



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ARK MANOR LLC
LEGAL ENTITY

To operate ARK MANOR
NAME OF FACILITY OR AGENCY

Located at 105 SANDRA DRIVE, DELMONT, PA 15626
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 July 9, 2018 until January 9, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446861**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUL 09 2018

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

RE: Ark Manor
Certificate #: 446861

Dear Mr. Willner:

As a result of the Department’s Bureau of Human Services Licensing annual inspection on January 10, 2018; January 12, 2018; April 13, 2018 and June 1, 2018, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 446860 dated March 16, 2018 to March 16, 2019, is **REVOKED**. A **FIRST PROVISIONAL** license is being issued. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 16, 2018 to March 16, 2019 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
225c	III	51	\$3	\$153	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: ARK MANOR		License Number: 446860
Address: 105 SANDRA DRIVE, DELMONT, PA 15626		County: Westmoreland
Administrator: Andrea Bach		Region: WEST
Legal Entity Name: ARK MANOR LLC		
Legal Entity Address: 105 SANDRA DRIVE, DELMONT, PA 15626		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/23/2008 Labor and Industry		MAY 17 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/10/2018: Roser, Ashley; Georgoullis, Karen 01/12/2018: Roser, Ashley; Georgoullis, Karen		
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 who:	
Number of Residents Served: 54	Receive Supplemental Security Income: 13	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 54	
Area:	Have Mental Illness: 8	
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: 14	
Number of Current Hospice Residents: 12	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 28		

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

The home's internal "Accident/incident report" indicates the following incidents of physical/verbal abuse:

- *12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
- *12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
- *12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
- *12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
- *12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the local Area Agency on Aging until 1/12/18.

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.

None of these incidents resulted in injury, physical harm or mental anguish. These 2 residents were roommates and were separated after each incident. We also kept them separated during the day. Resident #8 was moved to another bedroom. During our inspection on 1/12/18, the facility reported these incidents to AAA protective services, DHS and designated person.

See Pages 2A and 2B of 33

Cont -

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Kastner</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Kastner	5-9-18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

MAY 17 2018

WEST REGION FIELD OFFICE
Fictional address missing

pg. 2 cont.

In the future, we will report all incidents of suspected abuse to AAA.

Staff has been educated on reporting any and all suspected abuse to Dr. Lides, at which time proper reporting will begin.

Jennifer Kastner
Jennifer Kastner

5-9-18

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PGH Name: ARK MANOR WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2800
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
The home's internal "Accident/incident report" indicates the following incidents of physical/verbal abuse:
*12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/his arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
*12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
*12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
*12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #3." and "slapping, pinching, and pulling resident #8."
*12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the local Area Agency on Aging until 1/12/18.

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.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions indicated in 2600.16a. The training shall also include immediate reporting procedures for all suspected abuse involving residents, regardless if there was injury, in accordance with the Older Adults Protective Services Act. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all reportable incidents and conditions on a daily basis and immediately report any suspected abuse in accordance with the Older Adults Protective Services Act.

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

Signature of Legal Entity Representative (Required on EVERY Page) Jennifer Roser

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Roser Date 6/25/18

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

The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

The home's internal "Accident/incident report" indicates the following incidents of physical/verbal abuse:
*12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
*12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
*12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
*12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
*12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the designated persons of residents #7 and #8 until 1/12/18.

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.

None of these incidents resulted in injury, physical harm or mental anguish. These 2 residents were separated after each incident. We also kept them separated during the day. Resident #8 was moved to another bedroom.
During our inspection 1/12/18, the facility reported these incidents to AAA protective services, DHS and designated person.
In the future, we will report all incidents of suspected abuse to designated person(s).
Staff has been educated on reporting any/all suspected abuse to Sr. Aides, at which time proper reporting will begin.

See Page 3A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kestner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kestner* Date *5-9-18*

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

The above plan of correction is approved as of 6/29/18 (Date)

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

Plan of correction implementation status as of 6/29/18 (Date)

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

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Rozer, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

The home's internal "Accident/incident report" indicates the following incidents of physical/verbal abuse:
*12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
*12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
*12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
*12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
*12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the designated persons of residents #7 and #8 until 1/12/18.

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.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all reportable incidents and conditions on a daily basis and immediately report any suspected abuse involving residents to the resident and the resident's designated person.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Koster

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

Jennifer Koster

Date 6/25/18

DEPARTMENT USE ONLY - HOME'S MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley

PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home's Internal "Accident/incident report" indicate the following incidents of physical/verbal abuse:
*12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
*12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
*12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
*12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
*12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the Department until 1/12/18.

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.

None of these incidents resulted in injury, physical harm or mental anguish. These 2 residents were separated after each incident. We also kept them separated during the day. Resident #8 was moved to another bedroom.

During our inspection on 1/12/18, the facility reported these incidents to AAA protective services, DHS and designated person.

On the future, we will report all incidents of suspected abuse to DHS.

Staff has been educated on reporting any/all suspected abuse to Sr. aides, at which time proper reporting will begin.

See Page 4A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Rastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Rastner* Date *5-9-18*

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

The above plan of correction is approved as of 6/29/18 (Date)

Plan of correction implementation status as of 6/29/18 (Date)

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

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

JUN 25 2018

Violation Report: 4466 - 01/10/2018 - Roer, Ashley
PCH Name: ARK MANOR WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
The home's internal "Accident/Incident report" indicate the following incidents of physical/verbal abuse:
*12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
*12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
*12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
*12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
*12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

None of these incidents were reported to the Department until 1/12/18.

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.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions indicated in 2600.16a. The training shall also include immediate reporting procedures for all suspected abuse involving residents, regardless if there was injury, in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all reportable incidents and conditions on a daily basis to ensure timely reporting to the Department in accordance with 2600.16c.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Jennifer Kastner* *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, a green binder labeled, "Staff only-Confidential" was unlocked and unattended in the cabinet drawer in the large dining room. The binder contained the names of numerous residents and their prescribed diets, as well as the amount of their daily food consumption.

