



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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

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

RE: Harmony House Manor  
601 Lamberd Avenue  
Johnstown, Pennsylvania 15904  
Certificate #: 314391

Dear Mr. Harrison:

As a result of the Department of Human Services' licensing inspections on April 8, 2015, April 9, 2015, and April 30, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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 "Brett Swanger", written in a cursive style.

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 31439 - 04/06/2015 - McCloskey, Jason  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2000**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

A fax transmission from the home to a doctor's office regarding a medical condition with Resident 1, along with the doctor's response for treatment, was taped to the top of medication cart #601. The medication cart is stored against a wall adjacent to the dining room and the fax sheet was visible to anyone passing by the cart.

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

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

*Please 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 *7/1/15*

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

The above plan of correction is approved as of 7/6/15  
 (Date)

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

Plan of correction implementation status as of 7/6/15  
 (Date)

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

**HARMONY HOUSE MANOR, INC**  
**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 Pa Code 2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person, if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**DESCRIPTION OF VIOLATION:**

A fax transmission from the home to a doctor's office regarding a medical condition with Resident 1, along with the doctor's response for treatment, was taped to the top of medication care #901. The medication cart is stored against a wall adjacent to the dining room and the fax sheet was visible to anyone passing by the care.

**CORRECT THE SPECIFIC ISSUE CITED:**

A new file folder was put into place (see attached) for resident confidential information at the front desk, and on both floors, and staff were trained to keep confidential information in the file folder. (see attached)

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

Staff will use the new folder in place for confidential information.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

New folder in place.

**WHO WILL MAKE THE CHANGE:**

Administrator and staff.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

New folder in place and staff training.

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

New folder in place, and administrator will check to ensure staff are using the folder and not placing any resident documents where they are visible.

**TRAINING PROVIDED TO STAFF:**

Yes. (See attached)

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2000**

2000.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

**2a. DESCRIPTION OF VIOLATION**

The far lower left cabinet in the SDCU kitchen contained two cases of strawberry Ensure dietary supplement. Also in this cabinet was a bottle of "The Works Basic Toilet Cleaner" bearing the manufacturer label, "Danger - causes burns to eyes, skin and mucous membranes. Harmful if swallowed. Do not ingest or breathe vapors." The Material Safety Data Sheet for "The Works Basic Toilet Cleaner" requires a call be made to "a physician or control centre immediately" upon ingestion.

**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.

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kim McCloskey, Administrator* Date *7/6/15*

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(Date)

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(Initials)

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(Date)

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- Not Implemented

3A of 9

**HARMONY HOUSE MANOR, INC**

**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.62(b)** - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

**DESCRIPTION OF VIOLATION:**

The far lower cabinet in the SDCU kitchen contained two cases of strawberry Ensure dietary supplement. Also in this cabinet was a bottle of "The Works Basic Toilet Cleaner" bearing the manufacturer label, Danger-causes burns to eyes, skin and mucous membranes. Harmful if swallowed. Do not ingest or breathe vapors," The Material Safety Data Sheet for the "The Works Basic Toilet Cleaner" requires a call to be made to "a physician or control center immediately" upon ingestion.

**CORRECT THE SPECIFIC ISSUE CITED:**

Staff checked entire home and made sure everything was locked in cleaning closets or laundry room. Staff trained on the violation - see attached.

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

Staff trained on keeping poisonous materials locked. Administrator will check periodically to ensure all poisonous materials are locked at all times on all floors.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

Staff will check for poisonous materials during their shift and sign off checklist sheet. Staff was trained. (see attached)

**WHO WILL MAKE THE CHANGE:**

Administrator and Staff.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Staff will check for poisonous materials daily and sign off the checklist sheet. (attached)

**TRAINING PROVIDED TO STAFF:**

Yes. (See attached)

Violation Report: 31430 - 04/08/2015 - McCloskey, Jason  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2800**

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**2a. DESCRIPTION OF VIOLATION**

The second floor bathroom, nearest to room 209, does not have an outside window and lacks operating exhaust fans for proper ventilation.

**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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker, Administrator</i>	Date <i>7/6/15</i>
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4A of 9

**HARMONY HOUSE MANOR, INC**

**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.86(b)** - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**DESCRIPTION OF VIOLATION:**

The second floor bathroom, nearest to room 209, does not have an outside window and lacks operating exhaust fans for proper ventilation.

**CORRECT THE SPECIFIC ISSUE CITED:**

The exhaust fan was replaced.

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

During the daily bathroom cleaning, staff will ensure exhaust fans are working and sign off on the attached checklist. (see attached)

**WHAT SPECIFIC CHANGE WILL BE MADE:**

A new sign off sheet, as per attached, is in place.

**WHO WILL MAKE THE CHANGE:**

Administrator and staff.

**WHEN WILL THE CHANGE BE MADE:**

Immediately - exhaust fan was replaced.

**HOW WILL THE CHANGE BE MADE:**

Exhaust fans will be checked daily by staff.

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

Staff will check daily according to the attached checklist when cleaning bathrooms.

**TRAINING PROVIDED TO STAFF:**

Yes.

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2609**

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

The large plate glass window above the left-side entrance to the home, that leads to the main floor and the administrator's office, is cracked and has a sharp edge. A triangular piece of glass, held in place by the window frame, is loose and poses a hazard to anyone using the doorway.

**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.

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*Kim McCusker*

Printed Name and Title of Legal Entity Representative  
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*Kim McCusker, Administrator*

Date

*7/6/15*

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(Initials)

5A 2-9

**HARMONY HOUSE MANOR, INC**  
**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.88(a)** - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**DESCRIPTION OF VIOLATION:**

The large plate glass window above the left-side entrance to the home, that leads to the main floor and the administrator's office, is cracked and has a sharp edge. A triangular piece of glass, held in place by the window frame, is loose and poses a hazard to anyone using the doorway.

