



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

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 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 March 16, 2016 until March 16, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446860

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

MAR 16 2016

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

RE: Ark Manor
License #: 446860

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on February 2, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director *LSH*

Enclosures
License
License Inspection Summary

Violation Report: 44686 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK 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

The assessment and support plan for Resident 1 indicates that the resident requires assistance with toileting and bladder and bowel management on an as-needed basis. On 1-28-16, the resident was given medication to relieve constipation. Multiple interviews with direct care staff and the resident indicate that the assistance required to toilet and to manage bladder and bowel was not rendered in a timely fashion. The resident had not received incontinence care between the hours of 4:15 am and 7:00 am. At 7:00 am the resident was found to be heavily soiled with fecal matter impacted in the resident's vaginal area, causing the resident discomfort.

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.

According to Resident 1's MAR [redacted] received Milk of Magnesia on 1/28/16 @ 4pm. We do entire building incontinence rounds 3 times each shift every day and Night. Also, we give incontinence care to any resident expressing need, in between regular rounds. This incident was fully investigated and we found the complaint to be unsubstantiated. Resident 1 is alert and able to express needs. According to staff reports, on the night in question, Resident 1 was cared for on regular rounds starting at 12a & 2a. [redacted] requested (and received) a drink in between 2a & 4a rounds, then complete hygiene care was provided at regular 4a rounds. This included washing [redacted] and changing [redacted] soiled brief. Resident went back to sleep (and did NOT call out for assistance) until wake up rounds starting at 6am. Aides went to care for [redacted] and did find [redacted] soiled again. They washed and changed [redacted]. Resident 1 would have expressed need between 4a & wake up if [redacted] was soiled or in need of any care. We do NOT agree with this violation of Reg 2600.42(b). This resident was NOT neglected, intimidated, abused, mistreated, subjected to corporal punishment or disciplined in any way. On-going, we will continue to provide incontinence care for all residents requiring assistance 3 times per shift, and in between for anyone requesting assistance. All staff has been trained in this policy & this is a major training point for new staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea Bach Administrator Date 3/4/16

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

The above plan of correction is approved as of 3/9/16 (Date)

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

Plan of correction implementation status as of 3/9/16 (Date)

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

Violation Report: 44686 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted]-16, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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.

We requested staff person A's diploma several times prior to inspection from her & her high school. After inspection, I (Administrator) called the high school nearly every day until finally receiving her transcript on 2/26/16. In the future, we will continue to request diploma, GED or PA nurse aide registration prior to the 1st day of work for all new aides. If one of these items are not provided within the allowed 30 day provisional time frame, they will be suspended until documentation is provided.

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 3/4/16

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

The above plan of correction is approved as of

3/4/16
(Date)

Plan of correction implementation status as of

3/9/16
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 44686 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK 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

In training year 2015, Direct Care Staff Person B did not receive training in: 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; Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; Personal care service needs of the resident; Safe management techniques; and Care for residents with mental illness.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

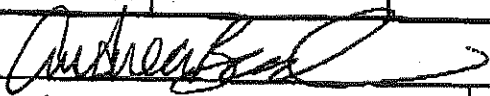
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ark Manor took over Ark Twin Valley Personal Care Home on October 29, 2015. All direct care employee training has been updated for 2016 and includes medication self administration, instruction on meeting the needs of residents as described in their prescreening, assessment & support plan & medical evaluation, care for residents with dementia & cognitive impairments, infection control, cleanliness, hygiene, immobility, prevention of decubiti, incontinence, malnutrition, dehydration, personal care services, safe management & care for residents with mental illness. See the following "Staff Training Plan & Record of Completion for Direct Care Staff person B, attesting to her training for 2016. This training will be given to all direct care staff annually.

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 3/4/16

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The above plan of correction is approved as of 3/9/16
(Date)

Plan of correction implementation status as of 3/9/16
(Date)

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

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

Violation Report: 44886 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The bathroom shared by bedrooms 105 and 107 does not have an operable window or ventilation fan.

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 bathroom fan in the bathroom between 105 + 107 has been repaired (see following photo). All other bathroom fans have been checked by maintenance + repairs have been made where necessary. Maintenance will check all fans quarterly + all residents + staff are encouraged to report any items needing repair.

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 3/4/16

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The above plan of correction is approved as of 3/9/16
(Date)

Plan of correction implementation status as of 3/9/16
(Date)

The above plan of correction was approved by BA S
(Initials)

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

Violation Report: 44686 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK 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
On 2-2-16, the hot water temperature in the bathroom sink shared by bedrooms 105 and 107 measured 124 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 hot water tank controlling the bathroom between 105-107, temperature has been turned down, by maintenance the temperature tested 2/3/16 was 118°F. Retested 2/10, 119°F. Retested 2/17 117°F. Maintenance will continue to test the water temperature monthly.

Ark Manor was NOT the legal entity on August 21, 2015
This should NOT be a repeat violation.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

~~08/21/2015~~

BAS 3/9/16

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 3/4/16

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The above plan of correction is approved as of 3/9/16
(Date)

Plan of correction implementation status as of 3/9/16
(Date)

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

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

Violation Report: 44688 - 02/02/2016 - McCloskey, Jason
PCH Name: ARK MANOR

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluations for Resident 2 (dated 12-21-15), Resident 3 (dated 12-1-15), Resident 4 (dated 10-1-15), and Resident 5 (dated 2-1-15) all lacked the medical professional's license number.

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.

Resident 2, 3, 4 & 5's medical evaluations have been returned to the PCP with a request for his medical license number. Dr. has completed & returned all of these. I (administrator or designee) have checked all other resident medical evaluations & all are now in compliance. In the future, I will ensure the medical evaluations are complete when returned.

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 BACH Administrator

Date 3/4/16

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The above plan of correction is approved as of 3/9/16
(Date)

Plan of correction implementation status as of 3/9/16
(Date)

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

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

Violation Report: 44888 - 02/02/2016 - McCloskey, Jason

PCH Name: ARK MANOR

1. REGULATION 55 Pa. Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident record for Residents 1,2,4, and 5 did not contain pictures of the resident. The resident record for Residents 3 and 6 contained pictures that were over two years old, taken on 11-21-13.

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.

Residents 1, 2, 3, 4, 5 & 6 have all had pictures taken to be a part of their record, since inspection on 2/2. (see following) All other residents' records have been assessed & new pictures have been taken of everyone whose picture is over two years old. In the future, all pictures will be updated prior to two years.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Andrea Bach

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

Andrea BACH Administrator

Date 3/4/16

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The above plan of correction is approved as of 3/9/16 (Date)

Plan of correction implementation status as of 3/5/16 (Date)

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

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