

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 June 9, 2011 until June 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314390

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 16 2011

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

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 inspection on May 11, 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 Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

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 314392	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011		REGIONAL REPRESENTATIVE Denny Granahan, Lori Gensil, McKinley Rouse	
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 6-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/3/11

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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On May 8 and 10, 2011, a cash disbursement of \$15.00 and \$20.00, respectively, was made to resident #1. The home did not obtain the resident signature for the receipt of the disbursement.	5-18-11	All Cash disbursements or purchases made for Resident's will be signed At The time of transaction. If The Resident is out of The home at The time They request items picked up at store or money left for them. They will sign within 24hrs. I will document on desk calendar if this happens to ensure signature occurs. For Resident's who can no longer sign I'll have them make a	Steps have been taken to correct violation; full compliance is not verifiable 6/3/11 Date Initials (DPW)

Mark on page & notify Fr. mtu member. Resident #1 signed for the cash disbursements. - BE

RECEIVED TIME JUN. 2. 1:25PM


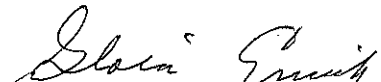
p.2

814-266-2168

Harmony House Manor

Jun 02 11 01:09p

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

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103i Outdated or spoiled food or dented cans may not be used.	<ul style="list-style-type: none"> • On 5/11/2011, there were 6-8 packages of celery that each contained several stalks that were yellow, brown and decomposing located in the basement walk-in refrigerator. • There were 2 and 1/2 loaves of bread in the main kitchen, on the bottom shelf of the stainless steel table next to the toaster that were dated best by 5/3/11. One loaf appeared to have some mold growing on the bottom of a slice of bread in the loaf. 	5-12-11	<p>ISSUE WAS ADDRESSED WITH KITCHEN STAFF.</p> <p>Kitchen manager will check produce when delivered and every 3 days thereafter.</p> <p>He will check dates on bread upon delivery + every 3 days thereafter.</p> <p>The identified items were discarded -GE</p>	6/3/11 GE

p.3

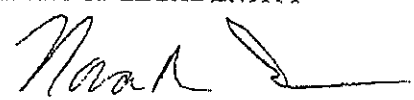
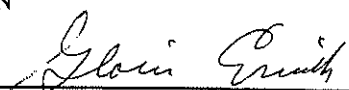
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Harmony House Manor

Jun 02 11 01:10p

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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.	Resident #2, admitted to the home on 12/1/2005, started receiving hospice services on 4/19/11 but a new medical evaluation was not completed. Repeated Violations: 01/13/2011	5-13-11 5-18-11 6-1-11	Any Resident who is considered for hospice or has major changes in health condition I will have new medical evals done immediately. Resident #2 was seen by physician and a new medical eval was completed. - 82 AT STAFF TRAINING Reinforced TO STAFF The importance of Keeping me informed of changes in Residents	6/3/11 82

Covering 141b2
225C

p.4

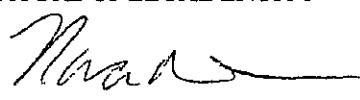
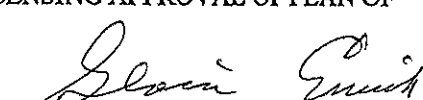
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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #2, admitted to the home on 12/1/2005, started receiving hospice services on 4/19/11 but a new assessment was not completed to document the significant change. Repeated Violations: 01/13/2011	5-13-11 5-12-11	Anyone Requiring hospice Services or having major health changes I will complete new Assessments for. A new assessment was completed for Resident #2 documenting need for hospice services. -BE	

Steps have been taken to correct violation; full compliance is not verifiable
6/3/11 BE
Date Initials (DPW)

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814-266-2168 p.3 Jun 02 11 01:10p Harmony House Manor

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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.	Resident #2, admitted to the home on 12/1/2005, started receiving hospice services on 4/19/11 but the residents support plan was not revised to indicate how the new needs would be met. Repeated Violations: 01/13/2011	5-13-11	New support plans will be completed anytime a Resident begins hospice or has major changes in health condition.	
		5-12-11	A new support plan was completed for Resident #2 to address hospice care needs.	

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 6/3/11 SE
 Initials: (DPW)

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Harmony House Manor
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