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.

All resident records, including daily consumptions for each resident, will remain in a designated locked area.

The daily consumption log book will be kept in locked cupboard located outside of dining room and will only be accessible by staff.

See Page 5A of 33

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, a green binder labeled, "Staff only-Confidential" was unlocked and unattended in the cabinet drawer in the large dining room. The binder contained the names of numerous residents and their prescribed diets, as well as the amount of their daily food consumption.

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: A designated staff person shall inspect the home on a daily basis to ensure all resident records and information is kept in an area or container that is locked.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated that all resident records and information shall be kept in an area or container that is locked.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6/25/17

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.1B - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

No publications regarding the influenza vaccine were posted in a public place in accordance with the Influenza Awareness Act, enacted in July 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.

These publications were posted during our inspection on 1-12-18.

Publications regarding the influenza vaccine will be posted in a public place.

Administrator/designee will be sure these publications remain posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kaster

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

Jennifer Kaster

Date

5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(Initials)

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
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

Resident #9's resident-home contract, dated 11/10/15, includes fee schedule, dated 12/1/14, which indicates the cost of room and board for a large private bedroom is \$3,100 per month, with a \$300 charge per month for standard services, to include securing and managing health care and laundry services. However, resident #2's resident-home contract, 11/17/15, includes the same fee schedule, dated 12/1/14; however, indicates the cost of room and board for a large private bedroom is \$4,700 per month, with a \$300 charge per month for standard services, to include securing and managing health care and laundry services.

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 charges on the resident contract included a flat fee at the request of the guardian due to the fact she felt it would be easier to manage funds.

This should not be a repeat violation because it was the 1st time for this citation.

Moving forward, administrator/designee will be sure the fee schedule is updated appropriately.

Resident #2 no longer resides in the home.

See Page 8A of 33

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/10/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date

5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

J
(Initials)

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
 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

Resident #9's resident-home contract, dated 11/10/16, includes fee schedule, dated 12/1/14, which indicates the cost of room and board for a large private bedroom is \$3,100 per month, with a \$300 charge per month for standard services, to include securing and managing health care and laundry services. However, resident #2's resident-home contract, 11/17/16, includes the same fee schedule, dated 12/1/14; however, indicates the cost of room and board for a large private bedroom is \$4,700 per month, with a \$300 charge per month for standard services, to include securing and managing health care and laundry services.

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: The home shall not charge any resident higher than the current amount for room and board, or any other available services, in accordance with the home's current fee schedule. Any changes to the current amount for room and board or any other available services, shall be provided to the resident, in writing, at least 20 days in advance in accordance with 2600.25c(10).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/10/2017 <i>etal</i>
-----------------------	-----------------------------------	------------------------

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennifer Kastner</i>	<i>6/25/18</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 11/14/17, did not receive training on any topic specified in 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills, as well as emergency evacuation, transportation and at an emergency location, if applicable.

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.

Staff person "B" did receive verbal training on specified topics on first day of employment. In addition to the verbal training, she received a training book which also included these specific topics. She however, neglected to turn the training book back in, in a timely fashion.

In the future, administrator/designee will be sure the staff are educated in this area prior to or during the first day of employment.

Staff person B no longer works in the home. *See Page 9A of 33*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Mark]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 25 2018

Violation Report: 446E - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 11/14/17, did not receive training on any topic specified in 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills, as well as emergency evacuation, transportation and at an emergency location, if applicable.

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: The home shall develop and implement an orientation checklist which includes all topics indicated in 2600.65a. The checklist shall be reviewed with all newly-hired staff persons prior to or during the first workday, and include the signature of the staff person receiving the training and the staff person conducting the training in accordance with 2600.65i.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Roser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Roser</i>	Date <i>6/25/18</i>
---	------------------------

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 11/14/17, completed their 40th scheduled working hour on 12/8/17; however, did not receive training on any topic specified in 2600.65b, to include resident rights and emergency medical plan.

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.

Staff person "B" received verbal education on these topics. In addition to the verbal education, she received a training book which addressed these topics. She however failed to return the books in a timely fashion.

In the future, administrator/designee will make certain that all staff are educated appropriately within the 40 scheduled working hours.
Staff person B no longer works in the home.

See Page 10B of 33

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

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

The above plan of correction was approved by


(Initials)

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 11/14/17, completed their 40th scheduled working hour on 12/8/17; however, did not receive training on any topic specified in 2600.65b, to include resident rights and emergency medical plan.

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: The home shall develop and implement an orientation checklist which includes all topics indicated in 2600.65nb. The checklist shall be reviewed with all newly-hired staff persons within 40 scheduled working hours, and include the signature of the staff person receiving the training and the staff person conducting the training in accordance with 2600.65i.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received; shall be kept.

2a. DESCRIPTION OF VIOLATION

Staff person's A's 2017 staff training records do not include the dates of the trainings.

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.

Staff "A" received training for 2017, however I neglected to document the dates in which she received them.

Moving forward, administrator/designee will be sure to document these dates once training is completed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer Kastner Date 5-9-18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Both arm rests of resident #2's wheelchair are worn and missing the vinyl coverings, exposing the padding underneath. (Observed 1/10/18)

The right arm rest of resident #4's wheelchair is worn and missing the vinyl covering, exposing the padding underneath. The resident's left arm rest is in disrepair and was covered with padding, attached with duct tape. (Observed 1/12/18)

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.

Upon discovery of worn arm rests of wheelchair belonging to resident #4, staff contacted supplier and ordered new wheelchair. Once delivered, resident #2 flat out refused to use new wheelchair and insisted on using current chair.

Arm rests have been replaced.

Resident #2 is no longer a resident here.

Administrator conducted wheelchair inspection to ensure all wheelchairs are clean and in good repair.

