



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 18, 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 April 23, 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: Linda Stanton		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 and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 79 Waking Staff: 59		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/23/2014: OPake, Hope; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>JUN 09 2014</p> <p><b>CENTRAL REGION FIELD OFFICE</b> 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: 57 Secured Dementia Care Unit in Home: Yes Area: Touchstones Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 47 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 22 Have a Physical Disability: 0	

Violation Report: 31439 - 04/23/2014 - O'Pake, Hope

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 April 23, 2014, a plastic cabinet storing resident records, located in the dining area near the medication area, was unlocked and accessible.

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.

April 25, 2014, the Administrator retrained this new staff member on this regulation and proper adherence at all times. She stated that she knew to relock this cabinet as soon as she was done in it, but was in a hurry that morning so planned to relock it when she was done passing her morning medications. She stated, after the retraining, that she will always be careful to immediately relock the cabinet.

May 8, 2014 we had an emergency staff meeting for med techs and reviewed this matter to prevent it from happening again. There is also annual training on protecting resident information.

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) *Neal Harrison*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Neal Harrison President* Date *6-9-14*

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

The above plan of correction is approved as of 6-16-14  
(Date)

Plan of correction implementation status as of 6-16-14  
(Date)

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

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

Violation Report: 31439 - 04/23/2014 - OPake, Hope

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On April 23, 2014, there was no toilet paper for the toilets in the third floor bathroom.

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.*

Toilet paper was present in the bathrooms on this floor at 7am but must have been removed shortly thereafter by a resident. To prevent this resident from doing this again, locking toilet paper holders were put in each bathroom stall on this floor in the month of May 2014. Each holder has room for 2 large, restaurant style rolls in each one.

Personal Care Aides still replenish the toilet paper during their shift. The Designee Lead Aide is responsible to confirm that each bathroom stall is replenished in their area before they leave on their shift each day, for all three shifts.

There haven't been any further problems of missing toilet paper since the locking holders were put in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *6-9-14*

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(Initials)

Violation Report: 31439 - 04/23/2014 - OPake, Hope

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.125(b) - Combustible materials shall be inaccessible to residents.

**2a. DESCRIPTION OF VIOLATION**

A 16 oz. bottle of "Odorless Turpentine," with a manufacturer's label indicating, "Harmful or fatal if swallowed. Combustible," was unlocked and accessible to residents. It was stored in an unlocked plastic cabinet in the dining area, near the medication area. Also found in the unlocked plastic cabinet were a four ounce container of lighter fluid and a ten ounce container of Furniture Polish with a warning label "Extremely Flammable."

**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 turpentine was moved to an employee only area that is locked and not accessible to residents on April 23, 2014.**

**The furniture polish was empty so it was immediately discarded on April 23, 2014.**

**The lighter fluid belongs to a resident who uses it in a sentimental lighter. Management staff met with him on April 26, 2014 and explained the situation to him. A system was put in place with the kitchen manager to lock the lighter fluid up in the kitchen storage area. This will allow the resident to have access to it on a daily basis to refill his lighter as needed.**

**May 8, 2014 we had an emergency staff meeting with Designee Lead Aides to retrain them on these items to prevent it from happening again.**

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 *6-9-14*

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(Initials)

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Violation Report: 31439 - 04/23/2014 - OPake, Hope

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted on December 1, 2013. The resident's medical evaluation was completed on May 28, 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.

The Administrator at that time is no longer employed with us.

February 19, 2014 we hired a file organizer to review and train office staff to prevent this from happening again. This file was found March 27, 2014 and the resident and Designated Person were notified and an appointment was set up with her doctor to correct this situation but the resident cancelled the appointment stating that she was moving. Then on April 21, 2014, the resident decided not to move and reset her appointment with her doctor on May 19, 2014. The doctor's office staff cancelled this appointment and rescheduled it for June 19, 2014. Documentation was kept on this matter per information received from the DPW hotline.

*Violation withdrawn - BE*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Neal Harrison President* Date *6-9-14*

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Violation Report: 31439 - 04/23/2014 - OPake, Hope  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

-On April 23, 2014, a plastic condiment container cup containing four large, blue capsules, two orange capsules, 1/2 of a green tablet and one small, round, white tablet was located on top of the medication cart, unlocked and unattended.

-On April 23, 2014, the "C" medication cart for treatments was left unlocked and unattended in the dining 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.

April 26, 2014 the Administrator retrained the new LPN on this regulation and proper adherence at all times.

May 8, 2014 and emergency staff meeting was held with all med techs to prevent this from happening again.

March 5, 2014 meeting we informed all staff that an Annual Chapter 2600 training form was put in place and each staff member is required to read the entire regulation book in full each year and document it on the form then turn it in as soon as they have it completed. A better educated staff will help to prevent this from happening again.

