



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

Restrictions: _____

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 **May 5, 2015** until **November 5, 2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314391

Robert E. Robinson
ISSUING OFFICER

Matthew J. [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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

MAY 06 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
License #: 314391

Dear Mr. Harrison:

As a result of the Department of Human Services' (Department) licensing inspections on December 16, 2014, December 17, 2014, February 3, 2015 and February 20, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #314390 dated September 10, 2014 to September 10, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 10, 2014 to September 10, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187d	II	49	\$5	\$245	5 calendar days from mailing date of this letter
141a1	III	49	\$3	\$147	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Neal Harrison

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal stroke extending to the right.

Matthew J. Jones
Director

Enclosures
License
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 16928		
Certificate(s) of Occupancy C-2 LP 10/24/1994 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 64 Waking Staff: 48		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2014: Rouse, McKinley; Gensil, Lori 12/17/2014: Rouse, McKinley; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED MAY 12 2015 CENTRAL REGION FIELD OFFICE 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: 48 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: 17 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 43 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0	

Violation Report: 31439 - 12/16/2014 - 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 #1, dated 06/19/2014, was not signed by the administrator or designee.

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.

Please see attachment

See attached page 2-A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCarter, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of <u><i>3/17/15</i></u> (Date)	Plan of correction implementation status as of <u><i>4/13/15</i></u> (Date)
The above plan of correction was approved by <u><i>OB</i></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

Page 2-A

HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The contract for Resident #1, dated 06/19/2014, was not signed by the administrator or designee.

CORRECT THE SPECIFIC ISSUE CITED:

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.

The contract for Resident #1 has been signed by all parties.

A resident file check-off sheet will be in place for each resident in front (see attached) to ensure entire resident file is in complete accordance with regulation 2600.25(b) and signed accordingly to prevent reoccurrence.

The check off sheet will be reviewed by the administrator within one week if admission.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A resident file check-off sheet will be in place for each resident in front (see attached) to ensure entire resident file is in complete accordance with regulation 2600.25(b) and signed accordingly to prevent reoccurrence.

WHAT SPECIFIC CHANGE WILL BE MADE:

Instituting a check-off form.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

With all existing files, using the above check-off sheet, by March 20, 2015.

HOW WILL THE CHANGE BE MADE:


Instituting a check-off form and reviewing all resident files.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Instituting a resident file check-off sheet.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator to follow new format.

K. M. Zick 3/12/15 

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home did not perform a criminal history background check for Staff Person #1, date of hire 05/17/2014.

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.

Please see attached

See attached page 3-A

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) <i>Kim McCusker</i>	Date <i>3/12/15</i>
---	------------------------

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

The above plan of correction is approved as of *3/12/15*
 (Date)

Plan of correction implementation status as of *4/13/15*
 (Date)

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

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The home did not perform a criminal history background check for Staff Person #1, date of hire 05/17/2014.

CORRECT THE SPECIFIC ISSUE CITED:

- 1. REGULATION 55 Pa.Code §2600
- 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (GAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

Each employee shall have a check-off sheet in place (as attached) to ensure entire staff file is complete accordingly to be in compliance 2600.51 and to prevent from reoccurrence. (Attached is the criminal record check, which the home obtained while inspectors were present.)

permitted to work beyond the 30 day provisional hire period without an acceptable criminal history check. Staff will not be as 3/17/15

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Each employee shall have a check-off sheet in place (as attached) to ensure entire staff file is complete accordingly to be in compliance 2600.51 and to prevent from reoccurrence.

WHAT SPECIFIC CHANGE WILL BE MADE:

A new check-off sheet will be placed in each employee's file which will show that the background check has been completed and is placed in the employee's file.

An acceptable criminal history background check was obtained for Staff person A.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

The Office Administrator is working on every current staff file and will have this completed by March 18, 2015.

HOW WILL THE CHANGE BE MADE:

Administrator and Office Administrator will ensure that a new check-off sheet is in place.

will review the check off sheet within 30 days after hire to insure compliance. The administrator

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

A new check-off sheet.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

Ken P... 3/17/15 CB

Violation Report: 81439 - 12/16/2014 - Rouse, McKinley
 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
 The medical evaluation for Resident #1 who was admitted on 06/19/2014, was completed on 07/28/2014. The resident's medical evaluation was completed more than 30 days after the resident was admitted to the home.

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.

Please see attached
See attached page 4-A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2014	
-----------------------	-----------------------------------	------------	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McKinley, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

Plan of correction implementation status as of 4/13/15
 (Date)

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

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

2a. The medical evaluation for Resident #1 who was admitted on 06/19/2014, was completed on 07/28/2014. The resident's medical evaluation was completed more than 30 days after the resident was admitted to the home.

CORRECT THE SPECIFIC ISSUE CITED:

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

A resident file check-off sheet will be in place for each resident attached to their file (see previously attached) to ensure we are in compliance with 2600.141(a)(1).

