



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 31, 2017

Mr. Ben Willner
Owner
Ark Manor, LLC
105 Sandra Drive
Delmont, Pennsylvania 15626

RE: Ark Manor
Certificate #: 446860

Dear Mr. Willner:

As a result of the Department of Human Services' licensing inspection on June 21, 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ARK MANOR		License Number: 44686
Address: 105 SANDRA DRIVE, DELMONT, PA 15626		County: Westmoreland
Administrator: Andrea Bach		Region: WEST
Legal Entity Name: ARK MANOR LLC		RECEIVED
Legal Entity Address: 105 SANDRA DRIVE, DELMONT, PA 15626		
Certificate(s) of Occupancy C-2 LP 06/23/2008 L&I		JUL 25 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2017: Summers, Vicky; Quinn, Suzanne		
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: 54 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: 19		Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 51 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0

JUL 25 2017

Violation Report: 44686 - 06/21/2017 - Summers, Vicky

PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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's assessment, dated 9/1/16, indicates the resident is independent in transferring in/out of bed/chair and needs prompting/cueing with toileting. However, progress notes, dated 4/17/16, indicate the resident is, "not self care and will be pottied each and every round." Also, the resident has been non-weight bearing since 5/11/17 due to multiple wounds on his/her feet.

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 was discharged to higher level of care [redacted] 7/27/17.

While we were ~~over~~ caring for Resident 1 appropriately & according to Doctor's orders, we neglected to update [redacted] RASP form.

I have checked our current resident RASP forms for accuracy and will continue to spot check monthly to ensure all RASPs are updated with all significant changes, to include assistance needed in the bathroom.
 L
 7/27/17

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)

Andrew Bach Administrator

Date 7/20/17

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

The above plan of correction is approved as of

7/27/17
(Date)

Plan of correction implementation status as of

7/27/17
(Date)

The above plan of correction was approved by

L
(Initials)

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

JUL 25 2017

Violation Report: 44686 - 08/21/2017 - Summers, Vicky

PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/1/16, indicates the resident is mobile; however, the resident has been non-weight bearing since 5/11/17 due to multiple wounds on his/her feet and needs staff assistance to transfer in/out of bed/chair.

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 1 was discharged to a higher level of care [redacted] 17.

While we were caring for Resident 1 appropriately & according to Doctor's orders, we neglected to update [redacted] RASP form.

I've checked our current resident RASP forms for accuracy & will continue to spot check monthly to ensure all RASPs are updated with all significant changes, to include an assessment for mobility needs. P 7/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea Beach

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrea Beach

Date 7/20/17

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(Date)

Plan of correction implementation status as of

7/27/17
(Date)

The above plan of correction was approved by

L
(Initials)

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

Violation Report: 44686 - 06/21/2017 - Summers, Vicky
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 wears an open-toed boot on the left foot; however, this is not indicated on the resident's support plan, dated 9/1/16.

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 was discharged to higher level of care [redacted] 1/17
While we were caring for Resident 1 appropriately & according to Doctor's orders, we neglected to update [redacted] RASP form.

I've checked our current resident RASP forms for accuracy & will continue to spot check monthly to ensure all RASPs are updated with all significant changes, to include any assistive devices.

[Signature]
7/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrea Bach Administrator

Date 7/20/17

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The above plan of correction is approved as of

7/27/17
(Date)

Plan of correction implementation status as of

7/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)