

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate HARMONY HOUSE MANOR

Located at 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904

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

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.

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

and shall remain in effect from August 7, 2012 until February 7, 2013, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314391

*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

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 07 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 (Department) licensing inspection on March 7, 2012, April 25, 2012, May 15, 2012 and May 30, 2012 of the above personal care home, the violations specified on the enclosed Violation Reports 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.

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

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)
42b	II	65	\$5	\$325	5 calendar days from mailing date of this letter
225c	III	65	\$3	\$195	15 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. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. 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, 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:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Mr. Neal Harrison

3

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, appearing to read 'Ronald Melusky', written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. DESCRIPTION OF VIOLATION

On 4/25/2012, an allegation of abuse against resident #4 was reported to Department of Public Welfare, and substantiated on 5/15/2012.

Result of this investigation was given to the home's owner during exit conference on 5/15/2012.

The home did not report the abuse incident to the local area agency on aging or the State Department of Aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-30-12 DPW made me aware of incident. I met w/ STAFF person C on 5-31-12. Gave her a copy of Res. Rights, discussed issue. she will no longer handle Res. Medication another LA will. I will monitor for any future problems  
 All STAFF informed that if they witness a coworker verbally Abuse a Resident to notify me immediately  
 Attached is Documentation that I spoke w/ [redacted]

Any Abuse or neglect complaints will be called to DPW or faxed within the hour. Report will be faxed to DPW, PS & State Dept of Aging.

If occurrence is overnight or on a weekend a call will be placed to DPW. All Reports will be faxed in the AM to DPW, PS & state Dept of Aging

THE IDENTIFIED INCIDENT HAS BEEN REPORTED TO THE DEPT. OF AGING. 7/3 NSC

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) *Dora R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DORA R Icons Administrator</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2. DESCRIPTION OF VIOLATION  
On 4/25/2012, an allegation of abuse was made against staff person C regarding resident #4. The home did not develop and implement a plan of supervision or suspend staff person C.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-31-12 Plan of Supervision developed, copy Attached  
Plan posted by time clock for all to Read & be aware of.

6/15/12 THE ADMINISTRATOR WILL DEVELOP PROCEDURES RELATED TO SUPERVISION AND SUSPENSION OF STAFF PERSONS ACCUSED OF ABUSE. THE ADMINISTRATOR WILL ENSURE THE PROCEDURES ARE FOLLOWED.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *NoVA R*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *NOVA R IRONS Administrator*      Date *6-27-12*

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(Date)      Verification of Legal Entity Representative Signature 7/3/12  
(Date)

The above plan of correction was approved by NSC  
(Initials)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

**2. DESCRIPTION OF VIOLATION**

On 4/25/2012, an allegation of abuse was made against staff person C regarding resident #4.  
 The home did not submit a plan of supervision or notice of suspension of the staff person to the Department .

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

plan of supervision shows timeline for notification of  
 Dpw. see previous attachment

6/15/12 THE ADMINISTRATOR WILL DEVELOP PROCEDURES RELATED  
 TO SUPERVISION AND SUSPENSION OF STAFF PERSONS ACCUSED  
 OF ABUSE. THE ADMINISTRATOR WILL ENSURE THE PROCEDURES  
 ARE FOLLOWED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Noval*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Noval &amp; Sons Administrator</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2. DESCRIPTION OF VIOLATION  
 On 5/15/2012, the home received a verbal report of substantiated abuse involving resident #4 from Adult Residential Licensing Representatives.  
 The home did not notify resident #4 or resident #4's designated person of the report.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-31-12 I spoke w/ Resident #4 however Resident Refused to acknowledge my presence & only Response was for me to get out of [redacted] Room. I left Room immediately. This is a Mentally Ill Resident w/ No POA or designated person.  
 (Addressed notification on previous Attachment)

THE ADMINISTRATOR NOTIFIED RESIDENT #4 OF THE REPORT OF SUSPECTED ABUSE.

THE ADMINISTRATOR WILL DEVELOP AND IMPLEMENT A PROCEDURE TO ENSURE THIS NOTIFICATION WILL OCCUR IN THE FUTURE.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Mira K*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DORA R IRONS Administrator	Date 6-27-12
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Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2. DESCRIPTION OF VIOLATION**

On 5/15/2012, home's Secure Dementia Care Unit was flooded at around 12:00am. Six residents in three rooms were effected by the flood. The home has not submitted an incident report to the Department.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-16-12 STAFF made aware that any incident in the facility requiring residents to be moved from their room or any incident where there is water, power problems in any part of the facility they must notify me immediately, regardless of time of day. DPW will be faxed a report within 24hrs as well as P.S.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nova R Irons Administrator* Date *6-27-12*

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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2. DESCRIPTION OF VIOLATION**  
 On 4/25/2012, at 11:30am, resident #2's physician's order was observed posted above resident's bed. The physician's order contains the residents birth date, physician name, and facility's name.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*4-25-12 Res. #2 physician's order removed from wall  
 All faxes go through administrator's office & staff were informed & will be reminded; Any order to lower bed ext. will be kept in Resident's chart & not posted above bed.*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dona R. Ircas, Administrator</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. DESCRIPTION OF VIOLATION

Resident #3 was escorted by staff person A to the dinner table when inspector observed resident's pants being soiled, with a very strong odor.