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A resident file check-off sheet will be in place for each resident attached to their file (see previously attached) to ensure we are in compliance with 2600.141(a)(1). Harmony House Manor Inc. has instituted a computerized system (Tabula) which will alert Harmony House Manor when required forms are due.

WHAT SPECIFIC CHANGE WILL BE MADE:

New check-off sheet will be in place and Tabula will be checked daily.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Implementation of a new check-off sheet and Tabula checked daily.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

A new check-off sheet and the computerized Tabula system.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator,

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 A mediset of Perphenazine 2mg tablet dated, 10/10/2014, prescribed for Resident #2 who moved from the facility on 10/31/14 was found stored in the home.

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.

*Plans are attached
 See attached Page 5A*

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) <i>Kim McCusker, Administrator</i>	Date <i>3/12/15</i>
--	---------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

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

Plan of correction implementation status as of 3/17/15
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

2a. A medset of Perephenazine 2mg tablet dated, 10/10/2014, prescribed for Resident #2 who moved from the facility on 10/31/14 was found stored in the home.

CORRECT THE SPECIFIC ISSUE CITED:

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

All discontinued medications as well as medications for residents who are not in the facility will be returned to Precision Pharmacy accordingly.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

All discontinued medications as well as medications for residents who are not in the facility will be returned to Precision Pharmacy accordingly.

WHAT SPECIFIC CHANGE WILL BE MADE:

Precision Pharmacy will be performing med-cart audits every other month and Harmony House med staff will conduct audits as well alternating with Precision Pharmacy to ensure compliance with regulation (2600.183(d) and to prevent reoccurrence of this violation.

conduct weekly medication audits to identify and medication issues, errors or medication that needs to be discarded or destroyed. @

WHO WILL MAKE THE CHANGE:

Administrator, Med-Techs and Supervisor.

WHEN WILL THE CHANGE BE MADE:

Immediately upon inspection and on-going.

HOW WILL THE CHANGE BE MADE:

Implementation of Med Cart Audits by staff and Precision Pharmacy.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Med Cart audits by staff and Precision Pharmacy.

TRAINING PROVIDED TO STAFF:

Administrator and Med Techs auditing carts.

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 FCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Prescribed Hydrocodone APAP 5-325mg take 1 tablet orally every 6 hours as needed for Resident #4 is not available in the home for administration to 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.

Please see attached

See attached Page 6-A

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) <i>Kim McCusker, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of *3/12/15*
 (Date)

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

Plan of correction implementation status as of *4/13/15*
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

Prescribed Hydrocodone APAP 5-325mg take 1 tablet orally every 6 hours as needed for Resident #4 is not available in the home for administration to the resident.

CORRECT THE SPECIFIC ISSUE CITED:

1. REGULATION 55 Pa. Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Medications/Narcotics are being reordered and refilled by Precision Pharmacy (see attached) as well as new and retrained staff reordering meds on the EMAR when getting low.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Medications/Narcotics are being reordered and refilled by Precision Pharmacy (see attached) as well as new and retrained staff reordering meds on the EMAR when getting low. *

WHAT SPECIFIC CHANGE WILL BE MADE:

~~Precision Pharmacy accompanying staff~~ ^{will ensure} ensuring narcotics and medications are in the facility for residents.

WHO WILL MAKE THE CHANGE:

Staff and ~~Pharmacy~~ ^{Administration}

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Staff and ~~Pharmacy~~ ^{Administration} ensuring that medications are in the facility for residents.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Admin, Staff and Pharmacy coordinating to ensure medications are in the facility for residents. (See attached).

TRAINING PROVIDED TO STAFF:

Med Techs

* The administration or designee will conduct weekly medication audits during which any medication that are running low on supply will be identified so that they can be reordered or new prescriptions obtained if necessary. 09/17/15

OB
B. K. Carter 3/17/15

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 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 #3 does not list a diagnosis or purpose for the prescribed medication Lorazepam 1mg tablet.

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.

Please see attached

See attached Page 7-A

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) <i>Kim McCusker, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

Plan of correction implementation status as of 3/17/15
 (Date)

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

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

2a. The medication administration record for Resident #3 does not list a diagnosis or purpose for the prescribed medication Lorazepam 1mg tablet.

CORRECT THE SPECIFIC ISSUE CITED:

(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.

Precision Pharmacy is now providing pre-printed labels for narcotic sheets with each refill of narcotics. This includes diagnoses and purpose for medications.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Harmony House was using hand written forms. Precision Pharmacy is now providing pre-printed labels for narcotic sheets with each refill of narcotics, (see attached), to comply with 2600.187 (a) and prevent reoccurrence. *The pre-printed MAR's will be reviewed when received to ensure all required information is in place. The*

WHAT SPECIFIC CHANGE WILL BE MADE:

Use of Pharmacy pre-printed labels.

