



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HARMONY HOUSE MANOR INC
LEGAL ENTITY

To operate HARMONY HOUSE MANOR
NAME OF FACILITY OR AGENCY

Located at 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 84
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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 December 16, 2015 until June 16, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314392

Robert E. Robinson

ISSUING OFFICER

Matthew J. [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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 16 2015

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

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904
License #: 314392

Dear Mr. Harrison:

As a result of the Department of Human Services' licensing inspections on October 14, 2015, October 15, 2015 and October 16, 2015 of the above facility, we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Neal Harrison

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal stroke extending to the right.

Matthew J. Jones
Director

Enclosures
License
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 15804		County: Cambria
Administrator: Kim McCusker		Region: CENTRAL
Legal Entity Name: HARMONY HOUSE MANOR INC		
Legal Entity Address: 2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA 15928		
Certificate(s) of Occupancy C-2 LP 10/25/1994 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 64 Waking Staff: 48		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/14/2015: McCloskey, Jason; Hoover, Douglas 10/15/2015: McCloskey, Jason; Hoover, Douglas 10/16/2015: McCloskey, Jason; Hoover, Douglas		
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: 84 Number of Residents Served: 46 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: 16 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0

Violation Report: 31438 - 10/14/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home held money for Resident 1, from March 2015 through October 2015, during which time the balance of those funds did not fall below \$1,600. The home has not offered the resident assistance in establishing an interest-bearing account since June of 2014.

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):

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

11/25/15

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

The above plan of correction is approved as of

12/3/15
(Date)

Plan of correction implementation status as of

12/3/15
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

Kim McCusker

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

Page 2A of 22

DESCRIPTION OF VIOLATION: The home held money for Resident 1, from March 2015 through October 2015, during which time the balance of those funds did not fall below \$1,600. The home has not offered the resident assistance in establishing an interest-bearing account since June of 2014.

CORRECT THE SPECIFIC ISSUE CITED:

Residents with accounts over \$200 will be notified, and offered assistance in establishing an interest bearing account in the residents name at a local Federally-insured financial institution which does not include security deposits. (See attached financial sheet)

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Administrator will review resident financial sheets quarterly, and any resident with an account over \$200 will be offered an interest bearing account.

WHAT SPECIFIC CHANGE WILL BE MADE:

The administrator will discuss an interest bearing account with any resident that has an account with over \$200.

WHO WILL MAKE THE CHANGE:

Administrator.

WHEN WILL THE CHANGE BE MADE:

All residents with \$200 or more will be offered interest bearing accounts quarterly, beginning in December, 2015.

HOW WILL THE CHANGE BE MADE:

The Administrator will ensure that all residents with \$200 or more will be offered an interest bearing account.

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

Administrator will do quarterly reviews with residents who are entitled to an interest bearing account.

TRAINING PROVIDED TO STAFF:

N/A

Kim M. [unclear] 11/25/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Resident 1 has not received a quarterly account of financial transactions since 6-29-14.
 Resident 2 has not received a quarterly account of financial transactions since 3-31-15.

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.

Please see attached

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

11/25/15

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The above plan of correction is approved as of 12/3/15
 (Date)

Plan of correction implementation status as of 12/3/15
 (Date)

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

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

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

Page 3A of 22

DESCRIPTION OF VIOLATION: Resident 1 has not received a quarterly account of financial transactions since 6-29-14. Resident 2 has not received a quarterly account of financial transactions since 3-31-15.

CORRECT THE SPECIFIC ISSUE CITED:

The home shall give the resident and the resident's designated person an itemized account of financial transactions made on the residents's behalf on a quarterly basis.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Documentation that the above is completed quarterly.

WHAT SPECIFIC CHANGE WILL BE MADE:

Administrator will review the resident funds book with the owner. (See attached)

WHO WILL MAKE THE CHANGE:

Administrator and owner.

WHEN WILL THE CHANGE BE MADE:

Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:

Administrator will coordinate with the owner on resident funds to ensure compliance with above.

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

Quarterly reviews will be conducted by the administrator and owner.

TRAINING PROVIDED TO STAFF:

N/A

Immediately, all residents with a financial account being held by the home shall receive a statement showing the account activity for the past six months and the current balance.

BAS 12/3/15

Kia M^o Cusker 11/25/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff Person A, hired [redacted]-14, did not receive training on the home's emergency medical plan.

