

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 September 10, 2013 until September 10, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314390

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 10 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 licensing inspection on April 23, 2013, June 4, 2013, July 11, 2013, July 12, 2013 and July 31, 2103, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Ronald Melusky
Director

Enclosures
License
License Inspection Summary

Violation Report: 31439 - 04/23/2013 - Gensil, Lori
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated 9/2/11, lists that the payment is to be made by Resident #1. Shortly after 9/2/11, Resident #1's nephew became the payer. The contract has not been updated to show who the party responsible for payment is.

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.

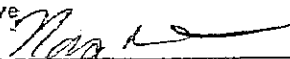
4-24-13 Sent a Addendum to contract for nephew to sign.

All @the contracts checked & seem fine.
(Administrator)
I will monitor more closely and if any changes occur get documentation or signatures immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

NORA R IRONS Administrator

Date 5-28-13

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

The above plan of correction is approved as of

7-5-13
(Date)

Plan of correction implementation status as of

7-5-13
(Date)

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

The above plan of correction was approved by

RE
(Initials)

Violation Report: 31439 - 04/23/2013 - Gensil, Lori

PCH Name: HARMONY HOUSE MANOR

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

2a. DESCRIPTION OF VIOLATION

There was a large circle of urine on the seat of the blue chair, located around the corner from the administrator's office.

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.

4-23-13 Chair was cleaned. STAFF instructed to
clean chairs as stains are found.

cont. I will continue to monitor along w/ all other
checks of facility.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *NOVA R TREAS Administrator* Date *5-28-13*

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

The above plan of correction is approved as of 7-5-13
(Date)

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

Plan of correction implementation status as of 7-5-13
(Date)

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

Violation Report: 31439 - 04/23/2013 - Gensil, Lori
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa. Code §2600
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.

2a. DESCRIPTION OF VIOLATION
The medication administration record for Resident #1 does not include the diagnosis or purpose for the medication, Quetiapine, 50 mg.

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.

4-23-13 [redacted] + myself do all med updates
Instructed to monitor that diag. are listed.

5-28-13 Currently working on new month's med's along w/audit
cont. will check that ^{each med has diag.} ~~all diag.~~ are listed

Repeat Violation: yes Date(s) of Previous Violation(s): 4/25/12

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy R. Isers Administrator Date 5-28-13

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

<p>The above plan of correction is approved as of <u>7-5-13</u> (Date)</p> <p>The above plan of correction was approved by <u>SE</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7-5-13</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <u>8/27/13</u></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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**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 06/04/2013 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 95 Waking Staff: 71		
Type of inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Fine		
On-Site Inspections Dates and Department Representatives On-Site 06/04/2013: Hoover, Douglas; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 69 Secured Dementia Care Unit in Home: Yes Area: Basement Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 53 Have Mental Illness: 4 Have an Intellectual Disability: 3 Have a Mobility Need: 26 Disability: 1	

RECEIVED

JUN 28 2013

**CENTRAL REGION FIELD OFFICE
Human Services Licensing**

Violation Report: 31439 - 06/04/2013 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.14(c) - If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

2a. DESCRIPTION OF VIOLATION

The building was structurally altered with a new wall which seals off an exit in the secured dementia care unit. There is no written certification that a new fire safety approval is not required from the appropriate fire safety authority.

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.

Still waiting for letter. Person who is to provide letter was in, looked at wall, but has been 7/5/13 ⁽¹²⁾ started up with something. Hopefully have this by beginning of the week. ~~██████████~~
~~██████████~~

The required documentation will be submitted to the Department within 15 days of completion of any future renovations or alterations. JE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nora R Evans Administrator* Date *6-28-13*

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

The above plan of correction is approved as of 7/5/13
 (Date)

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

Plan of correction implementation status as of 7/5/13
 (Date)

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

Violation Report: 31439-06/04/2013 - Hoover, Douglas
 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 shares a room with resident #2 and uses an adult toileting chair. Resident #1 has no privacy from resident #2 when using the toileting chair.

