



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 13, 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 August 19, 2015 and August 20, 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".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: Harmony House Manor		License Number: 31439
Address: 601 Lamberd Avenue, Johnstown, PA 15904		County: Cambria
Administrator: Neal Harrison		Region: CENTRAL
Legal Entity Name: Harmony House Manor, Inc.		
Legal Entity Address: 2888 Carpenter Park Road, Davidsville, PA 15928		
Certificate(s) of Occupancy C-21 P 10/25/1994 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/19/2015: Swanger, Brett; OPake, Hope		
08/20/2015: Swanger, Brett; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
08/19/2015: Swanger, Brett		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 50 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: 18 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Violation Report:

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

On 8/17/2015, Resident #1 eloped from the secured dementia unit of the facility by breaking the bathroom window and crawling outside. The home did not become aware of the missing resident until 8:00am, at which time the police were notified. At 8:50am, The employees of a Subway sandwich shop (.4 miles from the home) found Resident #1 after [redacted] was injured during a fall in the restaurant's parking lot. The Subway employees notified the home who in turn contacted the local police. Resident #1 was transported to the hospital for treatment of injuries to [redacted] right ankle, right and left hands, right elbow, and forehead as a result of the fall. The preadmission screening for Resident #1 documents that the resident is independently mobile and requires extensive supervision due to being unable to leave the home unattended or avoid unsafe areas. On 4/6/2015, the home had been instructed by Resta Home Health Agency to provide checks on Resident #1 every 15 to 30 minutes due to [redacted] high risk of elopement and, on 5/24/15, staff witnessed Resident #1 attempting to kick out [redacted] bathroom window. The home maintained their regular internal policy for resident supervision by providing line-of-sight checks every two hours and thus neglected to sufficiently address Resident #1's exit seeking behaviors.

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.

pages are attached 2 of 3

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/03/2015	02/20/2015
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kim McCutchen*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim McCutchen, Administrator* Date *9/11/15*

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

The above plan of correction is approved as of 10/11/15
(Date)

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

Plan of correction implementation status as of 11/13/15
(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:

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The home has implemented a shift change report, indicating that residents are being checked according to their support plans, and the home's rules.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Documentation has been put into place to allow staff to use a shift change report. Staff have been trained on elopement prevention.

WHAT SPECIFIC CHANGE WILL BE MADE:

Implementation of the shift change report, as well as training on elopement prevention.

WHO WILL MAKE THE CHANGE:

Administration and staff.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

By utilizing the shift change report, and education the staff on elopement prevention.

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

Implementation of the shift change report, as well as training on elopement prevention.

TRAINING PROVIDED TO STAFF:

Yes, see attachment 2-B of 8, 2-C of 8, and 2-D of 8.

The Administrator shall utilize the staff shift change report and weekly meetings with the Secured Dementia Care Units Staff to identify and address issues concerning the residents in the secure unit. Special attention shall be made to identify resident behavior that would require increased supervision. In these instances the resident's assessment and support plan shall be updated to include the change in supervision and staff in the secure unit shall be apprised of the change during the weekly meeting. In the case that current staffing would be unable to meet the supervision needs of the resident, increased staff will be scheduled or hired to address this identified need while the person remains a resident of the home.

Violation Report:

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person E, whose first day of work was [redacted] 2015, did not receive any of the orientation training required to be completed by the second day of work until [redacted] 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.

Person described 3A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kim McCracken

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Kim McCracken Administrator

Date

9/1/15

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

The above plan of correction is approved as of

10/1/15
(Date)

Plan of correction implementation status as of

11/3/15
(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 follow regulation 2600.65(a) and ensure that staff will receive required training prior to or during the first day of work. See attachment 3-B of 8.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Administration is to follow the new employee training sheet.

WHAT SPECIFIC CHANGE WILL BE MADE:

Administration will ensure that all staff will receive all required training prior to or during the first day of work.

WHO WILL MAKE THE CHANGE:

Administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Administration will implement the new employee training sheet, and ensure that all required training is completed prior to or during the first work day.

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

See attachment 3-B of 8.

TRAINING PROVIDED TO STAFF:

Staff will be trained on the requirements of regulation 2600.65(a) prior to or during the first work day. See attachment 3-B of 8.

Violation Report:

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 #5 is prescribed the following sliding scale insulin administration regimen:

<150= No Action 151-200= 2 units 201-250= 4 units
251-300= 6 units 301-350= 8 units 351-400= 10 units

On the following dates, Resident #5's documented glucometer readings and insulin administration were as follows:

8/1/15 at 4:30pm Blood Sugar Level= 369, 4 units of insulin administered
8/2/15 at 4:30pm Blood Sugar Level= 299, 4 units of insulin administered
8/3/15 at 4:30pm Blood Sugar Level= 318, 4 units of insulin administered
8/4/15 at 7:30am Blood Sugar Level= 274, 4 units of insulin administered
8/20/15 at 11:30am Blood Sugar Level= 146, 2 units of insulin administered

The administration of these units were not in accordance with the prescription

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 1/11 of 2

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/20/2015	12/16/2014	10/09/2014
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Signature of Legal Entity Representative (Required on EVERY Page) Kian McCusker

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kian McCusker, Administrator **Date** 9/11/15

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

The above plan of correction is approved as of 10/1/15
(Date)

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

Plan of correction implementation status as of 11/13/15
(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:

The home will check to ensure that all directions from prescribers are followed. All blood sugars and insulin administration will be monitored. Staff were provided with diabetic training on 8/27/15. See attachment 4-C of 8.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Administration will check the documented glucometer readings, and make sure that the insulin given is correct according to the physician instructions.

