



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MELODY MANOR PCH LLC
LEGAL ENTITY

To operate MELODY MANOR PCH
NAME OF FACILITY OR AGENCY

Located at 413 NORTH MCKEAN STREET, KITTANNING, PA 16201
(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 43
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 July 21, 2016 until July 21, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446760

Robert E. Robinson
ISSUING OFFICER

Jay Baulch
DEPUTY SECRETARY

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

JUL 21 2016

Mr. Ben Willner, Owner
Melody Manor PCH, LLC
413 North McKean Street
Kittanning, Pennsylvania 16201

RE: Melody Manor
License #: 446760

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on February 3, 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, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: MELODY MANOR PCH		License Number: 44876
Address: 413 NORTH MCKEAN STREET, KITTANNING, PA 16201		County: Armstrong
Administrator: KELLY DAVIS		Region: WEST
Legal Entity Name: MELODY MANOR PCH LLC		
Legal Entity Address: 413 NORTH MCKEAN STREET, KITTANNING, PA 16201		RECEIVED
Certificate(s) of Occupancy Other 09/28/1987 LABOR AND INDUSTRY		Other 09/28/1987 LABOR AND INDUSTRY JUN 03 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 02/03/2016: Garrigan, Laurie; Flinner-Alman, Lisa		
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: 42 <u>43</u> <i>TD</i> Number of Residents Served: 37 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 17 Are 80 Years of Age or Older: 27 Have Mental Illness: 14 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 44676 - 02/03/2016 - Garrigan, Laurie
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2900
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
The black, metal, lower exit door leading to the stairwell to the back Melody Manor driveway will not close without using force and lifting on the metal bar that is across the door.

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.

On May 31st, handyman, [redacted] was called concerning the downstairs metal door due to the way it is hard to close. He came in on 6-3-16 and fixed the door. It is now closing properly. The door is only used by employees and they are all aware to watch out for any signs of it not working properly. At the time of the inspection there was no problem with the door opening in the event of an emergency. The administrator did a walk-through of Melody Manor to assess the buildings' other doors for proper functioning.

Immediately - A designated staff person will check the home on a daily basis to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. *g.u. 6/20/16*

Immediately - The administrator will check the home at least weekly to ensure floors, walls, ceilings, windows, door and other surfaces are clean, in good repair and free of hazards. *g.u. 6/20/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelly Davis*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Davis - Administrator* Date *6/3/2016*

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

The above plan of correction is approved as of 6/20/16
(Date)

The above plan of correction was approved by g.u.
(Initials)

Plan of correction implementation status as of 6/20/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 03 2016

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Violation Report: 44878 - 02/03/2016 - Garrigan, Laurie
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There were two open and unsealed extra-large plastic bags of bread dough in the large chest freezer #1 in the lower level stock 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.

On 2-3-2016, the day of the inspection, the frozen bread dough was repackaged in sealed bags and correctly labeled. The employees that are responsible for packaging and storing food were re-trained on safe food handling and freezer storage. In the future, any other staff responsible for packaging and storing food will be trained with emphasis on freezer storage. See attached.

Immediately - A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers. *9/22/16 6/20/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelly Davis

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

Kelly Davis - Administrator

Date

6-3-2016

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

The above plan of correction is approved as of

6/20/16
(Date)

Plan of correction implementation status as of

6/20/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.d.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

p.d.
(Initials)

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JUN 03 2016

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Violation Report: 44676 - 02/03/2016 - Garrigan, Laurie
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
At 11:05 a.m., there was an approximate 1/4 inch accumulation of lint in the lint trap of the small dryer in the basement. There were no clothes in the dryer at the time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 2-3-2016, the day of the inspection the lint was immediately removed from the trap after the inspectors pointed it out. An additional sign was placed on the small dryer indicating that the lint must be removed after the clothes are dry. Housekeeper and DCS were made aware of the importance of doing this to reduce the risk of a fire.

