



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 15 2017

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' annual licensing inspections on January 10, 2017 and January 11, 2017 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: ARK MANOR		RECEIVED	License Number: 44686
Address: 105 SANDRA DRIVE, DELMONT, PA 15628			County: Westmoreland
Administrator: Andrea Buch		MAR 09 2017	Region: WEST
Legal Entity Name: ARK MANOR LLC			WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 105 SANDRA DRIVE, DELMONT, PA 15628			
Certificate(s) of Occupancy C-2 LP 06/23/2008 L&I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 59	Working Staff: 44	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Renewal, Complaint			
On-Site Inspections Dates and Department Representatives On-Site 01/10/2017: Eveses, Joseph; Quinn, Suzanne 01/11/2017: Eveses, Joseph			
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: 70 Number of Residents Served: 50 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: 13 Number of Hospice Residents in past year: 17		Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 50 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 1	

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Violation Report: 44686 - 01/10/2017 - Eveges, Joseph
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 1/10/17, the most recent licensing inspection summary, dated 2/2/16, was not posted in the home. The licensing inspection summary posted in the home was dated 8/21/15.

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

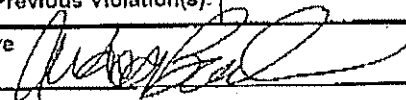
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was fixed during inspection. In the future, I will ensure the newest summaries are posted when they arrive I will check they are with all other mandatory postings monthly.

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

3/7/17

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The above plan of correction is approved as of

3-17-17
(Date)

Plan of correction implementation status as of

3-17-17
(Date)

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

The above plan of correction was approved by


(Initials)

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MAR 16 2017

Page 3 of 7

Violation Report: 44688 - 01/10/2017 - Evages, Joseph	
PCH Name: ARK MANOR	
WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 58 Pa.Code §2600 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits; amounts of withdrawals and the current balance.	
2a. DESCRIPTION OF VIOLATION The home manages funds for Resident #3, including making payments for the resident's pharmacy bill. However, the home does not have documentation that these payments have been authorized by the resident or their guardian. The home manages funds for Resident #3. However, the home's financial record for the resident does not record payments made on behalf of the resident to the home for: *\$40.00 charge for Cable, Oct 2016 *\$50.00 charge for Financial Management, Oct 2016 The resident home contract for Resident #3, who receives SSI, dated 10/21/14, indicates an \$85.00 monthly allowance for personal expenditures. However, the resident's financial record from 6/8/18 to 12/13/16 shows no record of the resident receiving \$85.00 per month personal expenditure allowance.	
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. [Redacted] is Representative Payee for Resident #3, appointed by the Social Security Administration, as requested by Resident's Guardian. From Resident's \$85 monthly allowance, 1st is paid [Redacted] pharmacy bill, 2nd [Redacted] rent and 3rd any other outstanding bills (ex: ambulance bills, supplies, etc) 4th, any remaining funds pay for cable, hair cuts, extra care, etc. To save on the # of checks written monthly, I would combine [Redacted] rent + the cable, hair, etc. Moving forward, I will write a check for [Redacted] rent, clearly leaving \$85 to pay the remaining items due. See following "Record of Financial Transactions" which has dates of deposits and withdrawals and current balance noted. I will continue to use this form and check monthly for accuracy	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Andrea Bach</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea Bach, Administrator</i>	Date: <i>3/7/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-17-17</u> (Date)	Plan of correction implementation status as of <u>3-17-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>p</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAR 16 2017

Violation Report: 44688 - 01/10/2017 - Evegas, Joseph
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The resident home contract for Resident #3, dated [redacted] 14, indicates a total monthly charge to the resident of \$1,095.30. However, the resident's November 2016 financial record indicates that the home charged the resident \$1,168.80 on 11/3/16.

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 # 3's rent was increased to \$1107³⁰ on 1/14/15, see following increase form. Resident was charged \$1107³⁰ rent for Nov 2016 see following invoice. Resident also paid \$57.70 toward [redacted] "extra care invoice" (chaircut, cable, etc) The total check, written on 11/3/16, was \$1165⁰⁰. Moving forward, I will write 1 check for [redacted] rent and a 2nd check, if [redacted] has any "extras". All will be documented on the "Record of Financial Transactions" form.

Immediately: The home's charges for actual rent and other services may not exceed the SSI resident's, including resident #3's, actual current monthly income reduced by the current personal needs allowance. 3-17-17

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)		Date
Andrea Bagal		3/7/17

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Violation Report: 44686 - 01/10/2017 - Eveges, Joseph	
PGH Name: ARK MANOR	
WEST REGION FIELD OFFICE Human Services Licensing	
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 1/10/17, the water temperature of the sink in the dining area measured 123.8 degrees Fahrenheit at 10:59 a.m.

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.

Water temperature was turned down on the hot water tank during inspection. Temperature registered 118⁶°F. Temperature tested 1/19/17 - 117⁴°F, 1/30/17 - 119²°F, 2/15 - 118³°F, 3/7 - 115⁹°F

We will continue to test water temp monthly and only Administration & Maintenance will have access to hot water tank controls.

Water temperatures shall be monitored at least weekly.
3-11-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/02/2016
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Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrea BACH Administrator	3/7/17

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The above plan of correction was approved by <u>[Signature]</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

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Violation Report: 44886 - 01/10/2017 - Eveges, Joseph
PCH Name: ARK MANOR

MAR 09 2017

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home does not have emergency water on site. The home's contract with Culligan does not specify the amount of water to be supplied in the event of an emergency.

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.

Culligan will deliver as many 5gal bottles of drinking water as we request. We have asked them to change the wording of their service letter. Additionally, we have begun purchasing gallon bottles to keep onsite.

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) Date

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(Date)

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

Plan of correction implementation status as of 3-17-17
(Date)

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MAR 09 2017

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Violation Report: 44686 - 01/10/2017 - Eveges, Joseph
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 1/10/17, the municipal emergency plan was not posted in the home.

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.

Replaced during inspection. Administration will check this is still posted monthly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea Bras*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea Bras Administrator* Date *3/7/17*

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Plan of correction implementation status as of 3-17-17 (Date)

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- Not Implemented