WHO WILL MAKE THE CHANGE:

Precision Pharmacy - The administrator will review pre-printed MAR's from the pharmacy to ensure compliance. In addition, weekly medication audits will be

WHEN WILL THE CHANGE BE MADE:

Completed by the administrator.
Immediately after inspection and on-going.


HOW WILL THE CHANGE BE MADE:

Implementation of new pre-printed forms from the Pharmacy.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Use of Pharmacy pre-printed labels.

TRAINING PROVIDED TO STAFF: Staff training provided (see attached).

Kim McCord 3/12/15 

Violation Report: 31439 - 12/16/2014 - 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 medication administration record for Resident #3's Ranitidine 150mg tablet was not initiated to indicate it was administered at 8:00AM on 12/07/2014.

The medication administration record Resident 3's Lorazepam 1mg tablet was not initiated to indicate it was administered at 8:00AM for the following dates: 12/06/2014, 12/07/2014, 12/15/2014 and 12/16/2014.

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.

Please see attached

See attached page 8-A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McKinley, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of <u>3/7/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The medication administration record for Resident #3's Ranitidine 150mg tablet was not initiated to indicate it was administered at 8:00AM on 12/07/2014.

The medication administration record Resident 3#'s Lorazepam 1mg tablet was not initiated to indicate it was administered at 8:00AM for the following dates: 12/06/2014, 12/07/2014, 12/15/2014 and 12/16/2014.

CORRECT THE SPECIFIC ISSUE CITED:

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.

Harmony House Manor implemented a computer program, Tabula Pro, which our Pharmacy is tied into medications given daily and the Tabula program gives the Administrator and Office Administrator a report on medications given.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Harmony House Manor implemented a computer program Tabula which our Pharmacy is tied into medications given daily and the Tabula program gives the Administrator and Office Administrator a report on medications given. Additionally Harmony House Manor is working with a new medication administration trainer (see attached) training staff the DPW Medication Administration Course, as the previous administrator was the trainer.

The administrator will conduct weekly medication audits to ensure that all medications are administered as prescribed.

WHAT SPECIFIC CHANGE WILL BE MADE:

Precision Pharmacy is tied to the medication reports in Tabula. Also a new Medication Trainer is in place.

WHO WILL MAKE THE CHANGE:

The Owner and Supervisor of Harmony House Manor.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Owner shared medication rights with Precision Pharmacy on Tabula. Also staff trained and retrained by a new Medication Trainer.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Tabula Program with Precision Pharmacy ensuring that medications are properly administered and signed off.

Weekly medication audits by administrator.

TRAINING PROVIDED TO STAFF: Med Techs trained and retrained by a new Medication Trainer.

Kim McC... 3/12/15

Violation Report: 31439 - 12/16/2014 - 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 #3 has a prescription for Loratadine 10mg tablet 1 tablet per day. This prescribed medication was not available for administration to this resident from 12/01/2014, through 12/14/2014.

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.

~~Plans are attached~~

All attempts to obtain prescribed medications for residents will be made with all possible resources being explored. The administrator will work with prescribers to obtain medications for residents, explore alternate medications, or alternative treatments. Any prescribed medications not administered will be reported to the Department as a reportable incident and will also be reported to the resident's physician. The physician or prescriber subsequent orders for follow-up will be recorded in the resident's record and followed. The administrator states that in this situation the resident could not financially afford the medication and the physician subsequently discontinued the medication. In the future all measures to obtain and pay for medications will be explored and documented.
 CB 3/17/15

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) <i>Kim McCusker Administrator</i>	Date <i>3/12/15</i>
---	------------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

Plan of correction implementation status as of 4/13/15
 (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 - 12/16/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Gabapentin 100mg capsule take by mouth 1 capsule every 6 hours as needed for anxiety/agitation. On 11/12/2014, at 8:19PM the medication was administered with the reason given on the medication administration record as "was being very aggressive and use profanity at staff and residents". This prescribed medication was used as a chemical restraint for resident #4.

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.

Please see attached

See attached Page 10-A

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) <i>Kim McCusker, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

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

Plan of correction implementation status as of 4/13/15
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

Resident #4 is prescribed Gabapentin 100mg capsule take by mouth 1 capsule every 6 hours as needed for anxiety/agitation. On 11/12/2014, at 8:19PM the medication was administered with the reason given on the medication administration record as "was being very aggressive and use profanity at staff and residents". This prescribed medication was used as a chemical restraint for resident #4.

CORRECT THE SPECIFIC ISSUE CITED:

- 1. REGULATION 55 Pa.Code §2600
- 2600.202 - The following procedures are prohibited:
 - (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 - (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 - (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 - (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 - (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited
 - (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

Staff and new staff are being trained by a new Medication Administration Trainer and staff trained on this regulation. *In no situation will a medication be administered to control behavior of a resident.*

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff and new staff are being trained by a new Medication Administration Trainer and staff trained on this regulation *and what constitutes a chemical restraint. In addition training will be provided on dealing with difficult behaviors.*

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff will be prohibited in administering medications as a chemical restraint. *- Staff will be educated on working with residents with difficult or aggressive behaviors.*

WHO WILL MAKE THE CHANGE:

Administration and Med Techs, all staff. *The administration will also conduct weekly med. audits to ensure that chemical restraints are not being used.*

WHEN WILL THE CHANGE BE MADE:

Staff person in question, immediately, and all staff by March 18, 2015.