Staff received training on the importance of removing lint from the lint trap after each use. *pn. 6/20/16*

Immediately - The administrator will check the lint traps and drums of all clothes dryers at least weekly to ensure there is no accumulation of lint. *pn. 6/20/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelley Davis*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelley Davis Administrator* Date *6-3-16*

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

The above plan of correction is approved as of 6/20/16
(Date)

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

Plan of correction implementation status as of 6/20/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pn.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44676 - 02/03/2016 - Garrigan, Laurie
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
Multiple staff interviews indicated that staff are notified prior to fire drills being conducted.

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.

On 2-3-2016, the Administrator and Director were fully aware that no staff or Residents will be told of an upcoming drill no matter what the circumstance. We have had several drills since then and nobody except the Administration, who do not participate in the drill, had been made aware.

The following fire drills were unannounced:

- 3/18/16 at 6:15 AM
- 4/18/16 at 1:35 PM
- 5/31/16 at 5:37 AM *pp. 6/20/16*

Within 30 days of receipt of the plan of correction - All staff persons will be educated on the fire drill requirements & regulation 2800.132a. Documentation of training shall be kept. *pp. 6/20/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelley Davis*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelley Davis - Administrator* Date *6-3-16*

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

The above plan of correction is approved as of 6/20/16
(Date)

Plan of correction implementation status as of 6/20/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *pp.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44676 - 02/03/2016 - Garrigan, Laurie
 PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 2/23/16, does not include temperature, immunization history, health status, and cognitive functioning. These sections of this medical evaluation are blank.

Resident #2's medical evaluation, dated 9/30/16, does not include pulse rate, blood pressure, and temperature. These sections of this medical evaluation are blank.

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.

Between the Administrator and the Facility Director all Resident documents will be double checked and reviewed by each other. This will ensure that all the information is present, correct, and that appointments and dates are within the mandated time.

Resident #1 had a medical evaluation completed in its entirety on 1/20/16. *pu. 6/20/16*

The medical evaluation cited for resident #2 has been corrected. *pu. 6/20/16*
 within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including health status, cognitive functioning, areas of the general physical examination and all other required contents in accordance with regulation 2600.141a2. *pu. 6/20/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kelley Davis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelley Davis - Administrator* Date *6-3-16*

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

The above plan of correction is approved as of 6/20/16 (Date) Plan of correction implementation status as of 6/20/16 (Date)

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

Fully Implemented
 Partially Implemented - Adequate Progress *pu.*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44876 - 02/03/2016 - Garrigan, Laurie
 PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Morphine Sulfate 20 mg/ml, take 0.25 ml every 3 hours as needed for pain/shortness of breath. There were two bottles of this medication in the medication cart, both with a pharmacy label indicating Morphine Sulfate 20 mg/ml, take 0.25 ml every 4 hours as needed. One of the bottles had a "refer to the medication administration record" sticker on it; however, the other bottle did not.

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.

On 2-3-2016 a Sticker with "Directions changed, refer to chart" was added to the morphine bottle that it was missing from. Medication trained DCS was informed to use clear tape over these stickers to secure them to the label, as they had been easily falling off. The pharmacy was also notified of this issue and had delivered new labels. The Administrator had done a med cart audit to check for any other loose labels. In addition, Mission Pharmacy will be doing med carts audits 4 times a year for our facility. The DCS that are medication trained have been made aware to report any loose medication labels to the Administrator.

A pharmacy audit was completed on 6/13/16. p.w. 6/20/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kelly Davis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Davis Administrator* Date *6-3-16*

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

The above plan of correction is approved as of <u>6/20/16</u> (Date)	Plan of correction implementation status as of <u>6/20/16</u> (Date)
The above plan of correction was approved by <u>p.w.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>p.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUN 03 2016

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Violation Report: 44676 - 02/03/2016 - Garigan, Laurie
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3, admitted [redacted] 15, did not have an assessment completed until 10/22/15.

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.

Between the Administrator and the Facility Director all Resident documents will be double checked and reviewed by each other. This will ensure that all the information is present, correct, and that appointments and dates are within the mandated time.

Immediately the administrator or designated staff person will review all new resident documentation to ensure a current assessment is completed, is accurate and is present in each resident's record. 6/20/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelly Davis

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

Kelly Davis - Administrator

Date 6-3-16

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

The above plan of correction is approved as of

6/20/16
(Date)

Plan of correction implementation status as of

6/20/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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