Going forward, we will be sure all wheelchairs are in good repair and will replace/repair as needed.

Resident #4 passed away. ✓

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

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

Date 5-9-18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

MAY 17 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/10/18, a buildup of an unknown white residue, covering 3/4 of the doors, was present on the doors of the the stainless steel refrigerator, located in the home's kitchen. Also, a 1" heavy accumulation of food particles was present on the inside, bottom of the refrigerator.

On 1/10/18, a mixture of condiment residue covered the entire bottom of the orange food tray in the walk-in refrigerator, which contained 13 contiment bottles. Also, dried residue covered the lids and spouts of many of the the condiment bottles.

On 1/10/18, a dry, white residue covered the entire receiver of the black phone, located in the home's sunroom.

On 1/10/18, numerous items, which are used on multiple residents, were present in a basket in the common shower room in Wing 4, to include the following:

- *2 silver hairbrushes, labeled "Ark"
- *2 combs
- *Black fingernail brush
- *A 3 oz. tube of Derma Gran-B Hydrophilic Wound Dressing
- *Remedy Phytoplex Protectan Z-Guard Paste
- *Multiple bottles of perineal and skin cleaner
- *A 7 oz. tube of Protect Mositure Barrier Ointment

On 1/10/18, no paper towels or other sanitary means of hand drying was present in resident #4's bathroom .

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.

Refrigerator has been cleaned inside and out. Orange tray was replaced with new one. All Reuseable Condiment bottles have been replaced with disposable ones with lids. Kitchen staff will check these items daily to ensure cleanliness. Administrator will check weekly.

Phone was cleaned. Housekeeping has been cleaning & sanitizing all phones weekly.

See Pages 13A and 13B of 33 Cont.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Kastner</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Kastner	5-9-18

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

WEST REGION FIELD OFFICE
Human Services Licensing

p.13 cont:

All items located in basket in shower room were thrown away during inspection on 1-12-18. Staff instructed to keep these items for each resident in their own room, labeled and in night stand. They were also instructed to use these items on only the resident in which they belong to.

Resident #4 will have a towel in bathroom at all times for hand drying. Staff will check bathroom each shift to be sure one is present.

Jennifer Kastner
Jennifer Kastner

5-9-18

RECEIVED

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANOR

JUN 25 2018

1. REGULATION 55 Pa.Code §2800
 2800.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/10/18, a buildup of an unknown white residue, covering 3/4 of the doors, was present on the doors of the the stainless steel refrigerator, located in the home's kitchen. Also, a 1" heavy accumulation of food particles was present on the inside, bottom of the refrigerator.

On 1/10/18, a mixture of condiment residue covered the entire bottom of the orange food tray in the walk-in refrigerator, which contained 13 condiment bottles. Also, dried residue covered the lids and spouts of many of the the condiment bottles.

On 1/10/18, a dry, white residue covered the entire receiver of the black phone, located in the home's sunroom.

On 1/10/18, numerous items, which are used on multiple residents, were present in a basket in the common shower room in Wing 4, to include the following:

- *2 silver hairbrushes, labeled "Ark"
- *2 combs
- *Black fingernail brush
- *A 3 oz. tube of Derma Gran-B Hydrophilic Wound Dressing
- *Remedy Phytoplex Proctactan Z-Guard Paste
- *Multiple bottles of perineal and skin cleaner
- *A 7 oz. tube of Protect Moisture Barrier Ointment

On 1/10/18, no paper towels or other sanitary means of hand drying was present in resident #4's bathroom.

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.

Staff education on labeling each resident's personal hygiene items was conducted on 6/13/18.

Immediately: A designated staff person shall inspect the home on a daily basis, including the home's kitchen and all bathrooms, to ensure sanitary conditions are maintained and to ensure all resident personal hygiene items are clearly labeled with their name. Documentation of the checks shall be kept.

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
Jennifer Roser			6/25/18

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH 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 1/10/18, at 12:02 p.m., the temperature of the hot water at the sink in the large dining room was 124.8 degrees Fahrenheit.
On 1/10/18, at 3:35 p.m., the temperature of the hot water at the sink in resident #2's Jack and Jill bathroom was 127.7 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.

Hot water was disconnected in large dining room sink.
Hot water was turned down. Staff has been checking weekly to ensure that the temperature does not exceed 120°F.
Heatguard has been ordered and will be installed upon delivery. (See next page) Heat guard will assist in keeping temperature at 120°F.

See Page 14A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/10/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner Date 5-9-18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH 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 1/10/18, at 12:02 p.m., the temperature of the hot water at the sink in the large dining room was 124.8 degrees Fahrenheit.
On 1/10/18, at 3:35 p.m., the temperature of the hot water at the sink in resident #2's Jack and Jill bathroom was 127.7 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.
Immediately, then weekly thereafter: A designated staff person shall test the temperature of the hot water of at least 5 water sources accessible to residents to ensure the hot water does not exceed 120 degrees Fahrenheit. Documentation of the checks shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/10/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner Date 6/25/18

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, no telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and the personal care home complaint hotline were posted on or near the telephone in the home's study.

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.

A list of phone numbers was posted next to phone in study during inspection on 1-10-18.

Administrator conducted a check of all phones to ensure posting of phone numbers.

Moving forward, administrator/designee will do weekly checks to ensure phone numbers are posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(Initials)

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The following operable windows do not have screens:

- *The two windows located in the home's sitting room, next to bedroom #100 (Observed on 1/10/18)
- *Window facing the home's designated smoking area near the large dining room (Observed 1/10/18)
- *Resident #1's bedroom window (Observed 1/12/18)

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.

Screens have been re-installed in all windows listed above. Staff have been instructed to notice and report any screens which may be missing or are in disrepair.