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 Mc Cusker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Mc Cusker, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

V. L. ...

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Person B, hired on [redacted] 13, has not received training in the implementation of the initial assessment, annual assessment and support plan. Staff Person B provides unsupervised ADL services to the residents of the home as needed.

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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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 *11/25/15*

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The above plan of correction was approved by <u>BRS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Kim McCusker 11/25/15

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

Page 5A of 22

DESCRIPTION OF VIOLATION: Staff Person B, hired on [REDACTED] 13, has not received training in the implementation of the initial assessment, annual assessment and support plan. Staff Person B provides unsupervised ADL services to the residents of the home as needed.

CORRECT THE SPECIFIC ISSUE CITED: A new staff training system is in place for all staff. (See attached)

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: A new employee file check off sheet is in place for each staff member. (See attached)

WHAT SPECIFIC CHANGE WILL BE MADE:
New staff training sheets and file check off sheets will be in place.

WHO WILL MAKE THE CHANGE:
Administrator and assistant.

WHEN WILL THE CHANGE BE MADE:
Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:
Implementation of the new employee file check off sheets and training sheets.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:
New employee file check off sheets and training sheets.

TRAINING PROVIDED TO STAFF:
N/A

A review of the 2015 training for all current employees will be conducted. Any employees found to be in need of training shall receive the required training by 1/1/2016.

Any direct care staff found to be in need of any of the required training elements in this regulation shall not be allowed to provide unsupervised ADL services until the training is acquired.

On-going, Administrator will review the employee training logs on a quarterly basis to identify trainings that have been missed or need to occur for each employee. The administrator shall make a notation on the log to show that this review occurred.

*BAS
12/31/15*

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Person B received only 8.75 hours of annual training in training year 2014.

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) <i>Kim McCusker, Administrator</i>	Date <i>12/3/15</i>
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The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/3/15</u> (Date)
The above plan of correction was approved by <u>BMAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

Page 6A of 22

DESCRIPTION OF VIOLATION: Staff Person B received only 8.75 hours of annual training in training year 2014.

CORRECT THE SPECIFIC ISSUE CITED: A new annual staff training system is in place for all staff. (See attached)

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:
All staff will be trained on annual required training.

WHAT SPECIFIC CHANGE WILL BE MADE:
All annual training will be provided to all staff, and documented with the new annual staff training system.

WHO WILL MAKE THE CHANGE:
Administrator and assistant.

WHEN WILL THE CHANGE BE MADE:
Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:
Implementation of the annual staff training

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:
Annual training will equate to twelve hours of required training relating to their job duties.

TRAINING PROVIDED TO STAFF:
Yes

A review of the 2015 training for all current employees will be conducted. Any employees found to be in need of training shall receive the required training by 1/1/2016.

On-going, Administrator will review the employee training logs on a quarterly basis to identify trainings that have been missed or need to occur for each employee. The administrator shall make a notation on the log to show that this review occurred.

BAS 12/3/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

For training year 2014, Staff Person B did not receive training in "Medication self-administration training", "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan", "Care for residents with dementia and cognitive impairments", "Safe management techniques", and "Care for residents with mental illness or intellectual disability".

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 McCloskey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCloskey, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/15
 (Date)

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

Plan of correction implementation status as of 12/3/15
 (Date)

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

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

Page 7A of 22

DESCRIPTION OF VIOLATION: For training year 2014, Staff Person B did not receive training in "Medication self-administration training", "instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan", "Care for residents with dementia and cognitive impairments", "Safe management techniques", and "Care for residents with mental illness or intellectual disability".

CORRECT THE SPECIFIC ISSUE CITED: A new annual staff training system is in place for all staff. (See annual training)

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:
All staff will be trained on annual required training.

WHAT SPECIFIC CHANGE WILL BE MADE:
All annual training will be provided to all staff, and documented with the new annual staff training system.

WHO WILL MAKE THE CHANGE:
Administrator and assistant.

WHEN WILL THE CHANGE BE MADE:
Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:
Implementation of the annual staff training

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:
Annual training for staff will be provided for all required training.

TRAINING PROVIDED TO STAFF:
Yes

A review of the 2015 training for all current employees will be conducted. Any employees found to be in need of training shall receive the required training by 1/1/2016.

On-going, Administrator will review the employee training logs on a quarterly basis to identify trainings that have been missed or need to occur for each employee. The administrator shall make a notation on the log to show that this review occurred.