Moving forward, all medications will be locked and inaccessible to residents and unqualified personnel. -SE

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 6-9-14

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Violation Report: 31439 - 04/23/2014 - OPake, Hope  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On April 23, 2014, Novolin sliding scale insulin, prescribed for Resident #2, had been opened but was undated.

On April 23, 2014, a small, peach-colored capsule imprinted with "Mylan 2100" was found on the dining room floor under a table.

On April 23, 2014, a blister pack of Zolpidem had five broken blisters, covered with tape to contain the medication.

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.

May 8, 2014 an emergency meeting was held with all med techs to retrain them to make sure they immediately write the opened date and their initials on all insulin as previously trained. They were also retrained to be sure to watch each resident fully swallow their pills when administered.

The LPNs are responsible to check the insulins on each shift to ensure proper documentation by all med techs so this doesn't happen again. The Administrators will also do random checks. Personal Care Aides were trained to assist to monitor that each resident swallows their pills.

The NARC med, Zolpidem, is handled at each shift change during the NARC count and when the med is given. May 8, 2014 all med techs were trained to be more careful when handling these meds so much and if a hole is seen in the foil backing of the blister, it is to be documented on a separate sheet of paper in the NARC binder if the med was taped but was not touched. If the med was touched, it is to be discarded per the procedure of Discarded Meds.

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) <i>Neal Harrison President</i>	Date <i>6-9-14</i>
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 (Initials)

Violation Report: 31439 - 04/23/2014 - OPake, Hope  
 PGH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 On April 23, 2014, an unlabeled container of Ferrous Sulfate for Resident #3 was found in the main medication cart.

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.

April 23, 2014 the Administrator trained the new staff member to put the resident's name on each bottle even if it is attached to another bottle with a label.

May 8, 2014 meeting we retrained all med techs that each pill bottle must have the resident's name on it even if it is attached to another bottle with a label, in case they get separated in the med cart. This is to be done upon arrival of each med bottle to ensure that this doesn't happen again. LPNs are responsible to check these meds per shift to make sure they are documented properly by all med techs.

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

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 (Required on EVERY Page) *Neal Harrison President* Date *6-9-14*

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Violation Report: 31439 - 04/23/2014 - OPAke, Hope  
 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**

-On April 23, 2014 at approximately 9:00 am, the medication administration record for Resident #4 had been initialed for the 8:00 AM doses that had not yet been administered. *withdrewn & E*

-On April 23, 2014, the following dates on the medication administration record for Resident #1 were not initialed for the administration of Ropinirole HCL: April 7, 2014 at 5:00 PM; April 18 at 12 PM; April 19, 2014 at 8:00 AM, 12:00 PM, and 5:00 PM; and April 22, 2014 at 8:00 AM and 12:00 PM.

**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.

~~We respectfully request that the violation for Resident #4 be removed as the "8am" meds were given when the resident was ready for them shortly after 9am. None of these medications state a specific time so are not in violation. This is normal behavior for this resident due to his behavior issues and per his family (staff member) and his doctor, staff is to wait until he is calm.~~

April 23, 2014 the Administrator investigated this medication and determined that it was properly given but not documented.  
 April 24, 2014 the Administrator retrained these two staff members to immediately properly document this MAR.

May 8, 2014 an emergency meeting was held with all med techs to be retrained on always initiating the MAR. They were each also trained that if they see that the med techs prior to them didn't initial the MAR, they are to investigate if the med was given and to immediately call the med tech at home to inform them to come to the building to properly document. The owner implemented E-MARs beginning in June 2014 to further prevent this from happening again.

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* Date *6-9-14*

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 (Date)

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- Not Implemented

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

Violation Report: 31439 - 04/23/2014 - OPake, Hope

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 #5 has physician orders for sliding scale insulin. On April 5, 2014 at 8 AM, the resident's blood sugar level was 236 and physician orders required 3 units to be given. Four units were administered. On April 20, 2014 at 4 PM, the resident's blood sugar was 217. Physician orders required that 2 units were to be given, but 3 units were administered.

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.

April 23, 2014 the LPN on duty informed the Administrator that the insulin amounts given were correct but the blood sugar readings documented were incorrect. April 24, 2014 the Administrator retrained the LPN who made the initial error and she then corrected the mistake and stated she would immediately record the blood sugar reading when completed instead of waiting until later. The readings were taken off the blood sugar machine memory and properly documented by this LPN.

May 8, 2014 an emergency meeting was held with all med techs and this matter was discussed to prevent this from happening again. A proposed new design for the Blood Sugar readings was presented at this meeting and is expected to be implemented by August 2014 if the E-MARs do not resolve this matter.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/11/2013	07/31/2013	07/11/2013
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