WHAT SPECIFIC CHANGE WILL BE MADE:

Weekly audits of insulin administration will be done to ensure that the correct amount of insulin is being administered each day.

WHO WILL MAKE THE CHANGE:

Administration and staff.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

All insulin administration will be checked to ensure that it matches the correct required amount that is to be given according to the glucometer reading. Administration will do weekly checks, and ensure that all staff are accurately administering insulin according to physician orders.

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

Weekly audits will be done, and glucometer readings and insulin given will be checked to ensure that they are accurate.

TRAINING PROVIDED TO STAFF:

Yes, staff will be educated as necessary. See attachment 4-B of 8.

Violation Report:

PCH Name: Harmony House Manor

1. REGULATION 55 Pa. Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person E, who completed the Department approved initial medication administration course on 6/17/14, did not complete the annual practicum required to maintain compliance with the medication administration course

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 SH of Y

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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, Administrative* **Date** *9/11/15*

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

The above plan of correction is approved as of <u>10/1/15</u> (Date)	Plan of correction implementation status as of <u>11/13/15</u> (Date)
The above plan of correction was approved by <u>BAS</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

CORRECT THE SPECIFIC ISSUE CITED:

The home is having all medication technicians retrained on 9/29/15.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The administrator had become a practicum observer on 7/28/15, and will observe the medication technicians quarterly. See attachment 5-B of 8.

WHAT SPECIFIC CHANGE WILL BE MADE:

All medication technicians will be observed quarterly, and will be retrained on 9/29/15.

WHO WILL MAKE THE CHANGE:

Administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

All medication technicians will be observed quarterly, and will be retrained on 9/29/15.

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

The administrator will observe all medication technicians quarterly, and document accordingly.

TRAINING PROVIDED TO STAFF:

Yes, staff will be retrained and observed quarterly.

Violation Report:

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The administrator of the home stated that staff person F completed the medication administration training course. However, the home's medication administration training record for staff person F does not include the date, training source, name of the trainer, and documentation of successful completion of the training.

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 6th of 8

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 *9/17/15*

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

The above plan of correction is approved as of 10/1/15
(Date)

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

Plan of correction implementation status as of 11/13/15
(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 medication technicians are being retrained and tested on 9/29/15.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

All documentation of medication administration training will be obtained upon the passing of the course, and a record of the training will be kept in the respective employee files.

WHAT SPECIFIC CHANGE WILL BE MADE:

A new medication administration trainer was hired to train staff. See attachments 6-B of 8 and 6-C of 8.

WHO WILL MAKE THE CHANGE:

Administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

All staff will be retrained by the new medication administration trainer.

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

All medication administration training course records will be obtained and filed appropriately.

TRAINING PROVIDED TO STAFF:

Yes.

Violation Report:

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 #1, whose most recent assessment was completed on 3/20/2015, did not have an updated assessment in response to the instructions of Resta Home Health Agency on 4/6/2015 to provide resident checks every 15 to 30 minutes to address Resident #1's high risk of elopement.

Resident #7, whose most recent assessment was completed on 6/26/2015, did not have an updated assessment to address the resident's decline in health that required an increase in personal care assistance related to bathing, mobility, toileting, and bladder management.

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 11 of 8

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/03/2015	12/16/2014
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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** *9/17/15*

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

The above plan of correction is approved as of 10/1/15
(Date)

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

Plan of correction implementation status as of 11/13/15
(Date)

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

Violation Report:

PCH Name: Harmony House Manor

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person F did not have six hours of training in dementia care during training years 2014 and 2015. Staff person F performed direct care duties in the secured dementia unit during that time.

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 2 of 2

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** *9/17/15*

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

The above plan of correction is approved as of 10/1/15
(Date)

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

Plan of correction implementation status as of 11/13/15
(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 staff have been trained relating to dementia care and services on 9/2/15, 9/16/15, and 9/17/15. See attachment 8-B of 8.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The employee file checkoff list has been updated to show six hour required training in dementia care and services. See attachment 8-C of 8. Administration will make sure that all staff have the required 12 hours of annual training, as well as the additional 6 hours that are required for dementia care and services.

WHAT SPECIFIC CHANGE WILL BE MADE:

Employees have received the required 6 hours of training. See attachment 8-B of 8.

WHO WILL MAKE THE CHANGE:

Administration.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

All staff will be trained annually, as well as during orientation.

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

See attachment 8-C of 8.

TRAINING PROVIDED TO STAFF:

Yes.