Immediately, then monthly thereafter: A designated staff person shall inspect all windows, including windows in doors, to ensure a screen is present and in good repair. 6/29/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner Date 5-9-18

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u>J</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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

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

Numerous soap dispensers are in disrepair in the following areas:
*Wing 3 common shower room (Observed 1/10/18)
*Resident #1's shared bathroom (Observed 1/12/18)
*Resident #2's shared bathroom (Observed 1/10/18)

On 1/12/18, the 3rd drawer from the top of resident #5's dresser was broken and would not close properly.

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.

Buckeye Chemical company provides our soap dispensers. They were notified of the need to replace these particular dispensers prior to inspection. Dispensers were all replaced 1-15-18.

Administrator/designer will check dispensers weekly to ensure they are in working order and will notify Buckeye when they need replaced.

Resident #5's dresser has been repaired. 6/29/18

Immediately thereafter monthly thereafter: A designated staff person shall inspect all furniture and equipment to ensure it is in good repair, clean and free of hazards. 6/29/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of 6/29/18 (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of 6/29/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the staff room does not contain an operable thermometer or eye coverings. The first aid kit located in the office does not contain tape and gloves.

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.

A complete first aid kit has been placed in staff breakroom. Senior aides will check weekly to ensure all items are present and will replace anything that may be needed.

Additional first aid kit is kept in administrator's office.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, approximately 1.5" of snow covered the ground of the egress route from exit door to the gazebo.

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.

Snow was cleaned during inspection 1-10-18.
The plow company was told of the need to remove snow/ice from all walkways, not just the main entrance.

Staff will ensure walkways are clear and free of snow/ice.

Immediately: A designated staff person shall inspect all walkways ramps, steps, recreational areas and exterior fire escapes hourly during inclement weather to ensure they are free from snow, ice and obstructions.

6/29/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of *6/29/18* (Date)

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

Plan of correction implementation status as of *6/29/18* (Date)

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

Violation Report: 4488 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
No operable lamp or other source of lighting which can be turned on/off at bedside is present in the following resident bedrooms:
*Resident #2 (Observed 1/10/18)
*Resident #4 (Observed 1/10/18)
*Resident #5 (Observed 1/12/18)

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 #2, #4, #5 all have working lamps on bedside table.

Administrator conducted a check of all rooms to ensure all lamps are in working order.

Nurse Keeping will check for working lamps in each room, weekly. Will replace any lamp found not in working order.

Administrator/designee will spot check rooms as well.
Residents #2 and #4 no longer reside in the home. *L*
6/29/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner Date 5-9-18

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

The above plan of correction is approved as of 6/29/18
(Date)

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

Plan of correction implementation status as of 6/29/18
(Date)

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

MAY 17 2018

1. REGULATION 55 Pa.Code §2600
2600.101(p) - There must be doors on the bedrooms.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home has multiple dutch doors as bedroom doors, to include bedrooms #100 and #200. Each part of the dutch door has a doorknob on the outside of the door. However, there are no doorknobs on the inside of the doors and are unable to be opened from the inside. Also, staff members indicate when residents are in their bedrooms, they only close the bottom half of the dutch door and leave the top half open, which open into the hallway. Many residents, including resident #8, are unable to close the top half of the door independently to afford privacy.

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.

There are door knobs on the inside, bottom of the dutch doors, and are able to be opened from the inside. Staff always closes doors completely during care and when a resident asks for privacy.

Resident #8 no longer lives in a room with a dutch door.

See Page 22A of 33

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

Signature of Legal Entity Representative *Jennifer Kastner*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Jennifer Kastner* Date *5-9-18*
(Required on EVERY Page)

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

RECEIVED

Violation Report: 4468 - 01/10/2018 - Rosar, Ashley

PCH Name: ARK MANOR

JUN 25 2018

1. REGULATION 85 Pa.Code §2600
2600.101(p) - There must be doors on the bedrooms.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home has multiple dutch doors as bedroom doors, to include bedrooms #100 and #200. Each part of the dutch door has a doorknob on the outside of the door. However, there are no doorknobs on the inside of the doors and are unable to be opened from the inside. Also, staff members indicate when residents are in their bedrooms, they only close the bottom half of the dutch door and leave the top half open, which open into the hallway. Many residents, including resident #8, are unable to close the top half of the door independently to afford privacy.

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.

Within 30 days of receipt of the plan of correction: The dutch doors shall be replaced with standard doors or modified to ensure both parts of the doors close and latch completely, and are able to be opened independently by residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date *6/25/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, the following undated food items were present in the kitchen refrigerator:

- *A silver tray containing 4 pieces of hoagie
- *A ziploc bag containing 15 slices of American cheese

On 1/10/18, the following unlabeled and undated food items were present in the kitchen refrigerator:

- *An oval red container, containing unknown contents
- *A clear plastic container, containing unknown contents

On 1/10/18, the following undated food items were present in the walk-in refrigerator:

- * (3) 1 gallon ziploc bags of cheese cubes
- * 23 bisquits

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.

All left over food will be labeled + dated.
 Food items which are in a different storage containers will also be labeled and dated.
 Kitchen staff will check items in refrigerator and freezer daily.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Roser</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Roser	5-9-18

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, the following undated food items were present in the home's walk-in freezer:

- *1 bag of crab cakes
- *1 gallon bag of meatballs
- *1 gallon bag of garlic sticks

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.

All food in refrigerator and freezer was dated and labeled appropriately.

Going forward, kitchen staff will check both the refrigerator and freezer daily.

Administrator/designee will also spot check these areas to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Kastner</i>	Date <i>5-9-18</i>
---	-----------------------

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u><i>J</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>X</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, multiple clumps of lint were present in the back of the home's dryer and throughout the bottom of the dryer.

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.

Lint was removed from dryer on day of inspection 1-10-18.

Staff has been re-trained on the importance of emptying lint trap after each load of laundry. Senior aides will check the dryer each shift to be sure staff is cleaning lint trap as instructed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date *5-9-18*

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

L
(Initials)

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

No medical evaluation was completed for resident #5, who was admitted to the home on 12/8/17.