BAS
12/3/15

Kim McCook 11/20/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2800

2800.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person B did not receive training in emergency preparedness procedures in training year 2014.

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):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kim McCloskey

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Kim McCloskey, Administrator

Date

11/23/15

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The above plan of correction is approved as of

12/3/15
(Date)

Plan of correction implementation status as of

12/3/15
(Date)

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The above plan of correction was approved by

BAS
(Initials)

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

Page 8A of 22

DESCRIPTION OF VIOLATION: Staff Person B did not receive training in emergency preparedness procedures for training year 2014.

CORRECT THE SPECIFIC ISSUE CITED: All staff will receive training in emergency preparedness procedures when hired.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:
All staff will be trained on emergency preparedness procedures.

WHAT SPECIFIC CHANGE WILL BE MADE:
Training will be provided to all staff on emergency preparedness procedures.

WHO WILL MAKE THE CHANGE:
Administrator.

WHEN WILL THE CHANGE BE MADE:
Immediately and ongoing.

HOW WILL THE CHANGE BE MADE:
Implementation of emergency preparedness procedures will be provided to all staff.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:
All staff will be trained on emergency preparedness procedures.

TRAINING PROVIDED TO STAFF:
Yes

A review of the 2015 training for all current employees will be conducted. Any employees found to be in need of training shall receive the required training by 1/1/2016.

On-going, Administrator will review the employee training logs on a quarterly basis to identify trainings that have been missed or need to occur for each employee. The administrator shall make a notation on the log to show that this review occurred.

Violation Report: 31438 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 There was a spray bottle containing a purple liquid in the laundry room. The liquid could not be identified because the bottle was not labeled.

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

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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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Page 9A of 22

DESCRIPTION OF VIOLATION: There was an empty spray bottle containing a purple liquid in the laundry room. The liquid could not be identified because the bottle was not labeled.

CORRECT THE SPECIFIC ISSUE CITED: The unmarked spray bottle was removed from the laundry room. All poisonous materials will be stored in their original labeled containers.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Administrator will ensure all poisonous materials will be stored in their original labeled containers.

WHAT SPECIFIC CHANGE WILL BE MADE: Administrator will do weekly building inspection checks to ensure that all poisonous materials will be stored in their original labeled containers.

WHO WILL MAKE THE CHANGE: Administrator.

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Administrator will do weekly building inspection checks.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Building inspection tracker, see attached.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

*OKS
12/3/15*

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 At 1:40 pm on 10-15-15 there was an uncovered trash can in the kitchen.

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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/3/15</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**

Page 10A of 22

DESCRIPTION OF VIOLATION: At 1:40 pm on 10-15-15 there was an uncovered trash can in the kitchen.

CORRECT THE SPECIFIC ISSUE CITED: The trash can lid was placed on the can immediately while the inspectors were present.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: A note was placed on the trash can in the kitchen, see attached. The administrator will check periodically to ensure the lid is placed on the kitchen trash can.

WHAT SPECIFIC CHANGE WILL BE MADE: A note on the kitchen trash can. Administrator will perform building checks and complete tracker, see attached.

WHO WILL MAKE THE CHANGE: Administrator

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Building inspection tracker in place, see attached.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Weekly building inspections.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

*BAS
12/13/15*

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
 The bathroom ventilation fan in the foyer area, near the office, was clogged with dirt and grime.

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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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim McCusker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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The above plan of correction was approved by <u>BWS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Kim McCusker

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

Page 11A of 22

DESCRIPTION OF VIOLATION: The bathroom ventilation fan in the foyer area, near the office, was clogged with dirt and grime.

CORRECT THE SPECIFIC ISSUE CITED: The bathroom ventilation fan in the foyer area, near the office, was cleaned during the time of inspection. This bathroom is not used by any residents, however a bathroom cleaning checklist, see attached was placed in the office restroom.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Bathroom cleaning checklist instituted for office bathroom and staff will sign off that cleaning has been done.

WHAT SPECIFIC CHANGE WILL BE MADE: Bathroom cleaning checklist instituted, 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: Bathroom cleaning checklist instituted.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Bathroom cleaning checklist instituted.

TRAINING PROVIDED TO STAFF: Yes

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. **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.