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.

Tri-fold privacy panels available to STAFF
 to be placed around toileting chairs when
 in use. (They are lightweight & can be easily
 moved Room to Room as needed)

educated all STAFF by memo to use privacy
 panels for anyone who has a toileting chair & does
 not have a private Room.

when doing monthly checks of building I will continue
 to check w/ Residents & STAFF to ensure privacy panels
 are being used.

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>Nova R Iron Administrator</i>	Date <i>6-28-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/5/13
 (Date)

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

Plan of correction implementation status as of 7/5/13
 (Date)

- Fully Implemented *8/28/13*
- Partially Implemented - Adequate Progress *DR*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31439 - 06/04/2013 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Residents' #3, #4 and #5 are hospice residents. Direct care staff member A stated that the hospice residents are not evacuated to fire safe areas. The fire safe areas are the stairwells in the home. During the 3/26/13, 4/26/13 and 5/23/13 fire drills, the hospice residents were evacuated to the doors leading to the stairwell but not into the stairwell which is a fire safe 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.

-6-4-13 STAFF informed that ALL Resident's must be evacuated during a fire drill unless otherwise notified by me that I have an order from the Doctor, statement from family.

I would also notify [redacted] (who pulls fire alarm) to go to those not to be evacuated & inform them what's happening.

7/1/13 - The home will conduct a fire drill. During the drill all residents will evacuate to a designated meeting place away from the building or within the fire-safe area. If the home does not evacuate hospice residents in accordance with 55 Pa.Code Ch.2600.29 that are actively dying during the fire drill, the home will implement all provisions of the hospice statement of policy procedures. *JE* A fire drill was conducted. All residents were evacuated. None of the hospice residents were actively dying. *JE*

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) <i>NOVA RETIERS Administration</i>	Date <i>6-28-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Plan of correction implementation status as of 7/5/13
 (Date)

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

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

*8/28/13
 JE*

Violation Report: 31439 - 06/04/2013 - Hoover, Douglas

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Residents' #3 and #5, who receive hospice services, have physician orders for "pureed" diets. The home does not puree the food but rather chops the food finely. On 6/4/13, at 4:15 pm, there was a "pureed" plate of chicken in the kitchen microwave that was finely chopped with no added liquid. The kitchen cook confirmed that the plate of chicken was "pureed" however, it was improperly prepared.

Residents' #2 and #6 have lactose intolerance. Both residents confirmed, during interviews, that regular milk is served with cereal in the morning and there are no lactose free products in the home. On 6/4/13, there was a carton of almond milk in the kitchen refrigerator but the kitchen cook stated that the almond milk was for another resident that did not have lactose intolerance.

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.

- I went to the kitchen on 6-4-13 to check the plate of chicken and the cook was adding liquid to it.

I spoke w/ all kitchen staff to ensure they knew what puree is, and feel confident they do. I also have been randomly checking puree foods at various meal times.

- Lactose free milk is available to lactose intolerant residents

- I typed a list of all special diets so it's easier for cooks to see & keep up with.

- Also purchased a newer blender to make pureeing easier

Continued on page 5A. RE

Repeat Violation: No

Date(s) of Previous Violation(s):

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

6-28-13

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

The above plan of correction is approved as of

7/5/13
(Date)

Plan of correction implementation status as of

7/5/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

8/28/13
RE

The above plan of correction was approved by

[Initials]
(Initials)

Violation Report: 31439 - 06/04/2013 - Hoover, Douglas
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Residents' #3 and #5, who receive hospice services, have physician orders for "pureed" diets. The home does not puree the food but rather chops the food finely. On 6/4/13, at 4:15 pm, there was a "pureed" plate of chicken in the kitchen microwave that was finely chopped with no added liquid. The kitchen cook confirmed that the plate of chicken was "pureed" however, it was improperly prepared.

