

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 May 16, 2013 until August 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314392

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 17 2013

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 January 16, 2013 and January 17, 2013 and March 13, 2013, of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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 Human Services 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	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
17	III	72	\$3	\$216	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 Human Services 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 Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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 your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

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,



Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 1/16/13, the home did not have a copy of the 55 Pa. Code Chapter 2600 regulations to post 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.

1-23-13 Received 2 copies of chapter 2600. Posted one & put 1 in my office. ~~_____~~

~~_____~~
~~_____~~

~~2-3-13 _____~~

~~_____~~ I also had called

~~_____~~
~~_____~~

2-15-13 There has been no further problem, however I

check each day upon arriving at work to ensure posted copy is still posted.

The administrator will ensure that a copy of the 55 Pa. Code Chapter 2600 regulations are posted in a conspicuous and public place in the home. *JFC*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **NOVA R IRONS Administrator** Date **2-15-13**

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

The above plan of correction is approved as of <u>3/12/13</u> (Date)	Plan of correction implementation status as of <u>3/13/13</u> (Date)
The above plan of correction was approved by <i>JFC</i> (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 - 01/16/2013 - Rouse, McKinley
 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.

2a. DESCRIPTION OF VIOLATION

On 01/16/2013, in the lounge on the ground floor, there were resident medication administration records unlocked and accessible to others.

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.

1-16-13 Administrator Locked door & Reminded Administrative Assistant of importance of door being locked when unoccupied
 1-18-13 Posted A Note on The door STATing to Keep Door Locked.
 I have checked This door numerous times & have not found it to be unlocked again.

I will continue to Monitor This area

All resident records will be confidential and stored in a manner that protects confidentiality that is consistent with 55 Pa. Code Chapter 2600 regulations.

JE

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/25/2012

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

NOVA R IRONS Administrator

Date

2-15-13

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3/12/13
 (Date)

Plan of correction implementation status as of

3/13/13
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
 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.

2a. DESCRIPTION OF VIOLATION

On 01/16/2013, in room #116 there was a 16 ounce bottle of peroxide, with a manufacturer's label indicating "contact poison control if ingested," was unlocked and accessible to the residents of the home.

On 01/16/2013, in room 116 there was a 16 ounce bottle of isopropyl alcohol, with a manufacturer's label indicating "contact poison control if ingested," was unlocked and accessible to the residents of the home.

There are residents in the home who have not been assessed as being able to safely use and avoid poisons.

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.

1-16-13 Removed chemicals From Room #116.

1-16-13, 1-17-13 + 1-18-13 had staff + myself check every room for chemicals. Informed Residents of Regulation + danger.

I now designate someone on each shift on each floor to walk through + check for chemicals.

Any poisonous materials not in use will be made locked and inaccessible to residents immediately. *JE Copy Attached*

I Randomly check Rooms Also

1-22-13 Added A Statement TO Monthly Rent Statements Reminding families not to bring chemicals in. — COPY ATTACHED

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/25/2012	
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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) *Nova R Irons Administrator* Date *2-15-13*

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 (Date)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 01/16/2013, there was feces smeared on the toilet seat of the toilet in the 2nd stall from the entrance of the bathroom in the Secured Care Dementia Unit (SCDU).

On 01/16/2013, there was drawer in the SCDU filled with unlabeled electric razors that were used for the residents.

On 01/16/2013, there was a strong smell of urine in rooms 111 and 108.

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.

1-16-13 Restroom was cleaned

Restrooms are cleaned each shift + monitored more closely throughout shift

1-16-13 Razors were cleaned, labeled & put in med cart in Resident's designated drawer. Administrator monitors randomly to ensure procedure remains in place

1-16-13 Rooms 108 & 111 were both scrubbed staff continue to monitor ^{all} rooms

The administrator will instruct staff to check all areas of the home for unsanitary conditions at least one per shift. Staff will be instructed by administrative staff to remedy any unsanitary conditions immediately upon detection.

JE

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 Irons Administrator</u>	Date <u>2-15-13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

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 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 01/16/2013, the napkin drawer in the second floor dining and medication area had a broken door that was hanging.
 On 01/16/2013, the light in the first toilet stall of the first floor B bathroom was not working.

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.

1-16-13 Cabinet door & drawer both Repaired. Staff
 Instructed to Notify Me of any Repairs Needed As
 They happen. I will complete Repairs or call
 Someone in to complete Repairs

1-16-13 Light Bulb Replaced. Bulbs monitored daily
 Replaced upon finding burned out bulb by
 Staff or Administrator

On a monthly basis, the administrator or maintenance director will check all furniture and equipment in the home to ensure that it is clean, in good repair, and free of hazards. Furniture found to be in need of cleaning, repair, or replacement will be cleaned, *JE* repaired, or replaced as needed.

The administrator or maintenance director will keep documentation of monthly checks and actions taken as a result of needed findings. *JE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nava R. Irons Administrator</i>	Date <i>2-15-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/12/13
 (Date)

The above plan of correction was approved by *JE*
 (Initials)

Plan of correction implementation status as of 3/13/13
 (Date)

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

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 01/16/2013, in the refrigerator of the SCU, there was an unsealed slice of partially eaten watermelon on a plate with a dirty spoon.

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.

1-16-13 Watermelon Thrown out.

STAFF educated that they must follow
 Regulation re: food storage, including
 any food or lunches they bring to work.

I randomly check all fridges on a weekly basis.