HOW WILL THE CHANGE BE MADE:


Staff informed of using medications as restraints which is prohibited. *Staff will receive education and training on dealing with difficult behaviors as well as proper use of medications.*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Staff will be trained on regulation 2600.202

TRAINING PROVIDED TO STAFF:

Med Techs

Kim McCarter 3/12/15 

Violation Report: 31439 - 12/18/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #1, date of admission, 08/19/2014 was not completed timely as it is dated 12/14/2104.
 The home did not complete a initial written assessment for Resident #4, date of admission 10/01/2014.

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.

Please see attached

See attached page 11-A

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) <i>Kim McCusker Administrator</i>	Date <i>3/12/15</i>
---	------------------------

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

The above plan of correction is approved as of *3/17/15*
 (Date)

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

Plan of correction implementation status as of *4/13/15*
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The assessment for Resident #1, date of admission, 06/19/2014 was not completed timely as it is dated 12/14/2014. The home did not complete a initial written assessment for Resident #4, date of admission 10/01/2014.

CORRECT THE SPECIFIC ISSUE CITED:

REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

A resident file check-off sheet will be in place for each resident in front (as previously attached) to ensure entire resident file is complete in accordance with regulation 2600.225(a) and completed accordingly to prevent reoccurrence.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A resident file check-off sheet will be in place for each resident in front (as previously attached) to ensure entire resident file is complete in accordance with regulation 2600.225(a) and completed accordingly to prevent reoccurrence.

as the resident left the facility on 12/14/14 - did not return. The assessment for resident #4 could not be completed

WHAT SPECIFIC CHANGE WILL BE MADE:

Implementation of a resident check-off sheet in each resident's file. Administrator will review the check-off sheet and resident record to ensure that assessments are completed timely.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

March 20, 2015 and ongoing.

HOW WILL THE CHANGE BE MADE:

Completion of the resident check-off list - *Review of Check-off Sheet by Administrator*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Resident check-off sheet.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

CB
K. M. Carter 3/12/15

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #5 is dated 12/02/2014, the previous assessment was dated 05/20/2013. The resident's most recent assessment was completed 18 months after the previous assessment.

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.

Please see attached

See attached Page 12-A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCook, Administrator</i>	Date <i>3/12/15</i>
--	------------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

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

Plan of correction implementation status as of 3/17/15
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The most recent assessment for Resident #5 is dated 12/02/2014, the previous assessment was dated 05/20/2013. The resident's most recent assessment was completed 18 months after the previous assessment.

CORRECT THE SPECIFIC ISSUE CITED:

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

(1) Annually.

(2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.

The owner installed the Tabula Pro program which alerts when documents are due.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A new administrator was hired shortly prior to the inspection and informed the inspectors of the work in progress in regards to the documents not completed in a timely fashion which was beyond her control. As previously noted earlier the owner installed the Tabula program which alerts when documents are due.

In addition the administrator will conduct an audit of resident records to check compliance.

WHAT SPECIFIC CHANGE WILL BE MADE:

Use of the Tabula program.

WHO WILL MAKE THE CHANGE:

Owner, Administrator, and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Use of the Tabula system *to monitor due dates of assessments and support plans.*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Tabula system.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

Kim McCutcheon 3/26/15

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2609

2609.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #5 was receiving hospice services for wound care and other needs from 10/03/2014, through 11/14/2014, and 11/26/2014, through 12/10/2014. The support plan for Resident #5 was not revised to reflect the change in the residents needs and hospice services the resident received.

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.

Please see attached

See attached Page 13-A

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

3/12/15

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

The above plan of correction is approved as of

3/17/15
(Date)

Plan of correction implementation status as of

4/13/15
(Date)

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

The above plan of correction was approved by

KB
(Initials)

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

Resident #5 was receiving hospice services for wound care and other needs from 10/03/2014, through 11/14/2014, and 11/26/2014, through 12/10/2014. The support plan for Resident #5 was not revised to reflect the change in the residents needs and hospice services the resident received.

CORRECT THE SPECIFIC ISSUE CITED:

1. REGULATION 55 Pa.Code §2600

260d.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Resident #5 discharged 11/14/14 - Support Plan could not be updated.

A "Resident Home Health Tracker" (see attached) has been implemented with keeping support plans updated. *Information recorded on the "tracker" form will be used to trigger a revision in the resident's support plan.*

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A "Resident Home Health Tracker" has been implemented with keeping support plans updated, and will continue to be utilized.