2a. **DESCRIPTION OF VIOLATION**
 Approximately half of the glass remains in a broken window located in the laundry room. This window was boarded up from inside, but still presented a safety risk from the outside of the home.
 A suspended ceiling tile in the upstairs Ivy activity room / lounge was severely discolored and heavily bowed, as if damaged from water.

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):

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 *11/25/15*

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

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The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input 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**

Page 12A of 22

DESCRIPTION OF VIOLATION: Approximately half of the glass remains in a broken window located in the laundry room. The window was boarded up from the inside but still presented a safety risk from outside of the home.

A suspended ceiling tile in the upstairs Ivy activity room/lounge was severely discolored and heavily bowed, as if damaged from water.

CORRECT THE SPECIFIC ISSUE CITED: The broken window located in the laundry room was replaced, see attached photo.

A new ceiling tile was replaced in the upstairs Ivy activity room/lounge.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: A building inspection tracker is in place, to ensure that ceiling tiles are in good repair.

WHAT SPECIFIC CHANGE WILL BE MADE: Weekly building inspections will be completed by the administrator.

WHO WILL MAKE THE CHANGE: Administrator.

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Building inspection tracker instituted and inspections done weekly.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Building inspection tracker instituted and inspections done weekly.

TRAINING PROVIDED TO STAFF: Yes

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was damaged concrete at the top of the steps and wheelchair ramp at the front of the home. The damaged area is about 1" deep, 15" long, and 4" wide and poses a hazard to anyone using the the area.

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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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The above plan of correction is approved as of 12/3/15
 (Date)

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

Plan of correction implementation status as of 12/3/15
 (Date)

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

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

Page 13A of 22

DESCRIPTION OF VIOLATION: There was damaged concrete at the top of the steps and wheelchair ramp at the front of the home. The damaged area is about 1" deep, 15" long and 4" wide and poses a hazard to anyone using the area.

CORRECT THE SPECIFIC ISSUE CITED: Damaged area was repaired by maintenance. See attached picture.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Administrator will check the outside of the building weekly to ensure the exterior of the building is in good repair and free of hazards.

WHAT SPECIFIC CHANGE WILL BE MADE: Weekly building inspection, see attached tracker.

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 inspection tracker implemented.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Building inspection tracker implemented.

TRAINING PROVIDED TO STAFF: Yes

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Bedroom #2 contained a bedside lamp which was not operational.

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: Yes	Date(s) of Previous Violation(s):	07/01/2014		
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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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Kim McCusker 11/25/15

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

Page 14A of 22

DESCRIPTION OF VIOLATION: Bedroom #2 contained a beside lamp which was not operational.

CORRECT THE SPECIFIC ISSUE CITED: The lamp in Bedroom #2 was replaced during the inspection.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Weekly checks to ensure each resident shall have an operable lamp or other source of lighting will be done by the administrator and staff.

WHAT SPECIFIC CHANGE WILL BE MADE: Building inspection tracker will include that each resident has an operable lamp or other source of lighting at their bedside.

WHO WILL MAKE THE CHANGE: Weekly checks, as stated on tracker, see attached.

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Weekly checks and building inspection tracker instituted.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Weekly checks and building inspection tracker instituted.

TRAINING PROVIDED TO STAFF: Yes

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2800
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 There was a unlabeled bar of gold-colored soap in the shower stall of bathroom B.

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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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim McCusker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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The above plan of correction is approved as of 12/3/15
 (Date)

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

Plan of correction implementation status as of 12/3/15
 (Date)

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

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

Page 15A of 22

DESCRIPTION OF VIOLATION: There was a unlabeled bar of gold-colored soap in the shower stall of bathroom B.

CORRECT THE SPECIFIC ISSUE CITED: The bar of soap was removed from the shower stall in bathroom B on Ivy during inspection. The home does not provide bar soap. The home provides a dispenser with soap.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Educate residents that if they are using bar soap, they must keep it in their bedroom, when not in use.

WHAT SPECIFIC CHANGE WILL BE MADE: Notification to residents who reside on the Ivy Floor and revised bathroom checklist, see attached.

WHO WILL MAKE THE CHANGE: Administrator

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Bathroom checklist implemented.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: The bathroom checklist stating that no bar soap is left in the common bathroom.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

BAS
12/15/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 There was no thermometer in the horizontal white freezer in the kitchen storage 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.