All food will be stored in closed or sealed containers which are labeled and dated.
 JE

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>JOHN R IRONS Administrator</i>	Date <i>2-15-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/12/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 3/13/13
 (Date)

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

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION

The nearest operable smoke detector to resident bedroom #115 is 16 feet 3 inches from the center of the bedroom door.

The nearest operable smoke detector to resident bedroom #206 is 18 feet from the center of the bedroom door.

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.

1-28-13, 1-29-13 Additional Smoke detectors
were added Throughout facility to ensure
we are in compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

DORA R. TRONS Administrator

Date 2-15-13

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

The above plan of correction is approved as of 3/12/13
(Date)

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

Plan of correction implementation status as of 3/13/13
(Date)

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

Violation Report: 31439 - 01/16/2013 - Rouse, McKinley

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 11/05/2012, does not include the resident's ability to self administer medications or the resident's mobility assessment.

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.

1-18-13 Called Dr. to verify. Dr. verified unable to self Administrate. I documented in Red ink w/ date of call + Response. Administrate will Monitor ^{NW} Med evals more closely, to ensure completeness.

The medical evaluation for Resident #1, dated 11/5/12, was updated to include the resident's mobility assessment. *je*

The administrator will conduct an audit of all current medical evaluations to ensure the evaluations are completed in their entirety. *je*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nora

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

Nora R Iron Administrate

Date *2-15-13*

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

The above plan of correction is approved as of

3/12/13
(Date)

Plan of correction implementation status as of

3/13/13
(Date)

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

The above plan of correction was approved by

je
(Initials)

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

PCH Name: HARMONY HOUSE MANOR		License Number: 314391
Address: 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904		County: Cambria
Administrator: NOVA IRONS		Region: CENTRAL
Legal Entity Name: HARMONY HOUSE MANOR INC		
Legal Entity Address: 2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA 15928		
Certificate(s) of Occupancy C-2 LP 10/25/1994 Labor & Industry		
Staffing Hours		
Resident Support: 97	Total Daily Staff: 194	Waking Staff: 146
Type of Inspection: Partial	BHA Docket Number: 0000	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
03/13/2013: Palermo, Michael; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 04 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 72 Secured Dementia Care Unit in Home: Yes Area: Lower Level Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 51 Have Mental Illness: 24 Have an Intellectual Disability: 22 Have a Mobility Need: 25 Have a Physical Disability: 2	

Violation Report: 31439 - 03/13/2013 - Palermo, Michael

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.

2a. DESCRIPTION OF VIOLATION

During a tour of the secured dementia care unit, the personal care sheet for Resident #1 was lying on the table next to the medication cart. Confidential and personal information such as "Bowel Movements, Incontinence, Skin Care, Etc." was unsecured and could be observed by anyone walking by.

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.

3-20-13 ^{Administrator (BE)} Went over confidentiality of Records w/ Staff
 Advised That if completing personal care sheets
 ↓ A Resident call's for help must close Books &
 move them to a ^{locked} cupboard or to A ^{locked} drawer or LA
 ect. prior to walking away.
 (Administrator or designee) daily
 I will continue surprise checks on staff when
 they are doing books to ensure this is happening

All resident records will be confidential and stored in a manner that protects confidentiality that is consistent with 55 Pa. Code Chapter 2600 regulations. *SE*

➤ Copy of training sheet Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2013	04/25/2012
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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) NOVA R Irons Administrator Date 3-25-13

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

The above plan of correction is approved as of 4-4-13 (Date)

Plan of correction implementation status as of 4-4-13 (Date)

The above plan of correction was approved by *SE* (Initials)

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

Violation Report: 31439 - 03/13/2013 - Palermo, Michael

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(g) - A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents.

2a. DESCRIPTION OF VIOLATION

In Bedroom #11 of the secured dementia care unit, Resident #2 was observed sleeping in the bed of Resident #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.

Administrator ^(BE)
3-20-13 Addressed This issue w/ staff

Advised That Regular checks on Rooms & hall must occur due to Residents cognitive conditions in the unit.

(Administrator) ^{BE}
I/ ALSO have been Randomly walking through the unit & checking rooms also

→ Copy of sign in sheet attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

NOVA

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

NOVA IRONS Administrator

Date 3-25-13

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

The above plan of correction is approved as of 4-4-13
(Date)

Plan of correction implementation status as of 4-4-13
(Date)

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

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

Violation Report: 31439 - 03/13/2013 - Palermo, Michael

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.

2a. DESCRIPTION OF VIOLATION

The bed next to the door in Bedroom #12 does 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.

3-13-13 Lamp was Replaced

3-20-13 STAFF informed to monitor each Room each shift to ensure lamps are in place.

(Administrator) ^{is}

I Also am checking all Rooms in the facility Monthly + when I do Random checks for

Wandering Residents I will check Lamps also,

Copy of sign in sheet Attached

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 Tsouros

Date 3-25-13

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(Date)

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

Plan of correction implementation status as of 4-4-13
(Date)

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- Not Implemented

Violation Report: 31439 - 03/13/2013 - Palermo, Michael

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.

2a. DESCRIPTION OF VIOLATION

The door by the laundry room in the secured dementia care area opens into a short corridor. At the end of the corridor is an exit sign with a short flight of steps which leads outside. This door was locked with a keyed deadbolt that impeded egress.

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.

3-13-13 Covered window temporarily w/

Construction paper to elevate the issue of exit sign being visible - BE

3-29-13 mirrored tint will be placed on window

5-1-13 The home is currently undergoing renovations to close off egress route to be completed in 3 months. - BE

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 Torres Administrator

Date 3-25-13

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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