The "tracker" will be reviewed daily and then compared to records of corresponding residents so that the support plans are updated.

WHAT SPECIFIC CHANGE WILL BE MADE?

Use of the Home Health Tracker so that support plans can be updated accordingly.

In addition, the administrator will conduct an audit of resident records to ensure that support plans reflect care needs and services provided to the residents.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Use of the Home Health Tracker *to initiate updated support plans to reflect services and care needs being provided by hospice, home health or other outside agencies.*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR

AGAIN:

Use of the Home Health Tracker.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

Violation Report: 31439 - 12/16/2014 - 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 #4, date of admission, 10/01/2014, did not have a support plan completed within 72 hours of the resident being admitted to the secure dementia care unit.

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.

Please see attached

See attached Page 14-A

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 *3/12/15*

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

The above plan of correction is approved as of <u><i>3/12/15</i></u> (Date)	Plan of correction implementation status as of <u><i>4/13/15</i></u> (Date)
The above plan of correction was approved by <u><i>OB</i></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-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

Resident #4, date of admission, 10/01/2014, did not have a support plan completed within 72 hours of the resident being admitted to the secure dementia care unit.

CORRECT THE SPECIFIC ISSUE CITED:

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.

A resident file check-off sheet will be in place for each resident in the front of the file.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

A resident file check-off sheet will be in place for each resident in the front of the file (see previously attached) to ensure entire resident file is complete in accordance with regulation 2600.234(a) and support plans completed accordingly to prevent reoccurrence.

In addition, the administrator will review records of new admissions to the SDU within 5 days of admission to ensure

WHAT SPECIFIC CHANGE WILL BE MADE: *Compliance. ca.*

A resident file check-off sheet.

Resident record reviewed by administrator within 5 days of admission.

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Implementing the Resident File Check-off Sheet

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Resident file check-off sheet.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

ca
Kim McCusker 3/22/15

Violation Report: 31439 - 12/16/2014 - Rouse, McKinley
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of Resident #4 who received hospice services from 10/03/2014, through 11/14/2014, and 11/26/2014, through 12/10/2014 did not contain any care notes or other information provided by the hospice agency for the resident regarding the care services provided.

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.

Please see attached

See attached Page 15-A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCreath, Administrator</i>	Date <i>3/12/15</i>
--	---------------------

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

The above plan of correction is approved as of *3/17/15*
 (Date)

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

Plan of correction implementation status as of *3/17/15*
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The record of Resident #4 who received hospice services from 10/03/2014, through 11/14/2014, and 11/26/2014, through 12/10/2014 did not contain any care notes or other information provided by the hospice agency for the resident regarding the care services provided.

CORRECT THE SPECIFIC ISSUE CITED:

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

The new administrator has moved all of the Home Health Binders to the main office.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The new administrator has moved all of the Home Health Binders to the main office, which

Home Health nurses and therapists must come to and update the file in the office.

Hospice services provided will be notated in the residents record with the "hospice file path" of the residents

WHAT SPECIFIC CHANGE WILL BE MADE: *records being on-site in the main office as well.*

All resident Home Health binders have been moved to the office. *to be considered as part of the residents total record.*

WHO WILL MAKE THE CHANGE:

Administrator and Office Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Home Health Binders have been moved to the main office *and are available as part of the residents total record.*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR

AGAIN:

Maintaining Home Health Binders in the main office with resident records.

TRAINING PROVIDED TO STAFF:

Administrator and Office Administrator.

Kim M. Kunkin 3/12/15 CS.

Violation Report: 31439 - 02/03/2015 - OPake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
 A live, adult bed bug was found in the dish under the leg of the bed closest to the door, in Room #115.

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.

Please see attached

See attached page 2 A

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) <i>Kim McCusker, Administrator</i>			Date <i>3/12/15</i>

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

The above plan of correction is approved as of <u><i>3/17/15</i></u> (Date)	Plan of correction implementation status as of <u><i>4/13/15</i></u> (Date)
The above plan of correction was approved by <u><i>CB</i></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

HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

A live, adult bed bug was found in the dish under the leg of the bed closest to the door, in room #115.

CORRECT THE SPECIFIC ISSUE CITED:

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

The room was treated by Johnstown pest control immediately. (see attached invoice)

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The maintenance personnel, and administrator will conduct monthly building inspections for insects, rodents, and bed bugs. If any findings, it will be treated by a pest control company. *Any evidence of infestation that is observed between monthly inspections will be addressed immediately.*

WHAT SPECIFIC CHANGE WILL BE MADE:

Monthly building inspections will be done.

WHO WILL MAKE THE CHANGE:

Maintenance and administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

By conducting monthly inspections.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Monthly inspections and monitoring the building.

TRAINING PROVIDED TO STAFF:

Maintenance and administration.

