



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2014

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
License #: 314390

Dear Mr. Harrison:

As a result of the Department of Public Welfare's licensing inspection on July 1, 2014, July 2, 2014 and August 7, 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.

Your regular license for the period September 10, 2014 to September 10, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

Violation Report: 31439 - 07/01/2014 - O'Pake, Hope
 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
 Two bottles of LA's Totally Awesome Window Clean and one bottle of Hawaiian Bouquet Air Freshener, with manufacturer's labels indicating "contact physician if ingested," were unlocked and accessible to residents in the SDCU powder 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.

The air freshner and cleaning products were immediately removed to a locked area during the inspection.
 Staff was also immediately informed of the violation as they came on shift, by Administration. *EE*

23 ee
 A Staff Meeting was held on July 24, 2014 to further retrain staff on locking up such items immediately after use and to work together as a team and be watchful for such items during each of their shifts for the protection of our residents and constant compliance of our regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/11/2013
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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 *7-25-14*

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

The above plan of correction is approved as of <u>7-25-14</u> (Date)	Plan of correction implementation status as of <u>8-7-14</u> (Date)
The above plan of correction was approved by <u>EE</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 - 07/01/2014 - OPake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
 -One of the bathrooms in the SDCU, identified as Bathroom B, does not have hot water.
 -There was no hot water in Resident Room #7 or #12.

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

The screen was clogged on both sinks. The screen/filter was replaced. This gave good water pressure to allow the hot water to reach the sink.

The home will check the water pressure and screens/filters on a quarterly basis. All staff will report any concerns to Administration immediately. -GE

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

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 (Date)

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 (Initials)

Violation Report: 31439 - 07/01/2014 - O'Pake, Hope
 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

The emergency telephone numbers are not posted by the telephones in the front hallway or in the upper level 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.

Emergency Telephone Numbers were posted at these telephones the same day of our inspection.

23 ee

A Staff Meeting was held on July 24, 2014 to train staff that Emergency Telephone Numbers must also be posted at the residents telephones on both floors.

Night Shift staff will check numbers nightly to ensure emergency phone numbers are posted at all phones. - ee

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2013
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Violation Report: 31439 - 07/01/2014 - OPake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the SDCU does not include a thermometer, gauze pads, adhesive tape or eye coverings.

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 SDCU First Aid Kit was replenished fully during our inspection.

July 2, 2014 a list of required items and a security strap was placed on all First Aid Kits in the building.

A Staff Meeting was held on July 24, 2014 to train staff that if they break the security strap on a First Aid Kit, they must replenish it fully per the list and replace the security strap before returning it to it's storage location. *The lead Aide on each shift will complete the checks. -SE*

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 (Required on EVERY Page) *Neal Harrison President* Date *7-25-14*

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Violation Report: 31439 - 07/01/2014 - O'Pake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The bedside lamp in Resident Room #13 in the SDCU was not plugged in, nor did it have a light bulb.

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

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

A bulb was put into the lamp and it was plugged in during our inspection.

The Administrator met with the Resident in Room #13 the evening of July 2, 2014 regarding this lamp to inform the resident that [redacted] is not allowed to unplug this lamp nor remove the bulb. [redacted] Designated Person was informed by the Administrator of this problem and that it is a violation. If this resident is found causing another violation with this lamp, a new form of lighting will be placed in this area to ensure complete compliance of our regulations.

The Administrator has assigned the morning staff to check bedside lamps daily. -ge

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 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On July 1, 2014, there was an accumulation of lint in the lint trap of dryer #5 in the laundry 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.

The lint in Dryer #5 was removed during our inspection.

A Staff Meeting was held on July ^{23rd} 24, 2014 to retrain staff to clean the lint trap of the dryer before removing the clothes from the dryer to ensure complete compliance with our regulations. The Lead Aides on night shift will conduct nightly checks of each dryer. - *BE*

Repeat Violation: No

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Neal Harrison President

Date 7-25-14

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1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The stairwell at the rear of the home connects the main floor of the building with the secured dementia care unit on the basement level and has an egress door which opens into a fenced yard. On July 1, 2014, all three doors leading to the stairwell were locked from the inside. The door leading from the main floor allowed entry in the stairwell and was marked as an emergency exit. Furthermore, the fenced yard had one gate which was equipped with a padlock that prevented egress from the property.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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On July 1, 2014, the padlock on the gate was removed.
 On July 2, 2014, Spory Locksmith repaired the door latch to open properly.

A Staff Meeting was held on July ^{23rd} 24, 2014 to train staff to check this area during their initial Resident/Fire/Safety Check of their shift to ensure proper operation and compliance of our regulations. *The lead aides on each shift will conduct safety checks daily. -ge*

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 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 March 28, 2014. A medical evaluation has not been completed for the resident.

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

Staff obtained a new medical evaluation for this resident because they were not able to locate the one done in March 2014 nor get a copy from the hospital where it was completed, because they don't keep these type records this long.

Office staff was trained in June 2014 to use a digital software program that the Owner obtained for a back up copy of these type documents in the event of a missing form again. Staff will continue to scan these documents into this software as a back up copy for full compliance of our regulations.

A medical evaluation was completed for the identified resident on 7/03/2014. The Office Manager will track due dates - SE

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