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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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/7/15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partisily Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>JB</u> (Initials)	

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

Page 16A of 22

DESCRIPTION OF VIOLATION: There was no thermometer in the horizontal white freezer in the kitchen storage room.

CORRECT THE SPECIFIC ISSUE CITED: A thermometer has been placed in the horizontal white freezer in the kitchen storage room.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: A thermometer will be in freezers and refrigerators to ensure food requiring refrigeration is stored at 40 degrees or below and frozen food stored at 0 degrees or below.

WHAT SPECIFIC CHANGE WILL BE MADE: Weekly checks to ensure that thermometers are in place, done by the administrator.

WHO WILL MAKE THE CHANGE: Manager of Health Food Services

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Administrator will do weekly checks according to building check tracker, see attached.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Weekly checks by administrator and building check tracker.

TRAINING PROVIDED TO STAFF: Yes

Van Wierman 11/26/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2800
 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
 The main exit doors at the front of the building, the fire stairwell exit to the right of the main entrance and the Touchstones exit at the side of the building did not have exit signs over the doors. On the dates of the inspection, the home was serving 46 residents.

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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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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**HARMONY HOUSE MANOR INC.
VIOLATION-PLAN OF CORRECTIONS**

Page 17A of 22

DESCRIPTION OF VIOLATION: The main exit doors at the front of the building, the fire stairwell exit to the right of the main entrance and the Touchstones exit at the side of the building did not have exit signs over the doors. On the dates of the inspection, the home was serving 46 residents.

CORRECT THE SPECIFIC ISSUE CITED: Exit signs were mounted to every exit leading to the outside of the building. See attached photo of one of the exit signs.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: The home placed exit signs on every exit door leading to the outside.

WHAT SPECIFIC CHANGE WILL BE MADE: Exit signs were mounted at every exit.

WHO WILL MAKE THE CHANGE: Maintenance

WHEN WILL THE CHANGE BE MADE: 11-11-15

HOW WILL THE CHANGE BE MADE: Exit signs were mounted above the exit doors leading to the outside.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Signs bearing the word "EXIT" were placed at every exit to the outside of the building.

TRAINING PROVIDED TO STAFF: Yes

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 There was a brown vinyl chair located in the smoking area which was ripped and had exposed foam stuffing. The chair was not fire resistant and posed a fire hazard.

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) *Kin McCusker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kin McCusker, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Page 18A of 22

DESCRIPTION OF VIOLATION: There was a brown vinyl chair located in the smoking area which was ripped and had expose foam stuffing. The chair was not fire resistant and posed a fire hazard.

CORRECT THE SPECIFIC ISSUE CITED: Chair was removed from the smoking area.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: Administrator will check weekly that fire resistant furniture is provided in the designated smoking area.

WHAT SPECIFIC CHANGE WILL BE MADE: Administrator will check designated smoking area to ensure that only fire resistant furniture is in place.

WHO WILL MAKE THE CHANGE: Administrator

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Weekly checks, see attached building inspection tracker.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Weekly checks, see attached building inspection tracker.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

12/3/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 10-15-15, there was a blister pack of *Lorazepam .5 mg* tablets for Resident #3 located on the Ivy floor medication cart. The blister pack had three punctured blisters. Two of three blisters were taped shut with the medications stuck to the tape.

There was a blister pack of *Alprazolam .5 mg* tablets for Resident #4 located on the Touchstones medication cart. The blister pack had nine punctured blisters that were taped over. In two of these nine blisters, the medications were stuck to the tape.

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):

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

11/25/15

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

The above plan of correction is approved as of

12/3/15
(Date)

Plan of correction implementation status as of

12/3/15
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

V. W. A. L. . . .

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

Page 19A of 22

DESCRIPTION OF VIOLATION: On 10-15-15, there was a blister pack of Lorazepam .5 mg tablets for Resident #3 located on the Ivy floor medication cart. The blister pack had three punctured blisters. Two of three blisters were taped shut with the medications stuck to the tape.

There was a blister pack of Alprazolam .5mg tablets for Resident #4 located on the Touchstones medication cart. The blister pack had nine punctured blisters taped over. In two of these nine blisters, the medications were stuck to the tape.

