



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MELODY MANOR PCH LLC
LEGAL ENTITY

To operate MELODY MANOR PCH
NAME OF FACILITY OR AGENCY

Located at 413 NORTH MCKEAN STREET, KITTANNING, PA 16201
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 43
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 August 31, 2015 until March 3, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446761

Robert E. Robinson
ISSUING OFFICER

[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

AUG 17 2015

Mr. Ben Willner, Owner
Melody Manor PCH, LLC
413 North McKean Street
Kittanning, Pennsylvania 16201

RE: Melody Manor
License #: 446761

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on July 7, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew Jones /js
Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MELODY MANOR INC		License Number: 42710
Address: 413 NORTH MCKEAN STREET, KITTANNING, PA 16201		County: Armstrong
Administrator: Kelly Davis		Region: WEST
Legal Entity Name: MELODY MANOR INC		
Legal Entity Address: 413 NORTH MCKEAN STREET, KITTANNING, PA 16201		RECEIVED
Certificate(s) of Occupancy		AUG 06 2015
C-2 LP 12/29/1983 L&I	C-2 LP 09/28/1987 L&I	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Complaint, Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site 07/07/2015: Williams, Jason; Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 42 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 28 Have Mental Illness: 11 Have an Intellectual Disability: 2 Have a Mobility Need: 3 Have a Physical Disability: 1

AUG 06 2015

Violation Report: 42710 - 07/07/2015 - Williams, Jason

PCH Name: MELODY MANOR INC

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1's support plan, dated 5/12/15, indicates the resident requires the assistance of two direct care staff persons to transfer or ambulate from place to place. On 6/16/15, at approximately 8:30 p.m., resident #1 was transferred from the wheelchair into the bed by only staff person A.

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.

On 7-7-2015 following inspection each shift was informed about the importance of following the RASP completely. Employee A was written up for not following the RASP, and appropriate action was taken as per our Policy. Resident # 1's support plan was pulled for each Employee to read again. A transfer training is scheduled for August 10th at 1:00 in the afternoon to retrain all Employees on the correct ways to transfer Residents. A copy of the notice of training is attached.

Within 15 days of receipt of the plan of correction, all staff persons will reread all resident assessments and support plans to ensure that residents' needs are met and the support plan that has been developed to meet these needs is followed, to include transfer safety.

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will monitor resident care on each shift at least weekly to ensure direct care staff is utilizing the support plan to safely meet the residents' care needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Shaune Horstman

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Shaune Horstman (Administrator)

Date 8/06/15

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

The above plan of correction is approved as of 8-7-15
(Date)

Plan of correction implementation status as of 8-7-15
(Date)

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

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

AUG 06 2015

Violation Report: 42716 07/07/2015 Williams Jason

PCH Name: MELODY MANOR INC

WEST REGION FIELD OFFICE
Human Services Licensing

1 REGULATION 55 Pa.Code §2600

2600 42(rs) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures

2a. DESCRIPTION OF VIOLATION

The bathroom on the first floor of the Copper side of the home which has the beautician's room in it does not have a lock on the door to ensure residents' privacy

The bathroom on the first floor of the Copper side of the home at the base of the stairs has no lock on the door to ensure residents' privacy

3 PLAN OF CORRECTION (POC) - Which steps are necessary? Remember that you must include date and day abbreviations.

Include steps to correct the violation described above and steps to prevent a similar violation of this licensing act. If steps are taken to prevent the violation, include dates by which the steps will be completed.

Between 7-13-2015 and 7-17-2015 the Owner replaced all door knobs on all bathrooms. The knobs all have locks for the Residents privacy. The DCS have been informed and have signed a paper stating that they know the key is on a hook above each door in case a Resident locks themselves in. There are emergency pull chords in each bathroom also. The keys are out of reach of the Residents, but easily accessible to the DCS. The keys are also interchangeable. The signed list is attached stating that all Employees are aware of this. All new Employees will be trained on where the keys are. A picture is attached.

Immediately -The administrator or designated staff person will conduct a walkthrough of the home at least monthly to ensure all bathroom doors are equipped with operable latches or locks to ensure residents' privacy.

