



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ARK MANOR LLC
LEGAL ENTITY

To operate ARK MANOR
NAME OF FACILITY OR AGENCY

Located at 105 SANDRA DRIVE, DELMONT, PA 15626
(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 70
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 October 29, 2015 until April 29, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446861

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

OCT 16 2015

Mr. Ben Willner, Owner
Ark Manor, LLC
105 Sandra Drive
Delmont, Pennsylvania 15626

RE: Ark Manor
License #: 446861

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on August 21, 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,

A handwritten signature in cursive script that reads "Matthew Jones" followed by a stylized flourish.

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 59 Pa.Code Chapter 2600**

PCH Name: Arc Manor		License Number: 44686
Address: 105 Sandra Drive, Delmont, PA 15826		County: Westmoreland
Administrator: Andrea Bach		Region: WEST
Legal Entity Name: Arc Manor, LLC		
Legal Entity Address: 105 Sandra Drive, Delmont, PA 15826		
Certificate(s) of Occupancy C-2 LP 05/23/2008 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 47 Waking Staff: 35		
Type of Inspection: Partial BHA Docket Number: Notice: Announced		
Reason(s) for Inspection(s) Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site 08/21/2015: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 38 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: 10 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 38 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

SEP 26 2015

SEP 23 2015

Page 2 of 8

Violation Report: 44886 - 08/21/2015 - McConnell, Deb
PCH Name: Arc Manor

1. REGULATION 55 Pa. Code §2600
2600.42(e) - 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
There is no lock the bathroom door of resident room #408 to ensure privacy. Resident bedroom #407 is a shared bedroom
There is no lock the bathroom door of resident room #409 to ensure privacy. Resident bedroom #408 is a shared 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.

Bathroom door locks will be purchased and installed by maintenance prior to 9/30/15 for entire facility. Staff will be reeducated on resident privacy as well the locking mechanism to ensure resident SAFETY. Maintenance will check all doors monthly to ensure lock operation
update 9/22/15 - all door knobs have been changed (see pictures of #409 as example). All staff have been re-educated (see sign off sheet to follow)

Repeat Violation: No Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew Bach, Administrator Date 9/11/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10-9-15 (Date)
The above plan of correction was approved by (Initials)
Plan of correction implementation status as of 10-9-15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44686 - 08/21/2015 - McConnell, Deb
PCH Name: Arc Manor

SEP 24 2015

1. REGULATION 55 Pa.Code §2600
2600.86(a) - Sanitary conditions shall be maintained

2a. DESCRIPTION OF VIOLATION
There were several clumps of lint some measuring approximately 10" by 12" and 5" by 5" on the floor in the Wing #2 laundry room.

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 lint was swept up during inspection and will continue to be kept clean from now on. Staff was reeducated on the dangers of lint & fire. Administrator will check ^{facility} ~~weekly~~ ^{missed} weekly, Senior staff will check cleanliness on each shift to ensure sanitary conditions are maintained (see staff sign off sheet for re-education)

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Andrea Zach Administrator 9/11/15

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- Not Implemented

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

SEP 23 2015

Violation Report: 44686 - 08/21/2015 - McConnell, Deb
PCH Name: Arc Manor

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature of the bathroom sink in bedroom #302 measured 112.8 degrees Fahrenheit.
The water temperature of the bathroom sink in bedroom #410 measured 129.5 degrees Fahrenheit.

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 water heater was turned down, day of inspection. Today, (9/11) the temperature measures 118°F. We will continue to monitor temperatures. ^{Monthly} Reminded staff to report any rooms where temperatures seen high. Educated staff to be aware that "high" means over 120°F (See Staff signoff sheet)

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction was approved by <u>f</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

SEP 24 2015

Page 5 of 8

Violation Report: 44686 - 08/21/2015 - McConnell, Deb POH Name: Arc Manor	
1. REGULATION 55 Pa.Code §2600 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	
2a. DESCRIPTION OF VIOLATION There was an undated 5lb bag of cheddar cheese and an undated 5lb bag of mozzarella cheese in the kitchen walk-in refrigerator. Both bags had been opened and resealed.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Bags were dated during inspection. Kitchen Staff was reminded to date all opened food containers. ^{Homes} I will continue to monitor (Administrator) weekly & kitchen staff will monitor daily that all food items are dated.</p>	

Within 30 days of receipt of the accepted plan of correction - All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling, dating, storing food in closed or sealed containers and not storing food on the floor. Documentation of education will be kept. 10-9-15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Archana Baid, Administrator		9/11/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
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The above plan of correction was approved by	<u>[Signature]</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 Report: 44686 - 08/21/2015 - McConnell, Deb

SEP 24 2015

PCH Name: Ark Manor

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 8/21/15, the home had 38 residents. The home does not have emergency water on-hand and does not have a current contract with a water supplier to provide water in the event of an emergency.

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.

A new letter has been requested from ^{Colligan} ~~Reckhardt~~ and should be in place by 9/30/15. I will fax to DHS when received.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Andrea Bagal, Administrator

Date 9/11/15

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Plan of correction implementation status as of 10-9-15 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

SEP 20 2015

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Violation Report: 44686 - 09/21/2015 - McConnell, Deb
 PCH Name: Arc Manor

1. REGULATION 05 Pa.Code §2800
 2800.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home had a fire inspection and fire drill conducted by a fire safety expert on 3/22/14. However, the next fire drill and fire inspection conducted by a fire safety expert was not completed until 5/1/15.

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.

This was an oversight on my part and then we had to wait for availability in the Fire Chiefs schedule. Going forward, I will make sure it is done within the 12 month timeframe.

Immediately - The administrator or designated staff person will develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least annually.

10-9-15

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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Violation Report: 44686 - 08/21/2015 - McConnell, Deb
 PCH Name: Arc Manor

1. REGULATION 55 Pa. Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 On 8/21/15, the home had 38 residents. The exit sign at the exit door in the South large dining room emergency exit was covered over and not visible.

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.

Exit sign has been uncovered and will remain visible from now on.
 Maintenance will do monthly checks on all signs (see picture, following, showing uncovered sign)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew Bach*

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

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