



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 6, 2011

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 licensing inspections on January 13 and February 23, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Reports were found.

All violations specified on the enclosed Violation Reports must be corrected by the dates specified on the Violation Reports 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.

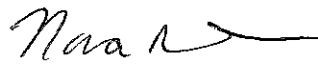
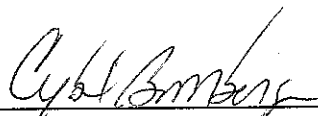
Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator



Enclosure(s)

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 314391	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE Jaime Erb, Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/21/11


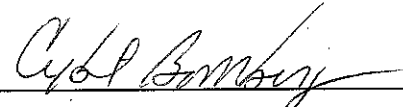
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16e If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.	On 12/30/10, the home submitted an incident report validating the occurrence of 32 missing Hydrocodone tablets, for Resident #3. As of 1/13/2011, the home has not informed Resident #3, their designated persons, or the police of the missing medication.	1-3-11 3-1-11 3-2-11	Resident #3 & designated person were verbally notified of the investigation Resident #3 & designated person notified via mail. Will Review Reportable incident policy & procedure w/ myself & staff to ensure policy is met in the future.	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 Date Initials (DPW)


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

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SIGNATURE OF LEGAL ENTITY 	DATE 3-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	Between 1/6/11 and 1/8/11, an allegation of abuse against Resident #1 was reported to staff person B and C. The home did not report the allegation to the local Area Agency on Aging or the State Department of Aging.	1-18-11	Incident Report completed Re: Allegation of abuse on 1-11-11. Sent to DPW/P.S.	
		3-2-11	will retrain myself + staff on GAPSA.	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 Dca
		1-13-11 & ongoing	will report to Both DPW + PS All Allegations of Abuse Against A Resident no matter how minor within the Appropriate time frames	Date Initials (DPW)

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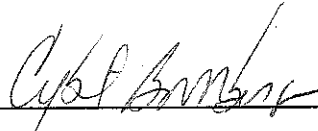
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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Between 1/6/11 and 1/8/11, Resident #1 was upset with Resident #2. While yelling and swearing, Resident #1 grabbed Resident #2's wrist. Resident #2 called 911.	3-2-11	Will Retrain myself & staff on OAPSA + Resident Rights, And the definition of Abuse @	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 
		3-16-11	Resident's will be counseled & Read Residents Rights at Resident council meetings.	Date Initials (DPW)
		4-6-11	Cambria Aging + DPW will present a staff training on resident rights	
		on-going	Administrator will investigate & file timely Reports on all Reports of Resident to Resident Abuse	
		on-going	Staff will provide supervision and attempt to redirect residents to prevent further occurrences of resident to resident abuse. @ 3/2/11	

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42x A resident has the right to a system to safeguard a resident's money and property.	On 12/30/10, the home submitted an incident report validating the occurrence of 32 missing Hydrocodone tablets for Resident #3. As of 1/13/2011, the home has not reimbursed Resident #3 for the missing Hydrocodone tablets.	1-3-11	Replacement meds were ordered & pharmacy instructed to bill Harmony House manor for medication	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 Date Initials (DPW)
		1-4-11	Replacement meds received for Resident #3	
		4-6-11	Cambria Aging & DPW will present a staff training on resident rights	
		3-1-11	Re-vised medication policy to include Re-imbusement of any missing medication copy enclosed.	
		ongoing	The administrator will monitor the log used to document medications that are securely maintained in order to ensure that	

The system used to safeguard this resident's property is not compromised. as listed

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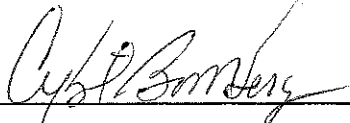
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51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not have a criminal history check completed for Staff Person A, hired 11/11/10.	1-13-11 2-25-11 Ongoing	Background check completed for person A employee file checklist updated to ensure Background checks are completed within 30 days of hire. Owners of facility are responsible for completing BKnd vs However I will track that I receive them on time. Any staff who does not have an acceptable criminal history check completed within	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 dca Date Initials (DPW)