Residents' #2 and #6 have lactose intolerance. Both residents confirmed, during interviews, that regular milk is served with cereal in the morning and there are no lactose free products in the home. On 6/4/13, there was a carton of almond milk in the kitchen refrigerator but the kitchen cook stated that the almond milk was for another resident that did not have lactose intolerance.

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.

Continued from Page 5.

7/12/13 - The administrator will contact a nutritionist and schedule a date to provide staff training on nutrition, food preparation and special diets (ie. pureed). *JE*

8/12/13 - All staff who prepares residents meals will be trained by a nutritionist on food nutrition, food preparation and special diets (i.e. pureed). *JE Training was completed on 7/17/13. - JE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>7/5/13</u> (Date)</p> <p style="text-align: center;"><i>See previous page 5</i></p> <p>The above plan of correction was approved by <u><i>JE</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7/5/13</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input checked="" type="checkbox"/> Not Implemented</p>
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Violation Report: 31432 - 07/11/2013 - Bungo, John
 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 July 11, 2013, the upright cabinet in the dining/activity room in Ivy Hall, that contains resident records was unlocked and open.

On July 11, 2013 at 5:50 pm, there were small, empty plastic pill packets with resident names and medication information in the open trash bin on the medication carts in the main nursing station.

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.

7-12-13 STAFF instructed to ensure all cabinets containing resident information is locked at all times


I am continuing to randomly check cabinets

7-12-13 STAFF instructed to black out information on medication packets prior to throwing them away

8-8-13 I was able to purchase "Blackout Rollers" to roll across packages to blacken out information

Violation withdrawn - SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2013	01/16/2013	04/25/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nova R Drens Administrator

Date 8-12-13

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home's staff & resident smoking area is under a semi-enclosed ramp area outside of the SDCU. On the morning of 7/11/13, the window to the SDCU dining room was open, allowing the smoke to go into the dining room and subjecting residents to harmful second-hand smoke.

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.

7/11/13 STAFF instructed to keep window closed
 At all times. I am monitoring this
 each day I am in the facility.
 The Administrator also posted signs near the
 windows to remind staff to keep window closed. -GZ

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 Trans Administrator	Date 8-12-13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-27-13
 (Date)

Plan of correction implementation status as of 8-27-13
 (Date)

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

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


Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

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

2a. DESCRIPTION OF VIOLATION
 On 7/11/13, there were feces found on the floor of one of the stalls of the bathroom across from the administrator's office and the room smelled strongly of urine.
 On 7/11/13, the floor in resident room 119 was dirty and littered with dirty toilet paper. There were feces on the toilet.
 In the Ivy Hall's kitchen, near rooms 208 and 209, the counter above the dishwasher and the mat under the dish drawer were dirty with dried food particles and spills. There were two soiled dish cloths in the area.

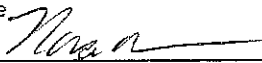
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

7-12-13 STAFF instructed to clean all Restrooms each shift & upon discovering a mess.

 or I monitor rooms & Restrooms Randomly.

7-13-13 Kitchen area in Ivy Hall cleaned. STAFF instructed to clean Area each shift.

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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nora R. Trons Administrator Date 8-12-13

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

The above plan of correction is approved as of 8-27-13 (Date)

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

Plan of correction implementation status as of 8-27-13 (Date)

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Emergency phone numbers were not posted at or near one phone in the SDCU or at a phone in the hallway across from the activity calendar.

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.

7-12-13 posted emergency #'s at phone across
 from activity calendar

7-12-13 emergency #'s are posted in SDU on
 Desk on shelf that pulls out to put
 phone on.

(Administrator) *ae*

I will continue to monitor that in place

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Naia

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

Naia R Evans Administrator

Date 8-12-13

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 (Date)

Plan of correction implementation status as of 8-27-13
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 7/11/13, the following windows in the home were open with no screens:

- Room #1 in the SDCU.
- Men's shower room on the Ivy Floor.
- One large window (left side) in the stair way leading to the Ivy Floor.

