



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 2, 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 July 29, 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 over a white background.

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31439 - 07/27/2015 - Swanger, Brett

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

No incident report was made to the police or the Department for the theft of \$550.00 from Resident #1.

On 7/6/15 and 7/7/15, Resident #2 did not receive her prescribed medication of Advair HFA 230-21 Mcg inhaler at 8:00 am. The home did not report this medication error to the Department.

On 7/7/15 and 7/8/15, Resident #2 did not receive her prescribed medication of Potassium Clh 10% 20meq/15m at 8:00am. The home did not report this medication error to the Department

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.

See attached

2A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/03/2015		
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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 *8-19-15*

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

The above plan of correction is approved as of 9/2/15
(Date)

Plan of correction implementation status as of 9/2/15
(Date)

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

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

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

CORRECT THE SPECIFIC ISSUE CITED:

All thefts of any value are being reported immediately. All medication errors are being reported as well.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

All thefts will be reported immediately to the police, and reported to DHS. All medication errors will be reported to the family, physician, and DHS.

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff were trained on reporting medication errors to the resident, family, physician and administration, immediately, who in turn will report to DHS, as a reportable incident.

WHO WILL MAKE THE CHANGE:

Administration and med techs.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Medication errors will be reported as required.

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

Monthly resident council meetings are in place now, and residents are aware that they must inform administration of any theft.

Staff training was provided, and the administrator is reviewing medications/errors with the Med Techs daily.

All reports will be made for any theft, medication error, or incident within 24 hours, as required by regulations.

TRAINING PROVIDED TO STAFF:

See attachment 7-B.

2-A of 7

Violation Report: 31439 - 07/27/2015 - Swanger, Brett

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

On 7/25/15 at 8:00 am, Resident #3 was given a dose of the prescribed medication Naproxen 250mg by Staff Member A (the home administrator) . The date, time, and initials of the staff person who administered this medication was not documented on the resident's Medication Administration Record.

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.

See attached 3A

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/21/2015

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

8-19-15

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The above plan of correction is approved as of

9/2/15
(Date)

Plan of correction implementation status as of

9/2/15
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

Kim McCusker 8-19-15

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

CORRECT THE SPECIFIC ISSUE CITED:

Staff will utilize the Medication Administration Record at the time of medication administration to document the date and time that a medication was given by recording their initials in the appropriate area of the MAR.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff will utilize the EMAR system to record and document the date, time, and initials of the staff person who administered the medication. All medication administration at the time that a medication is administered will be documented accurately.

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff will record required information on the EMAR system at the time that a medication is administered. During weekly audits, administration will audit the EMARS for proper documentation

WHO WILL MAKE THE CHANGE:

Staff and administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

The change will be made by each staff member, ensuring that they record the date, time, and initials in the EMAR at the time that the medication is administered.

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

Staff will record all medication administration at the time that a medication is administered. Administration will ensure that staff are following proper procedure of documentation in the EMAR.

TRAINING PROVIDED TO STAFF:

Training was provided to staff. See attachment 7-B.

3-A of 7

Violation Report: 31439 - 07/27/2015 - Swanger, Brett
PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Staff Member A (the administrator of the home) stated that, on 7/26/15 at 8:00am, Resident #3 refused to take the 8:00 am prescribed medications of Hydrochlorothazide 25mg, Isosorbide DN 10mg, Lisinopril 10mg, Lisinopril 20mg, Lorazepam 0.5mg, and Metoprolol 25mg and threw them across the table of the dining area. Staff Member A stated that the refusal of these medications was not reported to the prescribers.

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.

See attached 4A

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 *8-19-15*

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The above plan of correction is approved as of 9/2/15
(Date)

Plan of correction implementation status as of 9/2/15
(Date)

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

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

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

CORRECT THE SPECIFIC ISSUE CITED:

If a resident refuses medication, the refusal will be documented in the resident's record and on the medication record. The refusal will be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a medication will be reported to the prescriber as required by the prescriber. Staff will record all medication refusal, and report all medication refusal according to regulation.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff will record all medication refusal in the resident's record, and on the MAR, and report all medication refusal to the prescriber, as well as administration. Administration will ensure that staff follow this procedure. Staff shall also discuss and document on shift change report medication refusals. See attachment 7-E.

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff will document all resident medication refusal, and report the refusal to the prescriber within 24 hours, and notify administration. Discussing and documentation on shift change reports med refusals.

WHO WILL MAKE THE CHANGE:

Staff and administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

The change will be made by staff, and administration will ensure that staff are following the required regulatory guidelines for reporting medication refusal to the prescriber within 24 hours of the resident's refusal.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Staff will document and report a resident refusal of medication, and will notify administration of the refusal.

TRAINING PROVIDED TO STAFF:

Staff were provided with training. See attachment 7-B.

4-A of 7

Violation Report: 31439 - 07/27/2015 - Swanger, Brett
 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

On 7/6/15 and 7/7/15, Resident #2 did not receive the prescribed medication of Advair HFA 230-21 Mcg inhaler at 8:00 am. Staff Member B reported that the contents of the inhaler were empty and no refill was available at the home on either date and time.