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 ^{DME} was completed by PCP in a timely fashion. However, it was mis-filed and was located after inspection.

Administrator has checked all current DME's and they are up to date.

Moving forward, administrator/designee will check files to ensure medical evaluations are completed within the allotted time frame.

See Page 26A of 33

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(Initials)

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

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 68 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

No medical evaluation was completed for resident #5, who was admitted to the home on 12/6/17.

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: A designated staff person shall develop and implement a system to ensure each newly-admitted resident has a medical evaluation completed in its entirety within 60 days prior to admission or within 30 days after admission. Documentation of the system shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6/25/18

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley

PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ventolin Inhaler 90 MCG-Inhale two puffs every six hours as needed. The medication was dated as opened on 1/1/17, however, according to the manufacturer's instructions, the inhaler expires 12 months after opening. On 1/12/18, the inhaler was still present 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.

Upon discovery, inhaler was disposed of and a new one was ordered and received from pharmacy.

Denise aides will check expiration dates on all medications weekly and will follow manufacturers instructions.

All medications in house are all within the time frame given.

Administrator/designee will check monthly to ensure that medications are up to date.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(initials)

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

Violation Report: 4488 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedure for the process to investigate and account for missing medications and medications errors, dated 9/17/08, states: "The senior aide will initial and date each blister on the med card as the medication is removed," however, resident #5's narcotics are not being initialed and dated when removed from the blister pack by the senior aide.

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.

Senior aides have been re-educated on the need to initial blister packs upon removal of narcotics.

Administrator will audit the med carts monthly to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of *6/29/18* (Date) Plan of correction implementation status as of *6/29/18* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 4488 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Primidone 50 MG-Take two tablets by mouth three times daily. On 1/12/18 at 9:50 a.m., the resident's 12 p.m. dose was already initialed as administered by staff person C on the resident's January 2018 medication administration record.

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.

12p medication was not given to resident #3 on the day in question. Staff member "c" mistakenly initialed for it and did not realize it.

Senior aides were re-educated on the importance of not signing for something not yet given.

Administrator will audit M.A.R. on different days and times to ensure this is not an on going issue.

Resident #3 no longer resides in the home. L
6/29/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

L
(Initials)

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

MAY 17 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD 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

Resident #1's preadmission screening, dated 11/19/17, does not include a determination if the home can meet the resident's needs. This section of the form is blank.

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 an oversight and on day of inspection, the appropriate box was marked.

Moving forward, Administrator/designee will check preadmission screening to ensure everything is completed.

See Page 30A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Roser*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Roser* Date *5-9-18*

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

The above plan of correction is approved as of *6/29/18*
(Date)

Plan of correction implementation status as of *6/29/18*
(Date)

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

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

JUN 25 2018

Violation Report: 4488 - 01/10/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 86 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
Resident #1's preadmission screening, dated 11/19/17, does not include a determination if the home can meet the resident's needs. This section of the form is blank.

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.
Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed in its entirety, to include a determination the home can meet the resident's needs.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
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

The home's internal "Accident/incident report" indicate the following incidents of physical/verbal abuse:

- *12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/ her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
- *12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
- *12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hates resident #8 and that resident #7 is going to punch resident #8 in the face."
- *12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
- *12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

However, resident #7's assessment, dated 10/1/17, indicates no problems with agitation and aggression and that no supervision is needed.

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 RASP was updated on day of inspection 1-10-18.

Administrator/Designee will update all RASP's as required as the needs change.

All RASP's are current and up to date.

See Page 31A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 6/29/18
(Date)

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

Plan of correction implementation status as of 6/29/18
(Date)

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

Violation Report: 4488 - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANO R

RECEIVED

1. REGULATION 58 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.

JUN 25 2018

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's internal "Accident/incident report" indicate the following incidents of physical/verbal abuse:
 *12/25/17 at 11:28 a.m.: "resident #7 went after resident #8." "resident #7 grabbed resident #8 by his/her arm and resident #7 pointed his/her finger in resident #8's face yelling at him/her that resident #8 is not and never allowed to use that restroom."
 *12/25/17 at 2:30 a.m.: "found resident #7 hitting resident #8 in the head and took resident #8 out of the room."
 *12/20/17 at 8 a.m.: "resident #7 come up to resident #8 and told the resident he/she was annoying and that resident #7 hatea resident #8 and that resident #7 is going to punch resident #8 in the face."
 *12/13/17 at 9:55 a.m.: "resident #7 was screaming at resident #8." and "slapping, pinching, and pulling resident #8."
 *12/11/17 at 4:30 a.m.: "I walked into residents #7 and #8's room and resident #7 was trying and hitting resident #8. When trying to redirect resident #7 he/she hit me in the back."

However, resident #7's assessment, dated 10/1/17, indicates no problems with agitation and aggression and that no supervision is needed.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments for accuracy and completion. Documentation of the review shall be kept.
 Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new system.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jennifer Kastner</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date: 6/25/18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
 PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #3's assessment, dated 6/20/17, indicates the resident is minimally mobile, however, the resident is totally immobile and utilizes a hooyer lift with the assistnace of 2 staff persons to transfer in/out of bed/wheelchair.

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 assessment for resident #3 was updated on day of inspection to reflect his/her need.

This was an oversight. Resident #3 does require the use of a hooyer lift with the assist of 2 to transfer safely. He is immobile.

In the future, administrator/designee will ensure that assessments are accurate, including mobility needs.

