



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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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 **May 9,** **2016** until **May 9,** **2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **314390**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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

MAY 10 2016

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

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904
License #: 314390

Dear Mr. Harrison:

As a result of the Department of Human Services' licensing inspections on March 8, 2016 and March 9, 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,


Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

Violation Report: 31439 - 03/08/2016 - Springs, Israel
 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 did not receive a quarterly itemized account of financial transactions. Staff Person A, stated that the home reviews the resident's account information with each resident quarterly, but does not provide the resident or the resident's designated person a copy of the account statement.

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 will be provided with a copy of an itemized account of financial transactions made on a quarterly basis by administration. These will be given to residents quarterly, and a tracking system is in place to ensure that the same violation does not occur again. See attachment 2a and 2b.

By 4/15/16, the home shall provide each resident and the resident's designated person a current itemized account of financial transactions made on the resident's behalf. If no transactions were made, the administrator will give the resident/designated person a statement of monies held with the notice "no transactions made." A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account.

BAF
 3/23/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/14/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim McCarter*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim McCarter, Administrator* Date *3-21-16*

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

The above plan of correction is approved as of <u>3/23/16</u> (Date) The above plan of correction was approved by <u><i>BAF</i></u> (Initials)	Plan of correction implementation status as of <u>4/20/16</u> (Date) <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
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Violation Report: 31439 - 03/08/2016 - Springs, Israel
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2 does not reflect the current rate that the resident is being charged for room and board. The Resident's initial contract, dated 12/2/2013, listed the rate of charges as \$34.00 per day (\$1054.00 monthly). Starting 7/20/2014, the resident was charged a rate of \$1095.30 per month and on 3/20/2015 the monthly charge increased to \$1107.30. The contract was not updated to reflect these changes.

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 contract was revised by administration to reflect the current SSI rate and was signed by resident #2 and the administrator on 3/16/16 and then sent to DHS. A resident file checkoff list is in place to ensure that this violation does not occur again.
 See attachment 3a.

A review of the contracts for all current residents will be completed by 4/15/16 to assure that all contracts are state the correct payment rate.

3/23/16

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) *Kim McCusker, Administrator* Date *3-21-16*

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

The above plan of correction is approved as of *3/23/16*
 (Date)

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

Plan of correction implementation status as of *4/20/16*
 (Date)

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

Violation Report: 31430 - 03/08/2016 - Springs, Israel
 PCH Name: HARMONY HOUSE MANOR

- 1. REGULATION 55 Pa.Code 52600**
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1' Medical Evaluation identified that the resident received a pacemaker in 2007 and the prescreening form documents that monitoring of the pacemaker is required. The Resident Assessment and Support Plan, completed 12/17/2015, does not address the pacemaker or the monitoring required.

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 Resident Assessment and Support Plan was updated by administration on 3/08/16, signed by resident #1, and provided to DHS during the inspection. The administrator will update RASP's annually, if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. All RASP's will reflect all the resident's needs.

An audit of Resident Assessment and Support Plans will be conducted for all current residents to assure that all diagnoses and medical needs have been identified and addressed. This audit will be completed by 4/15/16.

BAS 3/23/16

Repeat Violation: No	Date(s) of Previous Violation(s):	06/18/2015		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Kim McCarter

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kim McCarter, Administrator Date 3-21-16

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

The above plan of correction is approved as of <u>3/23/16</u> (Date)	Plan of correction implementation status as of <u>4/20/16</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