**The administrator/designee will ensure that any and all steps and processes used to eliminate an infestation will be documented and that they will use professional pest control to accomplish the eradication of infestation. 03/31/15*

Kim McCune 3/31/15 *ob*

Violation Report: 31439 - 02/03/2015 - OPake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #1 was completed on October 11, 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.

~~Previous assessment~~ The assessment for resident #1 was completed on 2/3/15.
 The administration will develop a tracking system for annual assessments. The tracking system will indicate all residents that are due to have an annual assessment completed for each month. The administration will access the tracking system a month in advance to initiate completion of the annual assessments for the upcoming month. The administration will monitor the tracking system several times during the month to determine the status of each resident's annual assessment and to see that each assessment is completed timely.
 CB
 3/17/15

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 3/12/15

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

The above plan of correction is approved as of 3/17/15
 (Date)

Plan of correction implementation status as of 3/17/15
 (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 - 02/03/2015 - OPake, Hope
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2500
 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
 The most recent support plan for Resident #1 was completed on October 11, 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.

~~Please see attached~~ The support plan for resident 1 was completed on 2/8/15

The administrator will develop a tracking system for annual assessments and support plans. The tracking system will indicate all residents that are due to have an annual assessment and/or support plan completed for each month. The administrator will access the tracking system a month in advance to initiate completion of the annual assessment and/or support plan for the upcoming month. The administrator will monitor the tracking system several times during the month to determine the status of each assessment and/or support plan due during the month to ensure completion in a timely manner.

CB
 3/17/15

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) <i>Kim McCusker, Administrator</i>	Date <i>3/12/15</i>
--	---------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

Plan of correction implementation status as of 3/17/15
 (Date)

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

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

Violation Report: 31439 - 02/20/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 The records for resident #1 were requested upon entry into the home at 9:00 am. The records were not provided until 9:35 am.

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.

Please see attached POC.
See attached Page 2-A

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) <i>Kim McCusker, Administrator</i>	Date <i>3-5-15</i>
--	-----------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

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

Plan of correction implementation status as of 3/17/15
 (Date)

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

HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION: 2600.5(a) (1). The records for resident 1 were requested upon entry into the home at 9:00 am. The records were not provided until 9:35 a.m.

CORRECT THE SPECIFIC ISSUE CITED:

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to Agents of the Department.

The office will be open Monday through Friday, 9:00AM-4:00PM, per the home's contract. The administrator and office administrator were both out of the facility at the time.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The office will be open Monday through Friday 9:00AM-4:00PM per the home's contract.

WHAT SPECIFIC CHANGE WILL BE MADE:

A lockbox will be in place with a office key inside the lockbox for entry into the office after office hours. The designated lead aides will be given a combination to get into the lock box for access to the office *and records*.

WHO WILL MAKE THE CHANGE:

The owner and the administrator.

WHEN WILL THE CHANGE BE MADE:

Within 10 days.

HOW WILL THE CHANGE BE MADE:

By the administrator and the maintenance person.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Lock box installed.

TRAINING PROVIDED TO STAFF:

Designated lead aides will be trained on how to use the lockbox *in order to access resident records*.

Kim McCusker 3/5/15

Violation Report: 31439 - 02/20/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan, dated 12/28/14, for resident #1 indicates that the resident requires assistance with incontinence care. On 2/20/15, a wound care clinic nurse who is not an employee of the home, had to change the resident before beginning wound care treatment as staff of the home had not provided assistance with incontinence care to this 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.

Please see attached POC.

See attached Page 3-A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCaster Administrator</i>	Date <i>3-5-15</i>
---	-----------------------

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

The above plan of correction is approved as of <u>3/17/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</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-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

The assessment and support plan, dated 12/28/14, for resident #1 indicates that the resident requires assistance with Incontinence care. On 2/20/15, a wound care clinic nurse who is not an employee of the home, had to change the resident before beginning wound care treatment as staff of the home had not provided assistance with incontinence care to this resident.

CORRECT THE SPECIFIC ISSUE CITED:

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

On 2/20/15 the resident was provided assistance with incontinence care upon getting out of bed around 7 am, and after breakfast around 9 am. The home health nurse, [REDACTED] came into the home to take care of resident #1 shortly after 9 am. From this point on, residents are assisted with ADL's and incontinence needs every two hours, and as needed.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Ensure that every resident is assisted with incontinence every two hours, and PRN.

WHAT SPECIFIC CHANGE WILL BE MADE:

An ADL resident care log has been put into place for staff to sign off that they are tending to resident care. Charge staff are also ensuring that residents are being assisted with ADL's every two hours. In addition, the administrator is on the floor several times per day to ensure the same.

Direct care staff will also provide assistance with ADL's including toileting "as needed" if and when to more frequent than the every 2 hour checks. (B)

WHO WILL MAKE THE CHANGE:

The administrator and charge staff.

WHEN WILL THE CHANGE BE MADE:

The ADL log has been integrated, and charge staff are ensuring resident care immediately.

