



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 18 2017

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

RE: Melody Manor PCH
License #: 446760

Dear Mr. Willner:

As a result of the Department of Human Services' annual licensing inspection on December 7, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: Alexandra Beitel		Region: WEST
Legal Entity Name: MELODY MANOR PCH LLC		
Legal Entity Address: 413 NORTH MCKEAN STREET, KITTANNING, PA 16201		RECEIVED
Certificate(s) of Occupancy LP 09/28/1987 Dept. of L & I		FEB 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2016: Cutter, Jan; Mullick, Cindy; Garvey, Jody		
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: 43	Number of Residents who:	
Number of Residents Served: 34	Receive Supplemental Security Income: 20	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 25	
Area:	Have Mental Illness: 14	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44676 - 12/07/2016 - Cutler, Jan
PCH Name: MELODY MANOR PCH

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

A section of the carpet in front of the game shelf in the dining room was lattered and shredded posing a tripping hazard for 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.

Immediately on the day of inspection the carpet was trimmed where it was tattered and shredded. It no longer poses a tripping hazard.

Going forward the Administration will do walkthroughs of the Home regularly to check for any items that need repair. DCS was also informed of the need to report any items in need of repair to the Administration. Documentation of the training was kept for our records.

at least weekly per 2/13/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Caroline Quinn - Executive Director* Date *2-8-17*

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

The above plan of correction is approved as of 2/13/17
(Date)

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

Plan of correction implementation status as of 2/13/17
(Date)

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

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FEB 08 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44676 - 12/07/2016 - Cutter, Jan
PCH Name: MELODY MANOR PCH

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The last section of the railing on the ramp leading from the back door to the smoking area is loose and sways freely back and forth.
Both of the first sections of the railing on the ramp leading into the center section of the two houses is loose and coming out of the ground.
The first section of railing on the left on the ramp leading into the main house is loose and sways freely back and forth.

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.

During the week following inspection, the Handyman was in and all railings in question were secured so that they are no longer loose, swaying or coming out of the ground. He has also agreed to come in every other month to inspect and secure any railings that need it. Documentation will be kept. All Staff Persons were re-educated (documentation kept) on reporting any problems with the ramp, steps or stairways that do not have a handrail or an unsecured handrail to the Administration. If any repairs are needed the Handyman will be called to repair.

Within 15 days of receipt of the plan of correction = a designated staff person will inspect all interior and exterior handrails & railings to ensure they are well-secured. J.W. 2/13/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director* Date *2-8-17*

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

The above plan of correction is approved as of <u>2/13/17</u> (Date)	Plan of correction implementation status as of <u>2/13/17</u> (Date)
The above plan of correction was approved by <u>J.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 08 2017

Violation Report: 44876 - 12/07/2016 - Culter, Jan
PCH Name: MELODY MANOR PCH

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(b) - Each porch must have a well-secured railing.

2a. DESCRIPTION OF VIOLATION

The railing along the rear porch in the smoking section is loose and sways freely back and forth.

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.

During the week following inspection, the Handyman was in and all railings in question were secured so that they are no longer loose, swaying or coming out of the ground. He has also agreed to come in every other month to inspect and secure any railings that need it. Documentation will be kept. All Staff Persons were re-educated (documentation kept) on reporting any problems with the ramp, steps or stairways that do not have a handrail or an unsecured handrail to the Administration. If any repairs are needed the Handyman will be called to repair.

within 15 days of receipt of the plan of correction: a designated staff person will inspect all interior and exterior handrails and railings to ensure they are well-secured. gm. 2/13/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director* Date *2-8-17*

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The above plan of correction is approved as of 2/13/17 (Date)

Plan of correction implementation status as of 2/13/17 (Date)

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

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

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FEB 08 2017

Violation Report: 44676 - 12/07/2016 - Cutler, Jan
PCH Name: MELODY MANOR PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is no knob on the drawer of the nightstand next to resident #2's bed.

The upholstered brown chair on the left side at the entrance to the living room was stained and dirty on the arm and head rests.

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.

Immediately following the inspection the knob on the drawer of the nightstand next to Resident #2's bed was replaced.

Going forward the Administration will do walkthroughs of the Home ^{at least weekly} regularly to check for any items that need repair. DCS was also informed of the need to report any items in need of repair to the Administration. Documentation of the training was kept for our records

The upholstered brown chair was cleaned. ^{DU. 2/13/17}

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director* | Date *2-8-17*

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Plan of correction implementation status as of 2/13/17 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

FEB 08 2017

Violation Report: 44676 - 12/07/2016 - Cutter, Jan
PCH Name: MELODY MANOR PCH

WEST VIRGINIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening for Resident #3, admitted [redacted] 2016, was not dated; therefore, it was not possible to determine if it was completed within the required time frame.

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 February 1, 2017, the Administrator reviewed and double checked all pre-admission screenings to be sure they were all dated and filled out completely. Documentation was kept. For all new admissions, the Administrator & Designated person will both review all pre-assessments for any items that may be omitted.

Within 30 days of receipt of the plan of correction: all staff persons responsible for resident admissions will receive education on the pre admission screening form, including the requirement that they be completed within 30 days prior to admission and that they must be dated when completed. *pd. 2/13/17*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn Executive Director* Date *2-8-17*

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The above plan of correction is approved as of 2/13/17 (Date)

Plan of correction implementation status as of 2/13/17 (Date)

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

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