



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Mr. Neal 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' annual licensing inspections on April 5, 2017 and April 6, 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](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: HARMONY HOUSE MANOR		License Number: 31439
Address: 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904		County: Cambria
Administrator: Kim McCusker		Region: CENTRAL
Legal Entity Name: HARMONY HOUSE MANOR INC		
Legal Entity Address: 2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA 15928		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/25/1994 labor and industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 61	Working Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/05/2017: Bomberger, Cybil; Comstock, Kellee 04/08/2017: Bomberger, Cybil; Comstock, Kellee		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  <div align="center"> <p><b>RECEIVED</b></p> <p>MAY 24 2017</p> <p>CENTRAL REGIONAL FIELD OFFICE                      Human Services Department</p> </div>		
<b>Other Details</b>		
Partial or Full Triggers: n/a		Random Indicators: n/a
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 84 Number of Residents Served: 45 Secured Dementia Care Unit in Home: Yes Area: bottom floor Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 39 Have Mental Illness: 24 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0	

Violation Report: 31439 - 04/05/2017 - Bomberger, Cybil  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 65 Pa.Code §2800  
 2800.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct care Staff Person A received only 9.5 hours of annual training during training year 2016.  
 Staff Person B received only 11.5 hours of annual training during training year 2016.

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.

*Please see attached. Page 2A of 6. -le*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker* *Legal Officer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker, Administrator* *Luke Harris, Manager* Date *5/25/17*

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

The above plan of correction is approved as of 6-5-17  
 (Date)

The above plan of correction was approved by le  
 (Initials)

Plan of correction implementation status as of 6-5-17  
 (Date)

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

*Kim McCusker 5/25/17*

HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS-APRIL 5 AND 6, 2017 INSPECTION

JE

65e

**DESCRIPTION OF VIOLATION:** Direct Care Staff Person A received only 9.5 hours of training during year 2016.

Staff Person B received only 11.5 hours of annual training during training year 2016.

**WHAT SPECIFIC CHANGE WILL BE MADE:** A new annual staff training system is in place for all staff. (See attachment "B")

Also, Staff Persons A and B will have (12 + 2.5 hours and 12 + .5 hours, respectively) of training completed in 2017. The training topics will include those required by this Chapter at a minimum. Documentation of training will be kept in accordance with 2600.65i. - JE

**WHO WILL MAKE THE CHANGE:** Administrator

**WHEN WILL THE CHANGE BE MADE:** Immediately and on-going.

**SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:** New annual staff training form is in place. (See attachment "A").

**TRAINING PROVIDED TO STAFF:** Administrator will update staff on new form.

Violation Report: 31439 - 04/06/2017 - Bomberger, Cybil  
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2800  
 2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 4/6/17, the water temperature at 601 Bathroom A, located on the main floor, measured 131.1 degrees Fahrenheit.

The water temperature at the women's bathroom of Ivy Hall measured 130.6 degrees Fahrenheit.

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.

Please see attached Page 3 A of 6. -LE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kim McCusker *[Signature]*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Lyke Harrison *[Signature]*  
 Kim McCusker, Administrator

Date 5/25/17

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6-5-17  
 (Date)

Plan of correction implementation status as of

6-5-17  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

*[Handwritten marks]*

Kim McCusker 5/25/17





HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS-APRIL 5 AND 6, 2017 INSPECTION

JE

187a

**DESCRIPTION OF VIOLATION:** The medication administration record for Resident #1 indicated that APAP 325 mg was given at 8 am on 4/6/17. The medication had not been given, as it was pulled from the medication cart and returned to the pharmacy on 4/5/17 in error.

**WHAT SPECIFIC CHANGE WILL BE MADE:** Med Tech staff was educated on medication errors. (See attachment "4B & 4C"). An incident report was filed when discovering the error. Training was conducted on 5/23/2017. The Administrator or designee will review MAR's weekly to ensure that all required information is accurately recorded. Discrepancies will be corrected. *JE monthly*

**WHO WILL MAKE THE CHANGE:** Administrator and Med Tech staff.

**WHEN WILL THE CHANGE BE MADE:** Immediately and on-going.

**SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:** Med Tech staff received education on medication errors.

**TRAINING PROVIDED TO STAFF:** Yes

L. E. O. Harrison 19/1

Kim M. Custer 5/25/17

Violation Report: 31439 - 04/06/2017 - Bomberger, Cybil  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

On 3/16/17, Resident #2 was restrained to a wheelchair with a bed sheet by Staff Person C, after the resident was involved in a physical altercation with a visiting family member. Resident #3 was restrained until emergency medical personnel responded.

**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.

Please see attached page 5A of 6. -bc

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker* *Cybil Bomberger*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker, Administrator* *Lake Harrison, Manager* Date *5/25/17*

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The above plan of correction was approved by <u>bc</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

*L. L. Harrison* *LLH*

*Kim McCusker* *5/25/17*

HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS-APRIL 5 AND 6, 2017 INSPECTION

JE

202

**DESCRIPTION OF VIOLATION:** On 3/16/17, Resident #2 was restrained to a wheelchair with a bed sheet by Staff Person "C", after the resident was involved in a physical altercation with a visiting family member. Resident #3 was restrained until emergency medical personnel responded.

**WHAT SPECIFIC CHANGE WILL BE MADE:** Staff person "C" was terminated immediately. Training on Regulation 2600.202 was given to each staff member on May 24, 2017. (See attachment "5B"), including an overview of the Older Adult Protective Services Act. -~~be~~

**WHO WILL MAKE THE CHANGE:** Administrator and staff.

**WHEN WILL THE CHANGE BE MADE:** Immediately and on-going.

**SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR**

**AGAIN:** Training of staff on regulation 2600.202, to be conducted on a yearly basis. Documentation of training shall be kept by the home. Administrator or designee will also review progress notes weekly to ensure that staff use safe management techniques. -~~be~~

**TRAINING PROVIDED TO STAFF:** Yes

Violation Report: 31439 - 04/05/2017 - Bomberger, Cybil  
 PCH Name: HARMONY HOUSE MANOR

**1. REGULATION 55 Pa.Code §2809**  
 2809.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3, who was admitted to the Secure Dementia Care Unit on [redacted] 16, did not have a medical evaluation until 5/3/16.

**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.

Please see attached. Page 6A of 6. -SE

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker* *Luke Harris*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim McCusker, Administrator* *Luke Harris, Manager* Date *5/25/17*

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*Luke Harris*

*Kim McCusker 5/25/17*

HARMONY HOUSE MANOR, INC

VIOLATION-PLAN OF CORRECTIONS-APRIL 5 AND 6, 2017 INSPECTION

JE

2316

**DESCRIPTION OF VIOLATION:** Resident #3, who was admitted to the Secure Dementia Unit on [REDACTED]/16, did not have a medical evaluation until 5/3/16.

**WHAT SPECIFIC CHANGE WILL BE MADE:** A new resident file checklist including the above regulation is in place to use during new admissions. (See attachment "6B"), to ensure that residents receive medical evaluations within the time frames specified by this Chapter and with the required information. -JE

**WHO WILL MAKE THE CHANGE:** Administrator

**WHEN WILL THE CHANGE BE MADE:** Immediately and on-going.

**SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:** A new resident file check-off list implemented.

**TRAINING PROVIDED TO STAFF:** N/A

Luke Harrison LH

Kin McCutchen 5/25/17