected staff will notify me daily of any changes so support plans & assessments can be kept current 11 The administrator will review each support plan to ensure it captures all of the residents' needs. 	6/02/10 SL/BE 2/23/10

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