CORRECT THE SPECIFIC ISSUE CITED: The Meds for both of the above residents were discontinued and meds were returned to the Pharmacy. In the future, the blister packs will be checked weekly to ensure blister packs are not altered, nor tampered with.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: During the weekly Med Cart Audit staff will ensure that medications are stored in an organized manner, under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

WHAT SPECIFIC CHANGE WILL BE MADE: Weekly Med Cart Audit to ensure that blister packs are not tampered with.

WHO WILL MAKE THE CHANGE: Med Techs and Administrator.

WHEN WILL THE CHANGE BE MADE: Immediately and ongoing.

HOW WILL THE CHANGE BE MADE: Weekly Med Cart Audit, see attached, to ensure that blister packs are not tampered with.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Weekly Med Cart Audit to ensure that blister packs are not tampered with.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

*BAS
12/9/15*

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include a process for the documentation of the receipt of controlled substances and prescription medications.

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) *Kia McCusker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kia McCusker, Administrator* Date *11/25/15*

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

The above plan of correction is approved as of 12/3/15
 (Date)

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

Plan of correction implementation status as of 12/3/15
 (Date)

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

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

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DESCRIPTION OF VIOLATION: The home's procedures for the safe use of medications and medical equipment do not include a process for the documentation of the receipt of controlled substances and prescription medications.

CORRECT THE SPECIFIC ISSUE CITED: Policies and procedures were updated to include the procedures for the safe use of medications and medical equipment and the process for the documentation of the receipt of controlled substances and prescription medications, see attached updated policy.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: The updated policy will be followed.

WHAT SPECIFIC CHANGE WILL BE MADE: The updated policy will be followed.

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: Policy implemented and followed by staff.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Policy will be followed.

TRAINING PROVIDED TO STAFF: Yes Staff Training shall be completed by 1/30/16

*Btrs
12/31/15*

Violation Report: 31438 - 10/14/2015 - McCloskey, Jason
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The assessment for Resident 5, dated 2-8-15, indicates that the resident has a need for extensive supervision. The support plan does not indicate how the home will provide the supervision, including placement within the home's secure dementia care unit.

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) <i>Kim McCusker, Administrator</i>	Date <i>11/25/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/3/15</u> (Date)
The above plan of correction was approved by <u>BMS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

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DESCRIPTION OF VIOLATION: The assessment for Resident 5, dated 2-8-15, indicates that the resident has a need for extensive supervision. The support plan does not indicate how the home will provide the supervision, including placement within the home's secure dementia care unit.

CORRECT THE SPECIFIC ISSUE CITED: The support plan was revised to indicate the resident in the SDU and the plan for supervision, see attached.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: The resident file check off list was revised to remind staff that the support plan includes the requirements. See attached.

WHAT SPECIFIC CHANGE WILL BE MADE: Revised resident file check off list.

WHO WILL MAKE THE CHANGE: Administrator

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: Implementation of the new resident file check-off list.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: Resident file check off list.

TRAINING PROVIDED TO STAFF: Yes

An audit of the assessment for all of the residents of the Secured Dementia Unit will be conducted to assure that each resident requires this level of supervision and is notated as such.

BAS 12/3/15

Vin McCusker 11/25/15

Violation Report: 31439 - 10/14/2015 - McCloskey, Jason

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION

Resident 1's support plan was revised on 2-3-15. Neither the resident nor the resident's designated person were involved in developing the revisions.

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):

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

11/25/15

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

The above plan of correction is approved as of

12/3/15
(Date)

Plan of correction implementation status as of

12/3/15
(Date)

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

The above plan of correction was approved by

BMS
(Initials)

Kim McCusker, Administrator

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

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DESCRIPTION OF VIOLATION: Resident 1's support plan was revised on 2-3-15. Neither the resident nor the resident's designated person were involved in developing the revisions.

CORRECT THE SPECIFIC ISSUE CITED: All support plans for residents in the SDU will be updated and the resident's designated person will be involved in developing the plan.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION: All new support plans in accordance with this regulation and a new file resident check-off list to ensure this from reoccurring.

WHAT SPECIFIC CHANGE WILL BE MADE: Support plans for residents in the SDU will be updated and the resident's designated person will be involved in developing the plan. A new resident file check-off list implemented.

WHO WILL MAKE THE CHANGE: Administrator

WHEN WILL THE CHANGE BE MADE: Immediately and on-going.

HOW WILL THE CHANGE BE MADE: A new resident file check-off list implemented.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN: A new resident file check-off list implemented.

TRAINING PROVIDED TO STAFF: Yes