



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 8, 2014**

Mr. Neil Harrison, President  
Harmony House Manor, Inc.  
2888 Carpenter Park Road  
Davidsville, Pennsylvania 15928

RE: Harmony House Manor  
601 Lamberd Avenue  
Johnstown, Pennsylvania 15904  
# 314390

Dear Mr. Harrison:

As a result of the Department of Public Welfare's licensing inspection on December 11 and 12, 2013 and January 16, 2014 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.

Sincerely,

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

Gloria Emick  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: HARMONY HOUSE MANOR		License Number: 31439
Address: 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904		County: Cambria
Administrator: Sharon Dibble		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 L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 72                      Waking Staff: 54		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/11/2013: Rouse, McKinley, Palermo, Michael 12/12/2013: Rouse, McKinley, Palermo, Michael 01/16/2014: Rouse, McKinley, Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>APR 05 2014</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 63 Secured Dementia Care Unit in Home: Yes Area: Downstairs Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 30 Are 60 Years of Age or Older: 39 Have Mental Illness: 21 Have an Intellectual Disability: 20 Have a Mobility Need: 9 Have a Physical Disability: 2	

Violation Report: 31439 - 12/11/2013 - Rouse, McKinley  
 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).

2a. DESCRIPTION OF VIOLATION  
 On 01/11/2014, Resident #3 was sent to the emergency room for having been administered medications intended for Resident #7, but the home did not report this incident to the Department within 24 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.

The President informed Management that as of January 15, 2014 and future that if the Administrator doesn't have time to get an incident report done within the required time frame, that all Management is to assist until it is timely sent, *to ensure all future incidents are reported as required. -BE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Neal Harrison, President	Date 4-5-14
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-7-14</u> (Date)	Plan of correction implementation status as of <u>5-7-14</u> (Date)
The above plan of correction was approved by <u>BE</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 - 12/11/2013 - Rouse, McKinley  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #3, dated 12/12/2013, was not signed by the payer.

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 Contract for Resident #3 was mailed to the Payer as of 2-20-2014, who lives 5 hours away, to sign and return. We received the contract back and signed in the mail on 4-4-14.

New System put in place for second person to review the forms to ensure all areas are properly completed and to have necessary papers faxed for long distance signatures for complete compliance. New person hired on 2-19-14 to review files for completeness and accuracy, *to ensure that each contract is signed by the Administrator or designee, the resident & payer and designated person (if resident agrees). -SE*

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Neal Harrison, President Date 4-5-14

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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

-Resident #5's support plan, dated 02/05/2013, requires that the resident be provided assistance with bowel management, including needing assistance with cleaning and changing, but the home does not have a staff person consistently scheduled to work on Ivy Hall, the floor where the resident lives.

-Resident #6's support plan, dated 09/04/2013, indicates that the resident requires cueing for bathing, but the home does not have a staff person consistently scheduled to work on Ivy Hall, the floor where the resident lives.

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.

Violation Withdrawn *per DE*

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 31439 - 12/11/2013 - 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**

A bottle of Totally Awesome All Purpose Concentrated Cleaner, Degreaser, Spot Remover with a warning label that read, "If swallowed, give 1 to 2 glasses of water and call a physician, poison control center, or emergency room immediately," was found unlocked above the sink in the cupboard directly outside of the third floor bathroom. There are residents of 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.*

A Staff Member was bringing in her own cleaners and hiding them in various places in the building. She was counseled several times on this matter and is no longer an employee as of 1-15-14.

Automatic door locks were placed on all supply doors to ensure products are locked up. Staff will begin retraining of the Chapter 2600 Regulation on March 5, 2014 and will document such training annually.

As of 2-19-14 Designee Med Techs were trained to do resident fire safety check upon arrival and every two hours there after to insure residents well being walkways clear for fire and safety check no poisonous materials or hazards.

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Neal Harrison, President	4-5-14

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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 At 10:00 AM on 12/11/2013, the parking lot directly across from the main entrance of the home had large patches of ice.

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 plowing company was additionally contracted to salt the parking lot too. See attached Invoice dated 2-19-14. The staff will continue to salt it also.