Staff person B noticed inspector observing resident's soiled pants, and brought it to staff person A's attention, who proceeded to sit resident at the dinner table with three other residents.

20-30 minutes later, resident was still sitting at the dinner table with soiled pants. Inspector requested staff to provide necessary care for the resident.

Resident has been treated for perineal tear since 12/31/2011.

Resident #4 reported that staff person C would verbally abuse resident, referring to resident as a drug addict, and would belittle resident when giving medication by saying "come get your candy" and "you're abusing the pain meds".

Resident #4's allegations were confirmed by another staff person who witnessed abuse.

Residents #5, #6, and #7 stated that staff person C forced resident #7 to sit in the corner of the first floor common area "main entrance" where cold air from outside the home constantly hits that corner, because staff person C "doesn't like" resident #7.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 I spoke w/ STAFF person A & B regarding incident regarding Res- 3  
Both Blamed it on "Nerves" due to PPW presence! I reprimanded both involved  
& informed them there was no excuse for action. Also addressed this on Attachment

after pg 12

① STAFF PERSON C WILL RECEIVE TRAINING ON ABUSE FROM A SOURCE NOT ASSOCIATED WITH THE HOME BY 8/15/12. THE TRAINING WILL INCLUDE VERBAL ABUSE AND DIGNITY AND RESPECT FOR RESIDENTS.

② THE ADMINISTRATOR WILL SUPERVISE STAFF PERSON C ON A DAILY BASIS TO ENSURE HIS/HER INTERACTIONS WITH RESIDENTS ARE APPROPRIATE.

③ IF ONE MORE SUBSTANTIATED COMPLAINT OF ABUSE BY STAFF PERSON C OCCURS, THE STAFF PERSON WILL BE TERMINATED.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/09/2012

01/13/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nova R*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Nova R Irons Administrator

Date

6-27-12

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(Date)

Verification of Legal Entity Representative Signature 7/3/12  
(Date)

The above plan of correction was approved by NSC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2. DESCRIPTION OF VIOLATION

Resident #3 was escorted by staff person A to the dinner table when inspector observed resident's pants being soiled, with a very strong odor.  
 Staff person B noticed inspector observing resident's soiled pants, and brought it to staff person A's attention, who proceeded to sit resident at the dinner table with three other residents.  
 20-30 minutes later, resident was still sitting at the dinner table with soiled pants. Inspector requested staff to provide necessary care for the resident.  
 Resident has been treated for perineal tear since 12/31/2011.

Resident #4 reported that staff person C would verbally abuse resident, referring to resident as a drug addict, and would belittle resident when giving medication by saying "come get your candy" and "you're abusing the pain meds".  
 Resident #4's allegations were confirmed by another staff person who witnessed abuse.

Residents #5, #6, and #7 stated that staff person C forced resident #7 to sit in the corner of the first floor common area "main entrance" where cold air from outside the home constantly hits that corner, because staff person C "doesn't like" resident #7.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Addressed on pg 8  
SEE PAGE 8

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mua R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NOVA R Irons Administrator</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2. DESCRIPTION OF VIOLATION**  
 On 5/15/2012, at 12:00am, home's Secure Dementia Care Unit was flooded, requiring six resident to be relocated. Staff person D escorted residents to the common area in the Secure Dementia Care Unit, which is where they slept. The following morning, staff Person D changed the residents in the common area.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*5-16-12 All staff informed that any incident were Residents must be removed from their bedroom shall be called to me immediately. Resident's would be moved to empty Rooms. If involving SDU residents who would need brought to main floor a staff person would be brought in to provide one on one care on overnites & Resident would return to SDU for awake hours until able to occupy Room. & DPW & PS would both be notified in 24 hours*

*Any resident needing incontinence assistance would be taken to a rest room or empty bed room during this time to be cared for*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova RC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R HCAS</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

Direct care staff person E, date of hire 3/27/2012, does not have a record of high school diploma, GED or Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 STAFF person terminated This day.