30 days after hire, will be suspended from employment until such time as the background check is received.
 03/26/11

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(relating to protective services for older adults) and other applicable regulations.			<i>Contd</i>	
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>				

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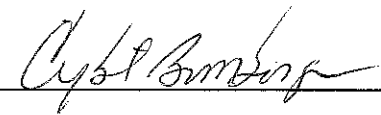
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60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home is a three story building that houses residents on all three floors. According to the incident that occurred on 11/24/10 with Resident #2 involving a suicide attempt and the incidents that occurred between 1/6/11 and 1/8/11 with Resident #1 involving abuse, both residents need supervision. During the 3rd shift (11:00PM-7:00AM) the home routinely schedules two direct care staff on the 1st floor which consists of the Secured Dementia Unit and two direct care staff on the 2nd floor. The home's 3rd floor which houses Resident #1 and #2 does not have any direct care staff scheduled to work the floor during any 3rd shifts. Due to the lack of available direct care staffing in the home, during the 3rd shift (11:00PM-7:00AM), the home would not be able to provide the supervision needed for Resident #1 and Resident #2.	3-1-11	Checklist developed for overnight staff to check each time they visit top floor to ensure residents are ok. Checklist is set up for 30 minute checks. Res. #1 was discharged on 3/21/11. Res. #2 is currently receiving inpatient-psychological services.	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 DCA Date Initials (DPW)
		3-2-11	Staff will be trained on purpose of & how to use top floor checklist to ensure Resident safety.	
		4-6-11	Any residents on top floor who require more than 30 mins. supervision on	

ongoing 2nd shift will be moved to the main floor. DCA PRX (No new admissions, to top floor, who require more than 30 min. supervision) DCA


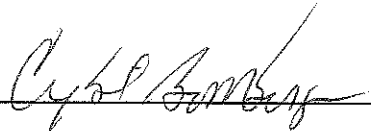
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	<p>The home has 4 staff persons routinely scheduled during sleeping hours, from 11:00 pm - 6:00 am. Of the past 5 sleeping hour fire drills, not one was conducted with less than 6 staff participating. The home routinely schedules sleeping hour fire drills when additional staff persons are present.</p> <p>The last 5 sleeping hour fire drills were as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th># Staff</th> </tr> </thead> <tbody> <tr> <td>5/26/10</td> <td>6:10 am</td> <td>6</td> </tr> <tr> <td>6/2/10</td> <td>6:15 am</td> <td>6</td> </tr> <tr> <td>7/7/10</td> <td>6:25 am</td> <td>6</td> </tr> <tr> <td>7/12/10</td> <td>6:45 am</td> <td>6</td> </tr> <tr> <td>11/12/10</td> <td>6:01 am</td> <td>6</td> </tr> </tbody> </table>	Date	Time	# Staff	5/26/10	6:10 am	6	6/2/10	6:15 am	6	7/7/10	6:25 am	6	7/12/10	6:45 am	6	11/12/10	6:01 am	6	2-19-11	<p>6am Fire drill completed w/ 4 staff present. time was within approved time of fire safety expert</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/7/11 <i>DCG</i></p> <p>Date Initials (DPW)</p>
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11/12/10	6:01 am	6																				
		on-going	<p>All overnight fire drills will be conducted no more than 6 months apart and with only 4 staff participating.</p>																			
		4-30-11 following each fire drill	<p>Staff & Residents will be trained on the importance of evacuating the facility in a timely manner in accordance with the time designated in writing by the fire safety expert. <i>DCG</i></p>																			

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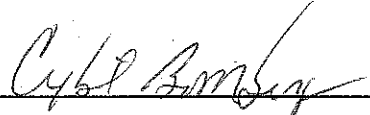
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 4/5/2010. Resident #1 had a medical evaluation dated 4/8/10; however the medical evaluation was missing the physician's signature.	1-17-11	obtained physicians signature on Resident #1's medical evaluation dated 4-8-10	
		1-13-11	I now Fax all medical evaluations to the owner of the facility who reviews them for compliance. Any missing information results in returning evaluation to physician to complete.	
		4-30-11	Administrator will audit	