On 7/7/15 and 7/8/15, Resident #2 did not receive the prescribed medication of Potassium Chl 10% 20meq/15m at 8:00am. Staff Member B reported that on 7/7/15 the bottle of the medication was empty and on 7/8/15 a new bottle of the medication was available, but Staff Member B did not recognize the new container.

The home failed to follow the directions of the prescriber on these dates.

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.

See attached
 5A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/09/2014		
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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 *8-19-15*

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

The above plan of correction is approved as of 9/2/15
 (Date)

Plan of correction implementation status as of 9/2/15
 (Date)

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

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

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

CORRECT THE SPECIFIC ISSUE CITED:

The home will ensure that staff follow the directions of the prescriber. All med techs have been trained to notify administration immediately of any issue with medication that may prevent the directions of the prescriber from being followed. Administration is performing med cart audits weekly, and will continue to do so.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff will follow the directions of the prescriber, and notify administration of any reason that they may not be able to do so. Administration will then ensure that medications will be administered according to the directions of the prescriber. Administration will continue to do med cart audits weekly. Staff and administration shall check Inhalers for amount/dosages left during weekly audits. See attachment 7-C.

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff will always follow the directions of the prescriber, and will do daily checks of medication to ensure that the medications are readily available at all times that the prescriber requires them to be administered. Administration will also ensure that medications are available and ensure that staff follow the directions of the prescriber.

WHO WILL MAKE THE CHANGE:

Staff and administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Staff will ensure that they follow the directions of the prescriber at all times.

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

Staff will follow the directions of the prescriber as listed on the MAR, and administration will check to ensure that staff are following the directions of the prescriber at all times.

TRAINING PROVIDED TO STAFF:

Training was provided to staff. Administration is trained to perform weekly med cart audits. See attachment 7-C.

5-A of 7

Violation Report: 31439 - 07/27/2015 - Swanger, Brett
 PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 7/6/15 and 7/7/15, Resident #2 did not receive the prescribed medication of Advair HFA 230-21 Mcg inhaler at 8:00 am. Staff Member B reported that the contents of the inhaler were empty and no refill was available at the home on either date and time.

On 7/7/15 and 7/8/15, Resident #2 did not receive the prescribed medication of Potassium Clh 10% 20mcq/15m at 8:00am. Staff Member B reported that on 7/7/15 the bottle of the medication was empty and on 7/8/15 a new bottle of the medication was available, but Staff Member B did not recognize the new container.

Staff Member A (the administrator of the home) and Staff Member B stated that notification of these medication errors was not made to the prescriber.

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.

See attached 6A

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 *8-19-15*

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The above plan of correction is approved as of 9/2/15
 (Date)

Plan of correction implementation status as of 9/2/15
 (Date)

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

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

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

CORRECT THE SPECIFIC ISSUE CITED:

All medication errors will be immediately reported to the resident, the resident's designated person, and the prescriber. All staff will be trained on how to report medication errors properly when a medication error occurs.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff will ensure that residents receive prescribed medication at all times. Administration will check to make sure that staff are reporting all medication errors correctly, and will also train staff to report all medication errors to administration immediately. Documentation and communication between Med Techs at shift change regarding medications and any questions. See attachment 7-E.

WHAT SPECIFIC CHANGE WILL BE MADE:

Staff will report all medication errors immediately to the resident, the resident's designated person, the prescriber, and administration. Administration will ensure that all staff are reporting medication errors immediately.

WHO WILL MAKE THE CHANGE:

Staff and administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Staff will be trained to report all medication errors to the appropriate parties. Administration will continually ensure that staff are reporting all medication errors to the appropriate parties.

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

Staff have been trained to report all medication errors immediately, and administration checks daily with med techs to ensure that all errors are reported to the appropriate parties.

TRAINING PROVIDED TO STAFF:

Training was provided to staff. See attachment 7-B.

6-A of 7

Violation Report: 31439 - 07/27/2015 - Swanger, Brett
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

Resident #2 did not have an assessment conducted between the time period of 10/11/2013 and 2/8/2015.

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.

See attached 7A

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 *8-19-15*

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(Date)

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

Plan of correction implementation status as of 9/2/15
(Date)

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

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

CORRECT THE SPECIFIC ISSUE CITED:

All residents will be assessed annually, any time the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Administration will ensure that all residents have current and valid assessments at all times, and Tabula will help to ensure that administration is reminded of annual assessments. Any significant changes to a resident will be recorded, and a new assessment will be performed on that resident.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Tabula Pro allows administration to have an automated reminder and alert system that will assist administration with reminders for any time that a resident needs to be assessed annually. Any significant changes will merit an assessment for a resident, and if the Department requests for a new assessment to be done on a resident, administration will perform a new assessment.

WHAT SPECIFIC CHANGE WILL BE MADE:

Assessments will be performed on residents annually, and any time that a significant change or a request is made by the Department.

WHO WILL MAKE THE CHANGE:

Administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

By administration, and the Administrator will review Tabula Pro to ensure that all assessments remain up to date.

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

Tabula pro will continually remind administration of upcoming annual assessments. See attachment 7-D.

TRAINING PROVIDED TO STAFF:

Training provided to administration.

7-A of 7