See Page 32A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 6/29/18
 (Date)

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

Plan of correction implementation status as of 6/29/18
 (Date)

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

JUN 25 2018

A

Violation Report: 4408 - 01/10/2018 - Roser, Ashley

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 #3's assessment, dated 6/20/17, indicates the resident is minimally mobile, however, the resident is totally immobile and utilizes a hooyer lift with the assistance of 2 staff persons to transfer in/out of bed/wheelchair.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments to ensure each resident has an accurate assessment of mobility needs. Documentation of the review shall be kept.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident's mobility needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new system.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/21/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Jennifer Kasmer

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

Jennifer Kasmer

Date

6/25/18

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
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 #2's support plan, dated 11/1/17, indicates numerous medical diagnoses, including osteoarthritis, hypertension and hyperlipidemia; however, the plan to meet the medical needs for all diagnoses listed are blank.

Resident #4's support plan, dated 6/1/17, indicates numerous diagnoses; to include venous stasis dermatitis, diabetes and COPD; however, the plan to meet the medical needs of these diagnoses are blank.

Resident #5's support plan, dated 12/10/17, indicates diagnoses of GERD, anxiety, mental retardation, paranoid schizophrenia and depression; however, the plan to meet these medical and psychological needs are blank.

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 #4 & resident #5 support plans were updated on day of inspection. Resident #2 is no longer a resident.

All current resident support plans have been reviewed and are up to date.

Moving forward, administrator/designee will give as much detailed information as possible.

Administrator/designee will check monthly and will update as the needs may change.

See Page 33A of 33

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/21/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 5-9-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

JUN 25 2018

Violation Report: 4468 - 01/10/2018 - Roser, Ashley
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 #2's support plan, dated 11/1/17, indicates numerous medical diagnoses, including osteoarthritis, hypertension and hyperlipidemia; however, the plan to meet the medical needs for all diagnoses listed are blank.

Resident #4's support plan, dated 6/1/17, indicates numerous diagnoses, to include venous stasis dermatitis, diabetes and COPD; however, the plan to meet the medical needs of these diagnoses are blank.

Resident #5's support plan, dated 12/10/17, indicates diagnoses of GERD, anxiety, mental retardation, paranoid schizophrenia and depression; however, the plan to meet these medical and psychological needs are blank.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion. Documentation of the review shall be kept.

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident support plans shall be educated on the new system.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/21/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kachner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kachner Date 6/25/18

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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: Jennifer Kastner		Region: WEST
Legal Entity Name: ARK MANOR LLC		
Legal Entity Address: 105 SANDRA DRIVE, DELMONT, PA 15626		RECEIVED
Certificate(s) of Occupancy C-2 LP 08/23/2008 Labor & Industry		MAY 10 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A		Total Daily Staff: 57 Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/13/2018: Park, Beth		
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: 48 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: 10 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44688 - 04/13/2018 - Park, Beth
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12/1/17, does not include the resident's height. This section of the form is blank.
Resident #7's medical evaluation, dated 7/1/17, does not include the resident's height, weight, pulse rate, blood pressure or temperature. These sections of the form are blank.

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.

Medical evaluations for residents #1 and #7 were updated on day of inspection 4/13/18.
Moving forward, administrator/designee will be sure that all medical evaluations are complete, including height, weight, blood pressure, pulse and temperature upon receiving eval from P.C.P.

I have checked to be sure that all current residents DME's are complete.

Residents #1 and #7 no longer reside in the home. →
6/29/18

See Page 2A of 6

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5/9/18*

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>J</i> <input type="checkbox"/> Not Implemented

JUN 25 2018

Violation Report: 44886 - 04/13/2018 - Park, Both
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12/1/17, does not include the resident's height. This section of the form is blank.
Resident #7's medical evaluation, dated 7/1/17, does not include the resident's height, weight, pulse rate, blood pressure or temperature. These sections of the form are blank.

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: A designated staff person shall develop and implement a system to ensure each newly-admitted resident has a medical evaluation completed in its entirety within 60 days prior to admission or within 30 days after admission. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44686 - 04/13/2018 - Park, Beth
 PCH Name: ARK MANOR

MAY 10 2018

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation, dated 8/1/17, does not include the resident's height. This section of the form is blank.

Resident #4's most recent medical evaluation, dated 2/1/18, does not include the resident's height. This section of the form is blank.

Resident #6's most recent medical evaluation, dated 11/1/17, does not include the resident's height. This section of the form is blank.

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.

Medical evaluations for residents #2, #4, & #6 were updated on day of inspection 4/13/18.

Moving forward, administrator/designee will be sure that all medical evaluations are complete, including height upon receiving from P.C.P.

I have checked all current resident's DME's to be sure they are complete.

See Page 3A of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Kestner

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

Jennifer Kestner

Date 5/9/18

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

The above plan of correction is approved as of

6/29/18
 (Date)

Plan of correction implementation status as of 6/29/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

RECEIVED

JUN 25 2018

Violation Report: 44686 - 04/13/2018 - Park, Beth
 PCH Name: ARK MANOR WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION #6 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's most recent medical evaluation, dated 8/1/17, does not include the resident's height. This section of the form is blank.
 Resident #4's most recent medical evaluation, dated 2/1/18, does not include the resident's height. This section of the form is blank.
 Resident #6's most recent medical evaluation, dated 11/1/17, does not include the resident's height. This section of the form is blank.

3. PLAN OF CORRECTION (FOC) (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: The home shall develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety at least annually. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *4/25/18*

DEPARTMENT USE ONLY - HOMIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 44686 - 04/13/2018 - Park, Beth
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

The home does not have a program of activities designed to promote the active involvement of residents with families and the community. The current activities calendar indicates the following weekly activities: Weekly fun pages on Mondays, afternoon walk and ride and noodle ball on Thursdays, movie matinee and card club on Fridays and the Lawrence Weik Show on Saturdays. However, according to staff and resident interviews, these activities have not occurred in the home for over a year.

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.

Administrator has talked with residents to get their input & ideas for activities.
Our facility disputes this violation since activities are being done as scheduled.
Noodleball has not been done due to lack of participation. Moving forward, noodleball will be removed from calendar and replaced with something in which the residents enjoy.