HOW WILL THE CHANGE BE MADE:

Ongoing resident care will be done. Charge staff will ensure that staff sign off on ADL logs. Administration will check residents and staff several times throughout the day.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

A resident care log has been put into place for staff to follow.

TRAINING PROVIDED TO STAFF:

Staff have been trained to ensure resident care is done every two hours, and to sign the log after they have assisted with care

In addition, the administrator will review the care logs daily to confirm that residents are being assisted with ADL's. (B)

Kimberly 3/5/15

Violation Report: 31439 - 02/20/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was neglected due to the home not providing prompt and appropriate medical care for an injury sustained in the home. At or about 3 months ago, unidentified staff of the home "accidentally" ran over the resident's left toes with a wheelchair injuring the 1st, 3rd and 4th toe. As of 2/20/15, the toes were swollen, inflamed and turning black in some areas. Treatment for the "traumatic injury" by an home health agency specializing in wound care did not begin until 2/7/15.

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.

Please see attached POC

See attached Page 4-A

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) <i>Kim McCusker, Administrator</i>	Date <i>3-5-15</i>
--	-----------------------

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

The above plan of correction is approved as of <u>3/17/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION: Resident #1 was neglected due to the home not providing prompt and appropriate medical care for an injury sustained in the home. At or about 3 months ago, unidentified staff of the home "accidentally" ran over the resident's left toes with a wheelchair injuring the 1st, 3rd and 4th toe. As of 2/20/15, the toes were swollen, inflamed and turning black in some areas. Treatment for the "traumatic injury" by an home health agency specializing in wound care did not begin until 2/7/15.

CORRECT THE SPECIFIC ISSUE CITED:

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

With regard to the above violation, resident #1's physician was aware of the injury, and had seen the resident at the facility on a regular basis. Resident #1 *was assessed* by *received* Conemaugh Home Health care *beginning* on 11/26/14. Resident #1 was also being treated at the wound care center beginning on 1/28/15. Resident #1 was hospitalized on 2/4/15, and returned home with Windber Home Health to follow on 2/6/15. The home continues ongoing care for this resident. *Direct care staff will closely monitor resident's medical needs and any injuries to continue with follow-up care. @*

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The home continues ongoing care for this resident. *The home will continue to monitor health care needs and resident's physical status to see that medical care is received in a timely manner. @*

WHAT SPECIFIC CHANGE WILL BE MADE:

Outside home health agencies are used for additional care and expertise.

WHO WILL MAKE THE CHANGE:

Administration and lead aides.

WHEN WILL THE CHANGE BE MADE:

Immediately.

HOW WILL THE CHANGE BE MADE:

Ongoing and continued care, and additional outside resources will be used as needed.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

All staff have signed off on "abuse or suspected abuse" forms, and instructed to notify administration of any suspected neglect or abuse.

TRAINING PROVIDED TO STAFF:

Staff were informed of the importance of suspected neglect and abuse, and have signed off that they understand and will report accordingly.

Kim McCusker 3/5/15



Violation Report: 31439 - 02/20/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

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

2a. DESCRIPTION OF VIOLATION

There were fecal splatters on the walls of toilet stalls in the main floor bathroom near the stairs, the middle bathroom and the top floor bathroom.

The vents in the basement and main floor bathrooms were clogged with dust.

There was a strong, pungent odor of urine when entering into the front main doors of the home.

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.

Please see attached POC.

See attached page 5-A

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) <i>Kim McCusker Administrator</i>	Date <i>3/5/15</i>
---	-----------------------

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

The above plan of correction is approved as of 3/17/15
 (Date)

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

Plan of correction implementation status as of 4/13/15
 (Date)

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

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

There were fecal splatters on the walls of toilet stalls in the main floor bathroom near the stairs, the middle bathroom and the top floor bathroom. The vents in the basement and main floor bathrooms were clogged with dust. There was a strong, pungent odor of urine when entering into the front main doors of the home.

CORRECT THE SPECIFIC ISSUE CITED:

2600.85(a) - Sanitary conditions shall be maintained.

Bathroom logs as per attached form are now posted in all restrooms, and signed off by staff every time they clean the restrooms.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Bathroom logs are signed off. Bathrooms and logs are checked by lead aides and administration regularly.

WHAT SPECIFIC CHANGE WILL BE MADE:

Bathroom logs have been implemented. *Bathrooms will be cleaned throughout the day as needed and bathroom trash receptacles will be emptied at least 2 times/day @*

WHO WILL MAKE THE CHANGE:

Administration, lead aides, and floor aides.

The administration will check all bathrooms several times per day for cleanliness @

WHEN WILL THE CHANGE BE MADE:

Immediately.

HOW WILL THE CHANGE BE MADE:

Bathroom logs have been implemented.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Bathroom logs have been implemented, and floor staff will sign off on them after cleaning restrooms. Lead aides and administration will check logs and bathrooms regularly.