Steps have been taken to correct violation; full compliance is not verifiable
4-7-11 DCA
Date Initials (DFW)


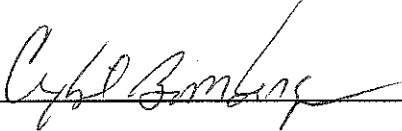
all current medical evaluations for compliance & obtain corrections as needed. DCA
NRX

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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	On 11/24/10, Resident #2 attempted to commit suicide. Resident #2 was sent to the hospital for evaluation and treatment. A new medical evaluation was not completed to reflect Resident #2's change in medical condition.	4-21-11	New medical evaluation will be obtained for Res. # 2	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 Date Initials (DPW)
	Resident #1 has a medical evaluation dated 4/8/10 that indicates that Resident #1 does not take any medications. In an entry dated 1/6/11 and 1/8/11 in the home's records, Staff person B reported that Resident #1 has a very short temper, very hyper, constantly on the go, never sitting down, and is disturbing to other residents during meals and while watching television. On 1/13/11, Resident #1's physician increased Resident #1's dose of Abilify. The home did not complete a new medical evaluation to reflect Resident #1's change in medical condition.	4-21-11	New medical evaluation will be obtained for Resident # 1	
	on-going	Residents will have a new medical evaluation if the medical condition of the Resident changes prior to annual evaluation		
		4-6-11	Administrator	

Will educate staff on the need for alerting admin. if the medical conditions of a Resident changes so a new med-eval. can be obtained. NRS

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 314391	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE Jaime Erb, Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.	3PM-11PM shift on 1/12/11. The home did not notify the police of the missing Fentanyl Patch. Repeated Violations: 11/01/2010			



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SIGNATURE OF LEGAL ENTITY 	DATE 3-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/6/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #4 has an order for one Fentanyl Duragesic patch to be applied and changed at 8:00AM every 72 hours, rotating the sites of the patch. Resident #4 was administered a Fentanyl patch at 8:00 AM on 1/4, 1/8, and 1/13, which is more than 72 hours between the application and changing of the patch.	1-14-11 to 1-2-11 1-14-11 ↓ ongoing Ongoing Ongoing	STAFF Reprimanded on not following medication policy. Policy was reviewed w/ each staff person Revised medication policy to include more Administration auditing + Review of MARS. Administration now regulates the actual dates on the MAR for administration of Fentanyl patches	4-7-11 DCA

The administrator or designee will conduct weekly medication audits to ensure that prescriber's orders are followed. CS 4/6/11



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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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. (3) At the request of the Department upon cause to believe that an update is required.	On 11/24/10, Resident #2 attempted to commit suicide. Resident #2 was sent to the hospital for evaluation and treatment. A new assessment was not completed to reflect Resident #2's change in medical condition. Resident #1 has a medical evaluation dated 4/8/10 that indicates that Resident #1 does not take any medications. In an entry dated 1/8/11 and 1/8/11, Staff person B reported that Resident #1 has a very short temper, very hyper, constantly on the go, never sitting down, and is disturbing to other residents during meals and while watching television. On 1/13/11, Resident #1's physician increased Resident #1's dose of Ambilify. The home did not complete a new assessment to reflect Resident #1's change in medical condition.	3-1-11 3-2-11 ↓ ongoing 4-30-11 By 4-30-11	Updated Assessment for Res. #2 to include change in health status Staff educated in Resident's #2 change in status + staff trained on completion of assessments. Staff educated to bring any changes in condition to Administrator's Attention + Administrator or designee will re-look at assessment to see if any changes need made. Administrator will audit current assessments for accuracy + make changes as needed. I will receive DPW training on support plans + assessments.	Steps have been taken to correct violation; full compliance is not verifiable 4-7-11 Date Dca Initials (DPW)
		4-6-11	Administrator will educate staff on the need for alerting Administrator if the medical condition of a resident changes, so that a new assessment can be completed. Dca	


