



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 6, 2015

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
Certificate # 314390

Dear Mr. Harrison:

As a result of the Department of Human Services' licensing inspection on October 9, 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 black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
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 05/11/1994 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 84 Waking Staff: 63		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2014: Minnich, Ron		
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: 57 Secured Dementia Care Unit in Home: Yes Area: Lower Level Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: ? Are 60 Years of Age or Older: 49 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0	

Violation Report: 31439 - 10/09/2014 - Minnich, Ron
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The towel dispenser by the kitchenette across from room #208 did not contain paper towels.
 The towel dispenser located in the main bathroom on ivy hall did not contain paper towels.

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 will ensure that all bathrooms have paper towels and double toilet paper rolls filled at all times and will sign off on daily sheets to ensure compliance, as well as administrative staff will ensure. See attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim McCusker, Administrator.	Date 1-15-15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/5/15
 (Date)

Plan of correction implementation status as of 2/5/15
 (Date)

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

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

Violation Report: 31439 - 10/09/2014 - Minnich, Ron
 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 July 2014 medication administration record for resident #1 does not include staff initials for the administering of Anastrozole 1mg from July 1, 2014 through July 21, 2014 at 8:00am.

The medication administration record for resident #1 does not include the initials for the staff person who administered the medication of Anastrozole 1mg on 8/14/2014 at 8:00am.

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.

Policies and Procedures have been put in place and staff educated on the importance of medication administration. See attached "Policy and Procedures" and record of training.

The administrator or designee will conduct weekly medication reviews/audits to insure that medications are administered appropriately, correctly and that the administration of the medications is documented as required.
 CB 2/5/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim McCusker Administrator		Date 1-15-15	

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The above plan of correction is approved as of <u>2/5/15</u> (Date)	Plan of correction implementation status as of <u>2/5/15</u> (Date)
The above plan of correction was approved by <u>CB</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 - 10/09/2014 - Minnich, Ron
 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 home did not have the prescribed medication of Anastrozole 1mg, to be administered once daily at 8:00am for breast cancer, available for resident #1 on the following dates:
 -9/22/2014
 -9/23/2014
 -9/24/2014
 -9/25/2014
 -9/26/2014
 -9/29/2014
 -9/31/2014

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.

Policy and Procedures have been put in place and staff educated on the importance of medication administration. See attached "Policy and Procedures" and staff record of training. Also, Precision Pharmacy is obtaining medication refills for all residents at Harmony House Manor, Inc., see attached letter.

The administrator or designee will conduct medication review/audits weekly to insure that prescribed medications are available in the home for administration. CB 2/5/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim McCusker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **Kim McCusker, Administrator** Date **01-15-15**

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