



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
555 Walnut Street, 6th Floor
Harrisburg, Pennsylvania 17101

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 2012

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 January 9, 2012 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.

Sincerely,

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

Gloria Emick
Regional Licensing Administrator


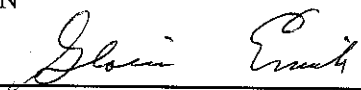
Enclosure(s)

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 314390	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>NOVA R IRONS Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Noval</i>	DATE <i>2-7-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Eubank</i>	DATE <i>2-29-12</i>

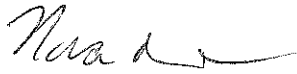
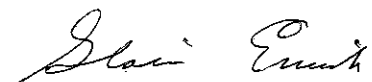
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse 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.	<p>There were two incidents of resident abuse that occurred on 12/24/11 and 12/26/11. The home did not complete and submit the required Act-13, Mandatory Abuse Report, to the local area agency on aging for the abuse incidents.</p> <p>Repeated Violations: 01/13/2011</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">FEB 10 2012</p> <p align="center">RECEIVED</p>	<p><i>1-9-12</i></p> <p><i>ongoing</i></p> <p><i>ongoing</i></p>	<p><i>Act-13 Report was completed & sent on to Aging to fulfill Requirement</i></p> <p><i>Administrator will complete Act-13 immediately after filing incident report to DPW.</i></p> <p><i>Administrator will not only fax report to DPW & AAA But will also call them on incident regarding Any Form of Resident Abuse</i></p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right"><i>2-29-12 SE</i></p> <p>Date <i>2-29-12</i> Initials (DPW) <i>SE</i></p>


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 DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Doug Hoover	
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 2-7-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-29-12

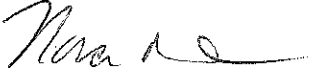

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15d The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.	On 12/24/11, the home received a police report of abuse involving resident #1. The home did not notify the resident's designated person.	<i>Immediate & ongoing</i>	<i>Designated parties will be notified immediately of any resident abuse situations. Police or other authorities will be made aware that I am required to report incident to family.</i>	<p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;"><i>2-29-12 JE</i></p> <p style="text-align: right;">Date: _____ Initials (DPW)</p>

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 DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Doug Hoover	
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 2-7-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-29-12


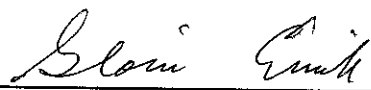
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>185b</p> <p>At a minimum, the procedures must include:</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</p>	<p>On 12/27/11, the home's narcotic log had a count of 5 patches of resident #4's medication, Fentanyl 100 mcg/HR patch. On the same date, the medication receipt log had a count of 6 patches. The home could not explain the discrepancy.</p> <p>Repeated Violations: 01/13/2011</p>	<p>1-9-12</p> <p>1-11-12 ongoing</p>	<p>medication documentation error found, staff verbally shown & reminded of importance of correct documentation w/ regards to dates.</p> <p>staff educated on importance of correct documentation. & encouraged to Ask questions w/ Any concerns.</p> <p>Administrator will Randomly check fentanyl patches to ensure documentation is correct</p> <p>Home will implement process to investigate & account for missing medications & med errors. - BE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2-29-12 </p> <p>Date Initials (DPW)</p>

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 DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Doug Hoover	
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 2-7-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.			Contd.	

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 DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Doug Hoover	
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 2-7-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-29-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 is prescribed Fentanyl 100 mcg/HR patch to be given every 72 hours. Resident #4 was given the patch on 12/28/11 with the next dose scheduled for 12/31/11. The medication was not given until 1/1/12. The following dose was scheduled for 1/4/12 but the resident was not given the medication until 1/5/12. Repeated Violations: 01/13/2011	immediate ↓ 1-9-12 1-11-12 ↓ ongoing	<p>Staff shown where error was made in documentation.</p> <p>Staff educated in importance of correct documentation.</p> <p>Staff educated on how this could be perceived AS a danger.</p> <p>Administrator or designee will Randomly check MAR & patches to ensure correct documentation is being continued.</p> <p>Administrator or designee will check MARs weekly and physician orders to ensure prescribers directions are being followed. -KE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2-29-12 KE</p> <p>Date: Initials (DPW)</p>