**CORRECT THE SPECIFIC ISSUE CITED:**

Window was replaced. (See attached photo)

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

Maintenance and administrator will check the building periodically and sign the attached monthly inspection tracker.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

Building checks.

**WHO WILL MAKE THE CHANGE:**

Administrator and maintenance.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Building checks are completed and documented. Window was replaced.

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

Building checks.

**TRAINING PROVIDED TO STAFF:**

Administrator met with maintenance regarding violation and performing monthly checks to ensure compliance.

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2609**

2609.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**2a. DESCRIPTION OF VIOLATION**

The window in the main floor bathroom, adjacent to room 108, was open approximately 3" and did not have a screen.

**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.

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*Kim McCusker*

Printed Name and Title of Legal Entity Representative  
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*Kim McCusker, Administrator*

Date *7/6/15*

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*PMAS*  
(Initials)

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**HARMONY HOUSE MANOR, INC**  
**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.**

**DESCRIPTION OF VIOLATION:**

The window in the main floor bathroom, adjacent to room 108, was open approximately 3" and did not have a screen.

**CORRECT THE SPECIFIC ISSUE CITED:**

Screen was put in place.

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

Maintenance will ensure that all windows that can be opened have screens.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

A tracker will be used by the administrator and maintenance to ensure compliance.

**WHO WILL MAKE THE CHANGE:**

Administrator and maintenance.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Tracker will be used to check that all windows have screens, and screens will be placed in windows if needed.

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

Use of a tracker.

**TRAINING PROVIDED TO STAFF:**

Tracker reviewed with maintenance by administrator.

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

A golf-ball sized lump was located between the shoulder blades on the back of Resident 1. The home faxed a request to the resident's doctor on 4-7-15 describing the mass as open, inflamed and with a pain rating of 8. The home received a written fax response to apply a warm compress and allow the area to drain. Per interview with staff person C on 4-9-15, no treatment record has been created and the frequency or duration of the treatment cannot be determined from the fax sheet. The resident's assessment and support plan was not updated to reflect any additional care needs of 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.*

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**HARMONY HOUSE MANOR, INC**  
**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.142 (a)** - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**DESCRIPTION OF VIOLATION:**

A golf-ball sized lump was located between the shoulder blades on the back of Resident 1. The home faxed a request to the resident's doctor on 4-7-15 describing the mass as open, inflamed and with a pain rating of 8. The home received a written fax response to apply a warm compress and allow the area to drain. Per interview with staff person C on 4-9-15, no treatment record has been created and the frequency or duration of the treatment cannot be determined from the fax sheet. The resident's assessment and support plan was not updated to reflect any additional care needs the resident.

**CORRECT THE SPECIFIC ISSUE CITED:**

Home Health referral was made, and the Support Plan updated (see attached tracker and Support Plan pages)

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

A tracker was put into place for the administrator to ensure that care plans are updated accordingly.

The tracker is reviewed daily.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

Care tracker in place.

**WHO WILL MAKE THE CHANGE:**

Administrator.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Administrator will update support plans accordingly and tracker is being reviewed daily.

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

Tracker reviewed daily.

**TRAINING PROVIDED TO STAFF:**

Staff had training previously on the importance of using support plans.

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2000**  
 2000.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**  
 A tube of Nystatin and Triamcinolone cream, not prescribed for Resident 2, was observed on the top of Resident 2's dresser.

**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.

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8A of 9

**HARMONY HOUSE MANOR, INC**

**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.183(b)** - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**DESCRIPTION OF VIOLATION:**

A tube of Nystatin and Triamcinolone cream, not prescribed for Resident 2, was observed on the top of Resident 2's dresser.

**CORRECT THE SPECIFIC ISSUE CITED:**

The medicine was removed from the dresser.

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

During the weekly Med Tech Audit, Med Techs, as well as administration, ensure meds and creams are in the Med Cart.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

A tracker has been put into place.

**WHO WILL MAKE THE CHANGE:**

Administrator and Med Techs.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Med Techs will do weekly room checks and Med Cart Audits to ensure all medications are in the Med Carts.

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

An Audit Tracker has been put into place.

**TRAINING PROVIDED TO STAFF:**

Med Techs using Audit Tracker.

Violation Report: 31439 - 04/08/2015 - McCloskey, Jason  
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2800

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The container for Resident 2's Ammonium Lactate 12% moisturizing solution had no pharmacy label.

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.

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9A of 9

**HARMONY HOUSE MANOR, INC**  
**VIOLATION-PLAN OF CORRECTIONS**

**REGULATION 55 PA CODE 2600**

**2600.184(a)** - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name
- (2) The name of the medication
- (3) The date the prescription was issued
- (4) The prescribed dosage and instructions for administration
- (5) The name and title of the prescriber

**DESCRIPTION OF VIOLATION:**

The container for Resident 2's Ammonium Lactate 12% moisturizing solution had no pharmacy label.

**CORRECT THE SPECIFIC ISSUE CITED:**

A pre-printed label was sent by the pharmacy and placed on the solution, see attached.

**ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:**

During weekly Med Cart Audits, Med Techs ensure that prescription and OTC medications all have labels on them.

**WHAT SPECIFIC CHANGE WILL BE MADE:**

A Med Cart Audit Tracker put into place.

**WHO WILL MAKE THE CHANGE:**

Administrator and Med Techs.

**WHEN WILL THE CHANGE BE MADE:**

Immediately and on-going.

**HOW WILL THE CHANGE BE MADE:**

Med Techs will perform Med Cart Audits and ensure that everything is labeled.

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

Med Cart Audit Tracker put into place.

**TRAINING PROVIDED TO STAFF:**

Med Techs using Tracker weekly.