See Page 4A of C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Koshner

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

Jennifer Koshner

Date 5/9/18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

RECEIVED

JUN 25 2018

Page 4 of 6 ^A

Violation Report: 44686 - 04/13/2018 - Park, Beth PCH Name: ARK MANOR		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2800 2800.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.			
2a. DESCRIPTION OF VIOLATION The home does not have a program of activities designed to promote the active involvement of residents with families and the community. The current activities calendar indicates the following weekly activities: Weekly fun pages on Mondays, afternoon walk and ride and noodle ball on Thursdays, movie matinee and card club on Fridays and the Lawrence Walk Show on Saturdays. However, according to staff and resident interviews, these activities have not occurred in the home for over a year.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Immediately: The administrator shall develop a program of activities to promote resident's involvement with other residents. Activities shall be placed on a weekly calendar and posted in a conspicuous and public place in the home in accordance with 2800.221c. The weekly activities calendar shall be followed.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Kastner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Kastner</i>		Date <i>6/25/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44686 - 04/13/2018 - Park, Beth
PCH Name: ARK MANOR

MAY 10 2018

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 3/15/18, indicates the resident is independent with eating; however, the resident's support plan, dated 3/15/18, indicates the resident requires assistance with eating, to include staff assistance in cutting up his/her food.

Resident #5's assessment, dated 3/1/18, does not include an assessment of the resident's dental, vision, hearing and communication needs. These sections of the assessment are blank.

Resident #6's assessment, dated 11/1/17, does not include an assessment of the resident's dental, vision, hearing and communication needs. These sections of the assessment are blank.

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.

Assessment for resident #3 was updated 4/13/18 to indicate the need for some assistance with meals. Assessments for residents #5 and #6 updated. In the future, the administrator/designee will be certain to include residents dental, vision, hearing, and communication of needs on their assessments. Residents #5 and 6's assessments were updated 6/29/18. Administrator has checked all current residents assessments. They are all up to date and will be done yearly and as needs change. (Assessments included at end of report) See Page 5A of 6

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/21/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Kastner Date 5/9/18

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

The above plan of correction is approved as of 6/29/18 (Date)

Plan of correction Implementation status as of 6/29/18 (Date)

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

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

RECEIVED

JUN 25 2018

Page 5 of 6 ^A

Violation Report: 44686 - 04/13/2018 - Park, Beth
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 #3's assessment, dated 3/15/18, indicates the resident is independent with eating; however, the resident's support plan, dated 3/15/18, indicates the resident requires assistance with eating, to include staff assistance in cutting up his/her food.

Resident #5's assessment, dated 3/1/18, does not include an assessment of the resident's dental, vision, hearing and communication needs. These sections of the assessment are blank.

Resident #6's assessment, dated 11/1/17, does not include an assessment of the resident's dental, vision, hearing and communication needs. These sections of the assessment are blank.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments for accuracy and completion. Documentation of the review shall be kept.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new system.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44686 - 04/13/2018 - Park, Beth
PCH Name: ARK MANOR

1. REGULATION 56 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 had numerous falls in the home, to include falls on 3/28/18, 3/22/18, 3/18/18 and 3/6/18; however, the resident's support plan, dated 3/7/18, does not address the resident's falls. Also, the resident's support plan does not list specific plans to meet the medical needs of numerous diagnoses and only indicates "medication as ordered" for the following diagnoses: COPD, CAD, Atrial fibrillation, A-fib and Arthritis. Also, the resident's support plan does not indicate a plan to meet the medical needs, or frequency and responsible parties for the diagnoses of Osteoporosis and Essential tremors. These sections of the support plan are blank.

Resident #2's progress notes indicate the resident splits out his/her medications during medication administration; however, this is not addressed on the resident's support plan, dated 3/3/18.

Resident #3's progress notes indicate the resident has an open wound on his/her coccyx; however, this is not addressed on the resident's support plan, dated 3/15/18. Also, the resident's support plan does not address the responsible party for the resident's supervision needs and the resident's diagnoses of Migraines, CVA and DM. These sections of the support plan are blank.

Resident #4's progress notes indicate the resident has open wounds on his/her buttocks; however, this is not addressed on the resident's support plan, dated 2/1/18. Also, the resident has a pacemaker; however, the resident's support plan does not address the plan to meet this need, the frequency or the responsible party. These sections of the support plan are blank.

Resident #6's support plan, dated 11/1/17, does not indicate a plan to meet the medical needs for the diagnoses of Weakness, COPD, HTN and Constipation. These sections of the support plan are blank.

Resident #7's progress notes indicate the resident has open wounds on his/her buttocks; however, this is not addressed on the resident's support plan, 6/20/17. The resident is also receiving home health services; however, the contact information for the home health agency, or the services being provided by the home health agency, to include wound care, are not indicated on the resident's support plan. Also, the resident's support plan does not indicate a plan to meet the medical needs for the diagnoses of Neuropathy, Cerebrovascular Disease, Hyperlipidemia and CAD. These sections of the support plan are blank.

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.

See Pages 6A and 6B of 6 *See next page*

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/21/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *5-9-18*

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

The above plan of correction is approved as of 6/29/18 (Date) Plan of correction implementation status as of 6/29/18 (Date)

- The above plan of correction was approved by _____ (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress *Z*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

pg. 6 cont:

Reg. 2600.227(d)

All assessments for residents #1, #2, #3, #4, #6 & #7 have been updated on 4/13/18.

Moving forward, Administrator or designee will make sure assessments are accurate and all spots filled in appropriately.

Administrator has checked all current residents RASP forms to check for accuracy and will be updated as needed.