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)
 I have two gentlemen checking all windows to ensure screens are in place & repairing or replacing any screens that need attention. Hopefully be completed by mid-September. I instructed staff to notify me of any screens missing or torn.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Maria R Evans Administrator</u>	Date <u>8-12-13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-27-13 (Date)

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

Plan of correction implementation status as of 8-27-13 (Date)

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 7/11/13, there were approximately 18 ground meat patties in a card board box found on top of a carton of tissue boxes in the dry goods storage room. These patties were warm and appeared to have been there for a period of time. Staff reported that the uncooked patties were left over from the July 4th picnic.

There was no thermometer in the right side chest freeze located in the dry goods storage room.

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.

7-12-13 Thermometer placed in Freezer. Kitchen

Staff now check daily for thermometers

- 7-11-13 Meat patties thrown away. Staff instructed

to pay more attention. Some new kitchen staff

hired to replace some staff that were here at time

of inspection

* Once new staff are in place & trained. Serv-Safe course will be scheduled. Hopefully within next 3 months

depending on instructor availability

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 R Irans Administrator

Date 8-12-13

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

The above plan of correction is approved as of 8-27-13
 (Date)

Plan of correction implementation status as of 8-27-13
 (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: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation for Resident No. 1 was dated 2/29/12. The resident was evaluated by the physician on 1/14/13 and 2/11/13, but the physician has not completed the form.

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)
 I Refaxed the med eval on 7-15-13
 I called again on 8-12-13 & Refaxed form again
 Secretary ensure's me Dr. will complete it
 - with regards to this Dr. I will Fax & Mail
 Med evals & follow up w/ phone call's within
 a week of Mail'ng.

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>Anna R Irons Administrator</i>	Date <i>8-12-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-27-13</u> (Date)	Plan of correction implementation status as of <u>8-27-13</u> (Date)
The above plan of correction was approved by <u>AE</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: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff trained in medication administration are permitted to do injections of insulin and epinephrine only. Staff administered a subcutaneous cyanocobalain injection to residents on the following dates:
 -6/14/13 Resident No. 2 by Staff Person A
 -6/13/13 Resident No. 3 by Staff Person B
 -6/16/13 Resident No. 4 by Staff Person B
 -6/17/13 Resident No. 5 by Staff Person A
 -6/17/13 Resident No. 6 by Staff Person A

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.
 7-13-13 All subcutaneous injections changed to by Month medication for residents ~~3, 4, 6~~ 3, 4 by physicians' orders.
 Dr. comes in monthly & administers # injections for residents 2, 5, 6.

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. Lewis Administrator Date 8-12-13

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

The above plan of correction is approved as of <u>8-27-13</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>8-27-13</u> (Date) <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
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Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Staff person C administered medications to residents in the SDCU on 7/2/13 at 8 pm. The staff person did not sign and initial the master key in the front of the Medication Administration Record.

The time of administration for the following PRN medications was not listed on the MAR:

- Hydrocodone for Resident No. 4. This resident received the medication everyday between July 2, 2013 and July 11, 2013.
- Loperamide for Resident No 7. Resident received this medication on July 1, 3, 5, 7, 8 and 10, 2013.
- Hydrocodone for Resident No. 8. Resident received this medication on July 5, 8 and 10, 2013.
- Lortab for Resident No. 2. Resident received this medication twice a day between July 3, 2013 and July 11, 2013. The time was not recorded for one administration on July 3, 4 and 9, 2013. The time was not recorded for administrations on July 8 and 10, 2013.

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.

7-15-13 STAFF person C given instructions on proper signing of mars (Master key).
 7-17-13 All Lead Aides instructed that times must be recorded for all PRN medication

I Randomly Check MARS to ensure proper documentation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

NORA R IRONS Administrate

Date 8-12-13

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

The above plan of correction is approved as of 8-27-13
 (Date)

Plan of correction implementation status as of 8-27-13
 (Date)

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

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 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.