TRAINING PROVIDED TO STAFF:

Staff have been trained to clean restrooms, and to sign off on log sheets. Lead aides have been trained to ensure that restrooms are properly cleaned.

** In addition, the administrator/designee will monitor the home daily for cleanliness, and sanitary conditions throughout the building to ensure compliance.*

Violation Report: 31439 - 02/20/2016 - Hoover, Douglas
 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

There is a physician order from the local WHC (Wound Healing Center), dated 1/28/15 that requires daily dressing changes and cleansing with *Betadine* solution for resident #1. This was not done on 2/19/15.

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.

Please see attached POC.

See attached Page 6-A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/23/2014	10/09/2014
-----------------------	-----------------------------------	------------	------------

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 *3/15/15*

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

The above plan of correction is approved as of <u><i>3/17/15</i></u> (Date)	Plan of correction implementation status as of <u><i>4/13/16</i></u> (Date)
The above plan of correction was approved by <u><i>CB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

There is a physician order from the local WHC (Wound Healing Center), dated 1/28/15 that requires daily dressing changes and cleansing with Betadine solution for resident #1. This was not done on 2/19/15.

CORRECT THE SPECIFIC ISSUE CITED:

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

Staff were under the impression that Windber Home Health was doing the treatment. Lead aides will make sure to follow directions of prescribers. *

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Lead aides will follow support plans, EMAR, and physician orders to ensure that all treatments are provided to residents.

WHAT SPECIFIC CHANGE WILL BE MADE:

Lead aides are to follow support plans, EMAR, and physician orders.

WHO WILL MAKE THE CHANGE:

Lead aides.

WHEN WILL THE CHANGE BE MADE:

Immediately.

HOW WILL THE CHANGE BE MADE:

Lead aides will follow support plans, EMAR, and physician orders.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Administration will ensure that lead aides are following support plans, EMAR, and physician orders.

TRAINING PROVIDED TO STAFF:

Lead aides are trained to follow directions of prescribers.

* The administrator/designee will ensure that any care or treatments provided to residents by any home health or outside agency staff will be documented in the resident's records. All treatments and wound care will be documented. *CA*

Kim M. ... 3/5/15 *CA*

Violation Report: 31439 - 02/20/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan (RASP), dated 12/28/14, for resident #1 does not document the resident's need for wound care services for an injury that occurred approximately 3 or more months ago. The RASP also does not document a physician order, dated 1/28/15, for daily cleansing and bandaging of a foot wound, specifically toes.

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 RASP for this resident has been updated. A resident Home Health/Hospice Tracker log is now in place which will be used in updating RASP's accordingly. See attached copy.

The administrator/designee will review all records of residents at least monthly to assure that assessments and support plans are updated as needed. In addition the administrator/designee will review all resident records for whom new orders are received to assure that assessments and support plans are updated to reflect the care services needed and how and by whom they will be provided.

CB 3/17/15

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly McCusker* Date: *3-3-15*

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

The above plan of correction is approved as of *3/17/15*
 (Date)

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

Plan of correction implementation status as of *3/17/15*
 (Date)

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

Violation Report: 31439 - 02/20/2015 - Hoover, Douglas

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa. Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

There is only partial documentation of home health care services regarding wound care in resident #1's record. There is no documentation on the start date, prescriber authorization, extent of the services or progress notes.

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.

Please see attached POC

See attached Page 8-A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim McCarter

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

Kim McCarter, Administrator

Date

3/15/15

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

The above plan of correction is approved as of

3/17/15
(Date)

Plan of correction implementation status as of

3/17/15
(Date)

The above plan of correction was approved by

CB
(Initials)

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

Page 8-A

VIOLATION-PLAN OF CORRECTIONS

DESCRIPTION OF VIOLATION:

There is only partial documentation of home health care services regarding wound care in resident #1s record. There is no documentation on the start date, prescriber authorization, extent of the services or progress notes.

CORRECT THE SPECIFIC ISSUE CITED:

2600.252 - Each resident's record must include the following information: (1) through (26)

Documentation of the home health records from Conemaugh Home Health and the Wound Care Center, with dates, prescriber authorization, and extent of services is attached (previously attached to page 4 of 8). Administration will ensure that all records are filed accordingly in residents' records, and continue care.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Lead aides are to follow RASP, physician orders, and home health instructions.

WHAT SPECIFIC CHANGE WILL BE MADE:

Home health tracking log is implemented.

WHO WILL MAKE THE CHANGE:

Administration and lead aides.

WHEN WILL THE CHANGE BE MADE:

Immediately, and ongoing.

HOW WILL THE CHANGE BE MADE:


Staff will utilize the home health tracking log, which informs them of additional home health services. *All services provided to residents will be documented in the resident's records.*

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Home health tracking log.

TRAINING PROVIDED TO STAFF:

Staff are aware of the new home health tracking log.


Vin White 4/15