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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley 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 The following medications were initialed as having been given to Resident #3, on 01/11/2014, at 8:00 PM, but were not administered to the resident:  *Divalproex tablet 250mg DR Depakote take 1 tablet orally twice daily (AM and Afternoon) (Dementia) (Do not crush) *Donepezil tablet 10mg Aricept take 1 tablet orally at bedtime (Dementia) *Namenda tablet orally twice daily (Dementia Alzheimers Types) *POT Chloride capsule 10meq ER take 1 capsule orally twice daily (supplement)	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>  Past Medical Trainer trained the supervisors to investigate and then initial all entries not marked on a MAR. This practice was immediately stopped and a new Medication Trainer was brought in for retraining.  All staff are doing a refresher training on the Medication Administration Course to ensure proper entries for present and future. See enclosed prior trainer and new trainer Medication Administration Certifications.  Medication system has been completely overhauled with a new pharmacy medication packaging upcoming e-mar expected 5-1-14.  Two LPN's hired 1-31-14 and 2-18-14.  The Administrator is working with each staff member to ensure the knowledge is met to be compliant with medication. See enclosed documentation of posting and actual class record of training on 3-5-14. Also enclosed sample proof statements of staff completing medication course.	
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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley

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 #1 did not receive the following medications as ordered by the resident's physician on 11/30/2013 at the following times:

\*Ibuprofen tablet 400mg take 1 tablet orally 3 times daily: not administered at 4:00 PM and 8:00 PM

\*Risperdone tablet 4mg take 1 tablet orally at bedtime: not administered at 8:00 PM

\*Ativan take 1 tablet orally 4 times daily: not administered at 5:00 PM and 8:00 PM

\*Benzatropine tablet 2mg Cogentin take 1 tablet twice daily: not administered at 8:00 PM

-On 01/11/2014, Resident #3 received the following medications that were prescribed for Resident #7:

\*Hydroxyzine HCL Tab 10mg Atarax, take 1 tablet orally four times daily for anxiety

\*Risperdone Tab 0.5mg Risperdal, take 1 tablet orally twice daily antipsychotic

\*Trazodone tab 50mg Desyrel, take 1/2 tablet 25mg orally at bedtime depression

## 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 home researched the events regarding the identified medications. -Se*

Per staff, the medications were given but they forgot to mark the MAR. The Designee Med Tech at that time is no longer an employee as of 2-6-14.

All staff is doing a refresher training on the Medication Administration Course to ensure proper entries for present and future, and the "rights" are done at each med pass. IE: right resident with photo of resident kept with the MARs as of 3-5-14. New software program tabulapro.com reminds you if no photo was taken and is scheduled to be in place by 6-1-14 for Designee Med Techs.

Repeat Violation: No

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Neal Harrison, President

Date

4-5-14

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(Initials)

Violation Report: 31439 - 12/11/2013 - Rouse, McKinley  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 -Resident #3 was admitted to the secure dementia care unit on 12/12/2013, but the cognitive prescreening was not completed by a physician, or geriatric assessment team.  
 -Resident #2 was admitted to the secure dementia care unit on 12/23/2013, but the cognitive prescreening was not dated.

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 Prescreening for Resident #3 was mistakenly not in his file at the time of this inspection. During the inspection, the owner, called the doctor's office to get a copy of it but the doctor's computers were down. It was later obtained and placed properly into his file.

The Prescreening for Resident #2 was corrected immediately.

A file organizer was hired on 2-19-14 to go over all the files to ensure all areas are completed properly and all forms are present for compliance.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Neal Harrison*

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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted to the secure dementia care unit on 12/23/2013; but the home has no documentation that the resident did not object to the admission.

**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 required documentation for Resident #2 was obtained upon notification that it was missing. The Administrator at that time is no longer employed. Verbal conversation with owner, daughter of resident, and resident was done at the time of admission but documentation was insufficient. All staff is now reading the regulations for Alzheimer's dementia units for better recording and compliance as of 3-5-14. See inclosed sample proof of staff reading chapter 2600 regulations.

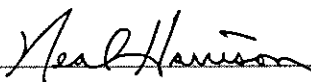
A file organizer was hired on 2-19-14 to go over all the files to ensure all areas are completed properly and all forms are present for compliance.

Administrator acquired additional copies of Chapter 2600 booklet for staff training and were received 3-21-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Neal Harrison, President

Date 4-5-14

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Violation Report: 31439 - 12/11/2013 - Rouse, McKinley

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted to the secure dementia care unit on 12/23/2013, but the home did not complete a support plan for the resident within 72 hours of the resident being admitted to the SDCU. Resident #2's most recent support plan was dated 04/17/2013.

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

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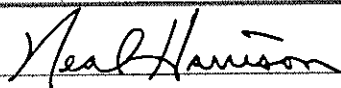
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