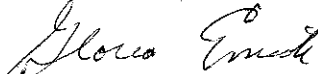
NAME AND ADDRESS OF PERSONAL CARE HOME HARMONY HOUSE MANOR, 601 LAMBERD AVENUE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 314391	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<p>On 11/24/10, Resident #2 attempted to commit suicide. Resident #2 was sent to the hospital for evaluation and treatment. A new support plan was not completed to reflect Resident #2's change in medical condition.</p> <p>Resident #1 has a medical evaluation dated 4/8/10 that indicates that Resident #1 does not take any medications. In an entry dated 1/6/11 and 1/8/11, Staff person B reported that Resident #1 has a very short temper, very hyper, constantly on the go, never sitting down, and is disturbing to other residents during meals and while watching television. On 1/13/11, Resident #1's physician increased Resident #1's dose of Ambilify. The home did not complete a new support plan to reflect Resident #1's change in medical condition.</p>	<p>3-1-11</p> <p>3-2-11</p> <p>ongoing</p> <p>4-6-11</p>	<p>updated support plan for Res. #2 to reflect change in health status</p> <p>staff educated in Residents #201 change in status & staff trained on completion of support plan. staff educated to bring any changes in condition to my attention. I or a designee will re-look and change support plan if assessment warrants this.</p> <p>Administrator will educate staff on the need for alerting Administrator if the medical condition of resident changes, so that a new support plan can be completed. Dca</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4-7-11 Date</p> <p>Dca Initials (DPW)</p>

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

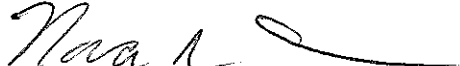

NAME AND ADDRESS OF PERSONAL CARE HOME Harmony House Manor, 601 Lambert Ave Johnstown, PA 15904		CURRENT LICENSE NUMBER 314392	
INSPECTION DATES (Include all dates of the inspection) 02/23/2011		REGIONAL REPRESENTATIVE John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Harmony House Manor Inc.			
SIGNATURE OF LEGAL ENTITY 	DATE 4-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/05/11

<p>16c 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).</p>	<p>The home failed to report incidents of the following medications being misplaced or lost by a staff person to the Department:</p> <ul style="list-style-type: none"> --60 Ativan tables on 11/15/10 for Resident No. 1. --39 Hydrocodone (Vicodin) tablets on 11/15/10 for Resident No. 1 	<p>2-25-11</p>	<p>Medication policy updated to be more specific with regards to missing or lost medications. Weekly Med Audits Also give Administrator or designee the opportunity to closer monitor such issues.</p> <p>The Administrator will review all of the incidents required to be reported</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/5/11 BE Date Initials (DPW)</p>
	<p align="center">PCH Division Central Region Field Office</p> <p align="center">APR 29 2011</p> <p align="center">RECEIVED</p>	<p align="center">Ongoing</p>	<p>by Ch. 2600.16a with all staff. All future incidents will be reported as required. -BE</p>	

