



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 14, 2016**

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

RE: Melody Manor  
# 446760

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on March 22, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: MELODY MANOR PCH		License Number: 44676
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		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 12/29/1983 Labor and Industry		NOV 14 2016  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/22/2016: Bartlett, Patricia; Hultquist, Cliff		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 43 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	<b>Number of Residents who:</b> Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 26 Have Mental Illness: 12 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 44676 - 03/22/2016 - Bartlett, Patricia  
PCH Name: MELODY MANOR PCH

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Novolog Flexpen insulin 100/ml, inject units subcutaneously before breakfast, lunch, and dinner, per sliding scale as follows: less than 150 = 0 units, 151-199 = 1 units, 200-249 = 2 units, 250-299 = 3 units, 300-349 = 4 units, 350-399 = 5 units, greater than 400 = 6 units and call MD.

However, on the following dates, the incorrect amount of insulin was administered to the resident:

Date/Time	Blood Glucose Level	Insulin order/units administered
2/1/16 8 a.m.	153	1/0
2/1/16 12 noon	561	6/5
2/3/16 5 p.m.	248	2/4
2/5/16 12 p.m.	347	4/5
2/11/16 5 p.m.	274	3/2
2/17/16 12 p.m.	543	6/3
2/21/16 8 a.m.	243	2/3
2/26/16 12 p.m.	239	2/1
2/29/16 5 p.m.	190	1/0

Also, resident #1's blood glucose levels were over 400 at the following dates and times; however, the resident's physician was not notified.

2/1/16 12 p.m. 561; 2/12/16 5 p.m. 416; 2/17/16 12 p.m. 543; 2/20/16 12 p.m. 537; 2/21/16 12 p.m. 578; 2/26/16 5 p.m. 413; 2/28/16 5 p.m. 591;

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.

Attached 2A  
+ Verification of trainings

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

Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Duan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Duan Executive Director*      Date *11-16-16*

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

The above plan of correction is approved as of 11/29/16 (Date)

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

Plan of correction implementation status as of 11/29/16 (Date)

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

2A

*On 10-27 all DCS Med Techs were trained on the proper procedures for documenting and administering sliding scale insulin units in the EMAR. Documentation of training attached. After the initial investigation, all Staff was verbally trained on the importance of contacting and documenting that the Physician was called as per Physician instructions for blood sugar readings. In addition, current med trained Staff were trained on 11-15-2016 again on the importance of following the Physicians orders exactly. Documentation to follow once all Staff is trained. All new med trained Staff will be trained with documentation.*

*For all future Resident orders, the Administrator or Designee will be sure that the directions of the prescriber is being followed and properly documented by DCS. Any new orders or changes to current orders will be discussed at shift changes and the Administrator or Designee will check the EMAR weekly and as needed to be sure all Resident orders are being followed as per the Physician orders.*

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*Jul 11/29/16*

*Caroline Dunn  
Executive Director*

*11-16-16*