No STAFF will be put on schedule until copy of H.S. diploma, Application + competency certificate are obtained + in the administrators possession

Attached are copies of old + new checklist for employee files

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mona R. Irons*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mona R. Irons* Date *6-27-12*

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Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2. DESCRIPTION OF VIOLATION**

The home's second floor kitchenette contains a 7.5 lb box of Cascade with a manufacture's label indicating "if swallowed, call Poison Control Center or physician immediately", was unlocked and accessible to residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

4-25-12 Chemical Locked up. LA will check daily to ensure chemicals are not left unsecured. Checklist now in place to track this is checked. See Attached.

New RASPs are now being used & will indicate to STAFF as well resident's ability to avoid chemicals.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Maia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *NOMIA R LOON* Date *6-27-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.85(a) - Sanitary conditions shall be maintained.

**2. DESCRIPTION OF VIOLATION**

On 4/25/2012, at 6:00pm, dining room chair where resident was sitting with soiled pants had not been cleaned for approximately 1 and a half hours.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 STAFF informed again that any soiled areas are to be cleaned immediately after Resident has been tended to  
 LA's will monitor STAFF & Residents to prevent any future incidents

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Maia Ke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DORA R HENS* Date *6-27-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

The trash can in the lower level common area across from room #3 was uncovered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 Trash can located in SDU

STAFF will monitor daily to ensure all trash cans in Bathrooms & dining areas have lids that they weren't removed.

IN THE FUTURE I WILL ATTEMPT TO PURCHASE CANS W/ LIDS ATTACHED TO DECREASE CHANCE OF RE-OCCURANCE.

I HAVE A DOCUMENTATION SHEET FOR TRACKING CHECKS OF THIS ISSUE SEE ATTACHED TO PG 12

Withdrawn 8/2/12 JH

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Nova R Irons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) NOVA R IRONS	Date 6-27-12
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/3/12  
(Date)

Verification of Legal Entity Representative Signature Nsc 7/3/12  
(Date)

The above plan of correction was approved by Nsc  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2. DESCRIPTION OF VIOLATION  
 There is no bedside table or shelf beside the bed in room #12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 shelf purchased & put on wall between bed and a lamp put on it.

STAFF will monitor rooms daily and notify Administrator of any missing night stands or lamps

Any room where bed is lowered to floor will have a shelf put on wall immediately.

Attachment at pg 12 shows checklist for staff

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *NOVA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NOVA R Irons Administrator</i>	Date <i>6-27-12</i>
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The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NRL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2. DESCRIPTION OF VIOLATION**

The beds in room #12 and room #5 do not have a source of light that can be turned on/off from bedside.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 Lamps put in Rooms 5 & 12

staff will monitor daily that operable lamps are in place

checklist for staff attached to pg. 12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Mona K*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R Irans Administrative</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/3/12 (Date)

Verification of Legal Entity Representative Signature 7/3/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by NSC (Initials)

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.102(h) - Toilet paper shall be provided for every toilet.

2. DESCRIPTION OF VIOLATION

On 5/15/2012, at 11:45am, there was no toilet paper for the toilet in the second stall in the restroom across from room #3 .

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-15-12 toilet paper Replaced. Each shift will  
 now check all bathrooms to ensure toilet paper,  
 paper towels & hand soap are available

Attachment to pg 12 shows checklist for S/H/H

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nora U*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NORA R Irons Administrator</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/2/12  
 (Date)

Verification of Legal Entity Representative Signature 7/3/12  
 (Date)

The above plan of correction was approved by NSC  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION  
 On 4/25/2012, at approximately 1:30pm, 13 bottles of Abbott Glucerna Shake with an expiration date of 2/1/2012, were located in the home's kitchen.  
 On 4/25/2012, at approximately 1:30pm, 18 bottles of Abbott Glucerna Shake with an expiration date of 1/1/2012, were located in the home's kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 Glucerna Thrown away. Kitchen staff will monitor dates on Glucerna & ensure weekly & notify LA if any close to expiration.

Any products brought into the facility by families, hospice, pharmacy or home health will immediately be checked for freshness

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Donna R. Lyons Administrator</i>	<i>6-27-12</i>

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NSL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2. DESCRIPTION OF VIOLATION**

The home's written emergency procedures do not include local resources for housing and emergency care for Secure Dementia Care Unit's residents.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*Emergency medical plan Attached*  
*Addendum to Disaster plan attached*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *NOVA R Icons Administrator* Date *6-27-12*

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2. DESCRIPTION OF VIOLATION**

On 4/25/2012, at 11:30am, blue snow shovel blocked egress from the home's bottom rear exit that leads into the fenced in yard. Leaves also are packed in against the exit door, which doesn't allow for a clear walkway.