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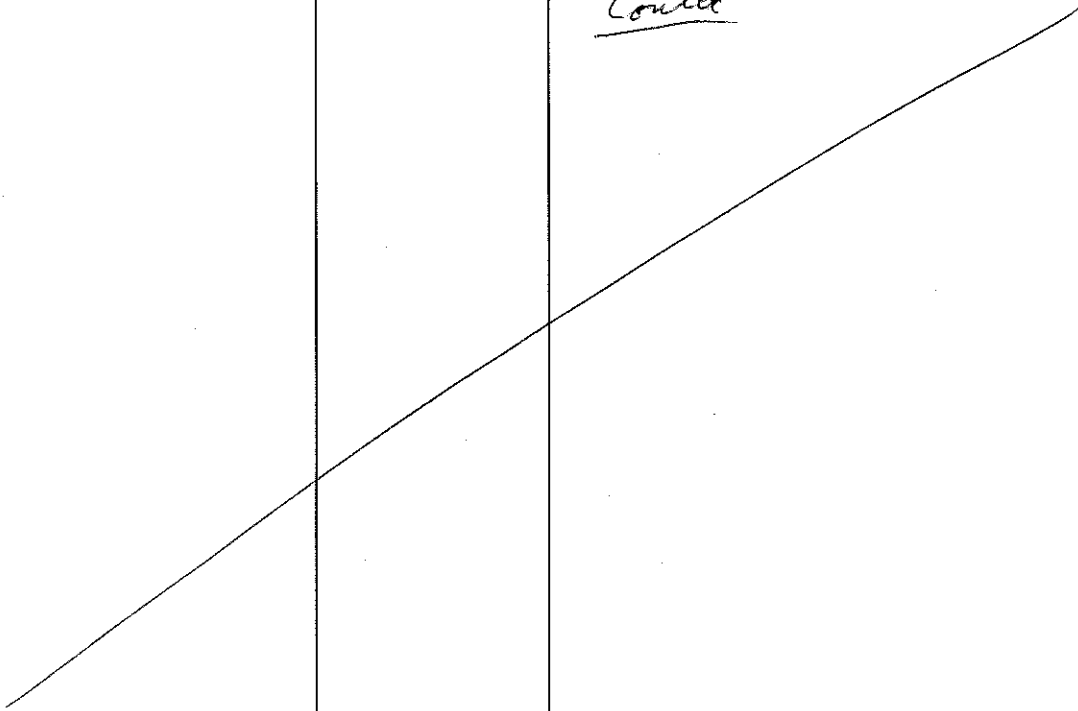
<p>185b</p> <p>At a minimum, the procedures must include:</p> <p>(1) Documentation of the receipt of controlled substances and prescription medications.</p> <p>(2) A process to investigate and account for missing medications and medication errors.</p> <p>(3) Limited access to medication storage areas.</p> <p>(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement</p>	<p>The home did not provide adequate oversight for the administration and storage of narcotic medications for Resident No. 2, which allowed for the theft and/or loss of nine Fentanyl Patches during January and February, 2011:</p> <ul style="list-style-type: none"> • On 1/28/11 at 9:00 am, 1 controlled substance, "Fentanyl 25 mcg/hr" patch was discovered missing from its packaging for Resident No. 2. The packaging appeared to have been opened from the bottom, the patch removed and the package resealed. • On 2/12/11 at 6:38 am, 8 "Fentanyl 25 mcg/hr" patches were discovered missing from its packaging for Resident No. 2. The packages were opened from the bottom, the patches removed and the packages resealed. 	<p>2-25-11</p> <p>3-1-11</p> <p>4-6-11</p>	<p>Medication policy updated several times each time being a little more pro-active with regards to missing medications. Also assigning designated persons to handle med cart keys ensures more accountability with regards to medications, especially on overnight hours when 1 person holds all med cart keys.</p> <p style="text-align: right;">All staff who administer medications will be trained on the procedures. Documentation of training will be kept. -<i>JE</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>5/5/11</u> <i>BE</i></p> <p>Date Initials (DPW)</p>
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Cont'd



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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	An error in the inventory account for two medications were discovered on 11/14/10. The home's staff used <i>wite-out correction fluid</i> on the Medication Control Sheet for the following medications: --The controlled substance "Ativan" for Resident No. 1. (Inventory changed from 201 to 142) --The controlled substance "Hydrocodone" for Resident No. 1 (Inventory changed from 81 to 49)	2-25-11 Additional updates 3-1-11 4-6-11	Medication policy updated & clearly states That whiteout Cannot be used. In addition medication policy is more detailed with Regards to handling, storing & Recording medications as well as Reporting missing medications. Also w/ Administrator or designee now doing Med Audits we would see any errors more quickly & Be able to continue to educate STAFF.	Steps have been taken to correct violation; full compliance is not verifiable 5/5/11 SE Date Initials (DPV)
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