Within 15 days of receipt of the plan of correction, all staff shall be educated on resident rights, to include the right to privacy of self.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/31/2014

Signature of Legal Entity Representative

(Required on EVERY Page)

Shaunee Horstman

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Shaunee Horstman (Administrator)

Date

8/7/15

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

The above plan of correction is approved as of

8-7-15
(Date)

Plan of correction implementation status as of

8-7-15
(Date)

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

The above plan of correction was approved by

SMP
(Initials)

Violation Report: 42710 - 07/07/2015 - Williams, Jason

PCH Name: MELODY MANOR INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail

2a. DESCRIPTION OF VIOLATION

The white railing post at the top of the front entrance steps to the left (descending) is rusted through at the base and not attached to the porch. It wobbles approximately 3 inches back and forth and is not well-secured.

The internal staircase where the stair glide is installed does not have a handrail.

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.

On 7-15-2015 the Owner secured the front railing in front of Melody Manor to prevent it from being insecure. For future reference the railings will be checked monthly for any movement that could become unsafe. Office Management will mark in the appointment book when checking needs done and assign the appropriate person (Maintenance Man at this time), to inspect the railings and report back the findings to the Office Management. If the railing needs work, it will be done at that time by the Maintenance Man. All findings will be documented and documentation will be kept in the Office. A copy of the form to be used is attached.

On 7-14-2015 the Owner put a handrail on the right hand side of the steps where the glide chair is. The Residents do not use these steps for access to the first floor, but if they were to be used the railing would assist in their safety. A picture of the steps with railing is attached.

Within 15 days of receipt of the plan of correction, all staff persons shall be educated on reporting and or correcting any ramp, steps or stairways that do not have a handrail or an unsecured handrail. *SMP*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Shaunee Horstman

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Shaunee Horstman (Administrator)

Date

8/06/15

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The above plan of correction is approved as of

8-7-15
(Date)

Plan of correction implementation status as of

8-7-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SMP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SMP
(Initials)

Violation Report: 42710 - 07/07/2015 - Williams, Jason

PCH Name: MELODY MANOR INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600 101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window coverings on the porch door windows in bedroom #15 on the second floor of the Manor side of the building are lacy drapes which do not provide adequate privacy for the resident in this bedroom.

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.

On 7-15-2015 the Owner put blinds on the porch door windows in bedroom #15 on the second floor of the Manor side. The curtains were also put back on for privacy. A picture of the door is attached.

Immediately - The administrator or designated staff person will conduct a walkthrough of the home to ensure each bedroom window has a covering that is clean, in good repair, provides privacy and covers the entire window when drawn. Any bedroom window identified as not having a window covering that provides privacy one will be obtained and installed within 24 hours. *SM*

Within 15 days of receipt of the plan of correction, all staff shall be educated on resident rights, to include the right to privacy of self. *SM*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Shaunee Horstman*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Shaunee Horstman (Administrator)*

Date *8/06/15*

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

The above plan of correction is approved as of *8-7-15*
(Date)

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

Plan of correction implementation status as of *8-7-15*
(Date)

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

RECEIVED

Violation Report: 42710 - 07/07/2015 Williams, Jason
PCH Name: MELODY MANOR, INC

AUG 06 2015

1 REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on 10-14-14

3 PLAN OF CORRECTION (POC) (Attach pages as necessary) Remember that you must sign and date an attached page
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If you have a plan to complete
immediately, include dates by which the steps will be completed

On 7-17-2015 a fire drill was held at 5:26am. As per regulation 2600.132(e) a fire drill will be held during sleeping hours once every 6 months. We will be sure to have a fire drill during sleeping hours on or before 1-17-2016. A copy of the fire drill record is attached.

The administrator will conduct an unannounced sleeping hour fire drill during the months of September and November 2015. Documentation of the drills shall be kept. *SW*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shaunee Horstman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shaunee Horstman (Administrator)* Date *8/6/15*

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

The above plan of correction is approved as of 8-7-15
(Date)

Plan of correction implementation status as of 8-7-15
(Date)

- Fully implemented
- Partially implemented - Adequate Progress *SW*
- Partially implemented - Inadequate Progress
- Not implemented

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