On 5/15/2012, at 11:45am, a wheelchair was positioned in front of the Secure Dementia Care Unit exit door that leads into the courtyard.

On 5/15/2012, at 11:00am, 2 brown pleather couches were observed positioned in front of the Secure Dementia Care Unit room #10 blocking the exit route that leads from the Secure Dementia Care Unit into the courtyard.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Attachment at pg 12 shows checklist for STAFF to check All exits each shift daily

In the event of any flooding or damage in Rooms in the future! Rooms would be Locked w/ locking door knob temporarily until Room was safe for Residents Return, No chairs ect will be placed in front of doors

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Administrators*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Nova R Tracy*

Date *6-27-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

7/3/12  
(Date)

Verification of Legal Entity Representative Signature

7/3/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

NJC  
(Initials)

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2. DESCRIPTION OF VIOLATION

The Secure Dementia Care Unit's courtyard gate is equipped with a padlock. Residents do not have access to a key for the padlock.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25-12 Padlock Removed & A Note posted on Door leading outside TO STATE THIS, so Residents could be more closely monitored

~~5-29-12 Fire chief stopped & checked area & stated they have a key to padlock not an issue & will send me letter.~~

~~6-27-12 still waiting on letter, padlock will not be replaced until received. Left message 6-12, 6-20,~~

~~6-26. I will fix it the minute I receive it.~~

A PADLOCK WILL NOT BE USED ON AN EGRESS DOOR. THE HOME WILL EITHER MONITOR THE EXIT ON AN ONGOING BASIS TO ENSURE SUPERVISION OF RESIDENTS OR WILL INSTALL A MAGNETIC LOCK THAT RELEASES IN THE EVENT OF AN EMERGENCY

Repeat Violation: No	Date(s) of Previous Violation(s):		-NSC
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wanda R. Hens</i>	Date <i>6-27-12</i>
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The above plan of correction is approved as of 7/3/12 (Date)

Verification of Legal Entity Representative Signature 7/3/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by NSC (Initials)

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2. DESCRIPTION OF VIOLATION

On the bedside lamp in room #4 between two beds, the light bulb was protruding through the lamp shade, and the lamp shade was melted as a result of the heat from the light bulb.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4-25 & 4-26-12 All Lamps checked, Bulbs protruding out of shade. Removed & Replaced w/ Bulbs That fit Lamps. STAFF will monitor daily as per Attachment at pg 12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NOVA R Evans Administrator</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2. DESCRIPTION OF VIOLATION  
 There is no exit sign for the exit door downstairs by the soda machine. The home currently serves 65 residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-15-12 A handwritten exit sign placed above Door.

6-29-12 Handwritten sign will be replaced by a Regular exit sign. Electrician will install

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R Irons Administrator</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2. DESCRIPTION OF VIOLATION**

The Secure Dementia Care Unit, due to flooding issue, had furniture blocking the exit to stop residents from going into the effected area. There were no directional signs posted to re-route residents to the nearest exit. On 5/15/2012, the home served 65 residents.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*In the future any time there is a problem where an exit needs to be avoided the Administrator or a staff person appointed by the Administrator will put up a hand written sign stating which exits should be used temporarily*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nova R Jones Administrator* Date *6.27-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/3/12  
(Date)

Verification of Legal Entity Representative Signature 7/3/12  
(Date)

The above plan of correction was approved by NSC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - 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.

**2. DESCRIPTION OF VIOLATION**

The home's menu for the week of 5/14/2012 to 5/20/2012 was not posted in a conspicuous and public place in the home.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Menus will be posted weekly showing  
 Current week & upcoming week posted

Attachment included at pg 12 addresses this.

Administrator will Randomly check to ensure  
 correct Menus are posted

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R Irons Administrator</i>	Date <i>6-27-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

On 4/25/2012, Lantus prescribed for individual #8, was opened on 3/23/2012. Instructions read "discard 28 days after opening".  
 On 4/25/2012, Novolin prescribed for individual #8, was opened on 3/22/2012. Instructions read "discard 28 days after opening".  
 On 5/30/2012, Acetaminophen prescribed for individual #3, expired 5/28/2012.  
 On 5/30/2012, Tylenol prescribed for individual #9, expired 2/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-30-12 meds removed from med cart

5-30-12 staff instructed that when a resident has an extended absence from the facility (such as a hospital stay) residents meds will be stored in a storage drawer on cart or in locked box in Administrators office until return of resident

8/15/12 THE ADMINISTRATOR WILL AUDIT THE MED CART TO ENSURE NO OTHER EXPIRED MEDICATIONS ARE PRESENT.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Nova R Iron Administrator</u>	Date <u>6-27-12</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NBC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - 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.