2a. DESCRIPTION OF VIOLATION
 Hydrocodone for Resident No. 13 was removed from the narcotic box on July 5, 6 and 7, 2013, but was not initialed as administered on the MAR.

On July 6, 2013, Staff Person D administered the 8 am medications for residents in the SDCU, but did not initial the MARs to indicate that the medications were given.

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.

7-15-13 STAFF D instructed on proper medication handling w/ regards to initialing MARs correctly. Staff person verified that medication had been administered, but MARs had not been initialed. -BE
 (Administrator) will
 I will continue to monitor MARs.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/25/2012

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 *8-12-13*

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

The above plan of correction is approved as of 8-28-13
 (Date)

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

Plan of correction implementation status as of 8-28-13
 (Date)

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

Violation Report: 31432 - 07/11/2013 - Bungo, John

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The MAR and order for Resident No.10 stated, "Furrous Sulfate 325 mg take 1 tab orally daily at 8 am." The medication available in the medication cart was 45 mg and only one tablet was given daily during July 2013.

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.

7-12-13 family brought in correct dosage of medication.
 Staff instructed to carefully check all details
 of any medications brought into the facility.
 The medication identified as being the wrong dosage was removed
 from the medication cart. An audit of all medications and ^{corresponding} orders was
 conducted by the Administrator. *EE*
 (Administrator)
 I will continue to monitor medication.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

NWA R IRONS Administrator

Date 8-12-13

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

The above plan of correction is approved as of 8-28-13
 (Date)

Plan of correction implementation status as of 8-28-13
 (Date)

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

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

Violation Report: 31432 - 07/11/2013 - Bungo, John
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident No. 9 has fall mats placed at bedside at night. The resident's mattress and box springs sit directly on the floor of the bedroom. These individualized instructions are not included in the RASP, dated 3/14/13.

Resident No. 11 has fall mats placed at bedside at night. This is not included in the RASP, dated 1/9/13.

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.

7-15-13 Fall Mats added to RASP. STAFF

Reminded to make me aware of any changes

in care of residents so Rasps are

kept current.

(Administrator)

I randomly call each floor to see if

there are any changes with any residents

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) *Nava R Iters Administrator* Date *8-12-13*

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

The above plan of correction is approved as of 8-27-13
 (Date)

Plan of correction implementation status as of 8-27-13
 (Date)

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

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

Violation Report: 31439 - 07/31/2013 - Bungo, John

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident No. 1 was seen at the emergency room on 7/13/13. The discharge instructions indicated that the resident be seen by the family physician within 2 to 3 days. The resident did not attend a follow-up appointment until 7/29/13. The resident was not seen within the 2 to 3 days after discharge.

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.

Moving forward, when a resident is discharged from a hospital, C&E? we will fax discharge paper to DR. & insist on appointment being made as per Discharge instructions rather than app. Dr. Went's. This will be completed by the administrator, or designee. -bc

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Naan

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

NONA RITERS Administrator

Date

8-14-13

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

The above plan of correction is approved as of

8-22-13
(Date)

Plan of correction implementation status as of

8-22-13
(Date)

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

The above plan of correction was approved by

bc
(Initials)

Violation Report: 31439 - 07/31/2013 - Bungo, John

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident No. 1 was diagnosed with a contagious skin infection on 7/10/13. The RASP, dated 5/20/13, was not updated with the new diagnosis, the precautionary measures to be taken with a communicable disease, and appropriate treatment procedures.

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.

(the Administrator) - BE
 I had given STAFF instructions on care but failed to update RASP.

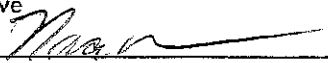
(the Administrator) - BE
 I will add any changes such as this to RASP as they happen.

(the Administrator)
 I will read discharge instructions prior to giving them to staff.
 Resident #1's RASP was updated by the Administrator. - BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nova R Icons Administrator

Date 8-14-13

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

The above plan of correction is approved as of 8-22-13
 (Date)

Plan of correction implementation status as of 8-22-13
 (Date)

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

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