2. DESCRIPTION OF VIOLATION

On 5/30/2012, Lidocaine for resident #10 was cut in half in open foil packet envelope found in the first floor medication cart. Directions stated, "apply immediately after removal from the protective envelope".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator does MONTHLY Med Audits,  
 Checking MARS, meds, creams, insulin, Exp dates

LA's will monitor cart daily

As per Attachment at pg 12 Creams med carts  
 will be cleaned Wkly. Dates on insulin, eye drops,  
 inhalers, Nose Sprays will be checked Wkly.

LA Are aware that Lidocaine patches may not be  
 left in open container, rather would need disposed  
 of

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nova R Irons Administrator* Date *6-27-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/3/12  
 (Date)

Verification of Legal Entity Representative Signature 7/3/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by NSC  
 (Initials)

Violation Report: 31439 - 04/25/2012 - Chou, Serena PCH Name: HARMONY HOUSE MANOR	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.187(a) - 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 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.	
<b>2. DESCRIPTION OF VIOLATION</b> The medication administration record for resident #10 does not include diagnosis of drug allergies for Keflex. The medication administration record for resident #4 does not include staff initials for Gabapentin on 4/9/2012, and Lithium on 4/15/2012. The medication administration record for resident #11 does not include staff initials for Quinapril, Simvastatin, and Sodium Chloride on 5/29/2012.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. <i>Administrator does med Audit monthly &amp; checks new meds for upcoming months to ensure all information is present</i> <i>Staff who do med-updates to add new meds has been limited to 3 staff including Administrator &amp; all 3 are aware that diagn. must be present</i> <i>Staff will monitor meds daily as per Attachment at pg 12 to ensure no blanks are on meds. Any errors will be reported to the administrator for further inquiry</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nora R</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nora R Trans Administrator</i>	Date <i>6-27-12</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>7/3/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/3/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2. DESCRIPTION OF VIOLATION**

On 4/5/2012 at 4:00pm, and 4/25/2012 at 12:00pm, resident #4's Hydrocodone was administered, but Medication Administration Record was not documented.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

STAFF Reminded to use 3 check system as taught in medication training class.

2 LA's & Administrator will monitor MARs for errors.

- LA's each shift they work

- Administrator Randomly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Novia R*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Novia R Irens Administrator

Date

6-27-12

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7/3/12  
(Date)

Verification of Legal Entity Representative Signature

7/3/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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NSC  
(Initials)

Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - 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.

**2. DESCRIPTION OF VIOLATION**  
 The most recent assessment for resident #1 was completed on 2/13/2012. Resident #1's condition was documented as "decline". Physician ordered hospice care, PT and OT services on 3/10/2012 .  
 The home has not completed a new assessment or updated the most recent assessment of the resident's needs to reflect these changes.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A TABLET is now kept on Administrators desk where she tracks upcoming med eval, Assessment + support Plan due dates, and documents on TABLET when complete.

Any significant change in a Resident would mean the name of the Resident gets added to the TABLET to ensure proper paperwork is completed

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/13/2011	05/11/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nova R Trans Administrator* Date *6-27-12*

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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2. DESCRIPTION OF VIOLATION  
 Resident #1's assessment, completed on 2/13/2012, indicated mobile resident, but medical evaluation, dated 2/6/2012, indicated immobile resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*All med evals now listed on Tablet to ensure that they are present & in place when completing RASPs to show current Resident condition*

*I now go line by line of med eval 1st & enter the information from there to Rasps then complete all other parts of Rasps*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R Irons Administrator</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2. DESCRIPTION OF VIOLATION  
 The directions for operating the home's locking mechanism are not conspicuously posted near the door by room #12 in the SDCU.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*4-25-12 Code posted above door*

*AS per Attachment at pg 12 STAFF will now check to ensure codes didn't fall off or be removed by STAFF or Residents in SDCU.*

*Any missing codes will be replaced immediately*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nova R*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nova R Trans Administration</i>	Date <i>6-27-12</i>
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Violation Report: 31439 - 04/25/2012 - Chou, Serena

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.251(a) - A separate record shall be kept for each resident.

2. DESCRIPTION OF VIOLATION

Residents #12 and #13 share the same file. The shared file contained personal information for both residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrators Assist ; instructed on the importance of correct filing to keep all resident information seperated from each others files

Administrator will Randomly check Through files TO monitor for filing errors. Also Administrator will do more of her own filing TO decrease change of errors.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Nova U*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nova R Treas Administrator* Date *6-27-12*

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