(All assessments included at end of report)

Jennifer Kastner
Jennifer Kastner

5-9-18

RECEIVED

JUN 25 2018

Page 5 of 6

Violation Report: 44666 - 04/13/2018 - Park, Bath
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 had numerous falls in the home, to include falls on 3/28/18, 3/22/18, 3/18/18 and 3/8/18; however, the resident's support plan, dated 3/7/18, does not address the resident's falls. Also, the resident's support plan does not list specific plans to meet the medical needs of numerous diagnoses and only indicates "medication as ordered" for the following diagnoses: COPD, CAD, A-rrhythmia, A-fib and Arthritis. Also, the resident's support plan does not indicate a plan to meet the medical needs, or frequency and responsible parties for the diagnoses of Osteoporosis and Essential tremors. These sections of the support plan are blank.

Resident #2's progress notes indicate the resident spits out his/her medications during medication administration; however, this is not addressed on the resident's support plan, dated 3/3/18.

Resident #3's progress notes indicate the resident has an open wound on his/her coccyx; however, this is not addressed on the resident's support plan, dated 3/15/18. Also, the resident's support plan does not address the responsible party for the resident's supervision needs and the resident's diagnoses of Migraines, CVA and DM. These sections of the support plan are blank.

Resident #4's progress notes indicate the resident has open wounds on his/her buttocks; however, this is not addressed on the resident's support plan, dated 2/1/18. Also, the resident has a pacemaker; however, the resident's support plan does not address the plan to meet this need, the frequency or the responsible party. These sections of the support plan are blank.

Resident #6's support plan, dated 11/1/17, does not indicate a plan to meet the medical needs for the diagnoses of Weakness, COPD, HTN and Constipation. These sections of the support plan are blank.

Resident #7's progress notes indicate the resident has open wounds on his/her buttocks; however, this is not addressed on the resident's support plan, 6/20/17. The resident is also receiving home health services; however, the contact information for the home health agency, or the services being provided by the home health agency, to include wound care, are not indicated on the resident's support plan. Also, the resident's support plan does not indicate a plan to meet the medical needs for the diagnoses of Neuropathy, Cerebrovascular Disease, Hyperlipidemia and CAD. These sections of the support plan are blank.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion. Documentation of the review shall be kept.

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident support plans shall be educated on the new system.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/21/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented

RECEIVED

JUN 14 2018

Page 2 of 19

Violation Report: 44888 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #8 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #9. Resident #9 said to staff person B, "please take me with you I'm scared of her! She keeps hitting me!"

This incident was not reported to the local Area Agency on Aging until 6/7/18.

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.

See Page 2A of 19

This incident did not result in injury, physical harm or mental anguish. These residents were roommates at the time of the incident and were separated immediately after alleged abuse.

Resident #9 has been moved to a new room, in a different part of the building.

The facility notified AAA, DHS and designated person(s) on 6/7/18.

In the future, we will report all suspected abuse to AAA immediately.

Staff has been informed of reporting policy, at which time proper steps of reporting will begin.

Act 13 training is scheduled for July 2, 2018 with [redacted] of AAA.

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

Signature of Legal Entity Representative (Required on EVERY Page) Jennifer Rastner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Rastner Date 6/13/18

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

The above plan of correction is approved as of 6/29/18 (Date)

Plan of correction implementation status as of 6/29/18 (Date)

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

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

JUN 25 2018

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #8 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #9. Resident #9 said to staff person B, "please take me with you! I'm scared of her! She keeps hitting me!"

This incident was not reported to the local Area Agency on Aging until 6/7/18.

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.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions indicated in 2600.16a. The training shall also include immediate reporting procedures for all suspected abuse involving residents, regardless if there was injury, in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all reportable incidents and conditions on a daily basis and immediately report any suspected abuse in accordance with the Older Adult Protective Services Act.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUN 14 2018

Page 3 of 19

Violation Report: 44886 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #8 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #9. Resident #9 said to staff person B, "please take me with you I'm scared of her! She keeps hitting me!"

This incident was not reported to the designated persons of residents #8 and #9 until 6/7/18.

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 incident did not result in injury, physical harm or mental anguish. These residents were roommates at the time of incident and were separated immediately after alleged abuse.

Resident #9 has been moved to a new room, in a different part of the building.

The facility notified AAA, DHS and designated person(s) on 6/7/18.

In the future, we will report all suspected abuse to designated person(s) immediately.

Staff has been informed of reporting policy, at which time proper steps in reporting will begin.

Act 13 training is scheduled for July 2, 2018 with [redacted] of AAA.

See Page 3A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/13/18*

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

The above plan of correction is approved as of 6/29/18 (Date)

Plan of correction implementation status as of 6/29/18 (Date)

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

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

Violation Report: 44688 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #8 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #9. Resident #9 said to staff person B, "please take me with you I'm scared of her! She keeps hitting me!"

This incident was not reported to the designated persons of residents #8 and #9 until 6/7/18.

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.
Within 5 days of receipt of the plan of correction: A designated staff person shall review all reportable incidents and conditions on a daily basis and immediately report any suspected abuse involving residents to the resident and the resident's designated person.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44986 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #9 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #8. Resident #9 said to staff person B, "please take me with you I'm scared of her! She keeps hitting me!"

This incident was not reported to the Department until 6/7/18.

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 incident did not result in injury, physical harm or mental anguish. These residents were roommates at the time of the incident and were separated immediately after alleged abuse.

Resident #9 has been moved to another room in a different part of the building.

The facility notified AAA, DHS and contact person(s) on 6/7/18.

In the future, we will report all suspected abuse to DHS immediately.

Staff has been informed of reporting policy, at which time proper steps of reporting will begin.

Act 13 training is scheduled for July 2, 2018 with [redacted] of AAA.

See Page 4A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kasher

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

Jennifer Kasher

Date 6/13/18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

JUN 25 2018

Violation Report: 44686 - 03/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

According to the home's internal "Accident/Incident report", on 4/8/18 at 4:10 p.m., staff person B was struck on his/her back by resident #8. Staff person B turned around and observed resident #8 "stomping her feet and flailing her arms and grunting". A few minutes later, staff person B went into resident #8 and resident #9's shared bedroom to administer medications to resident #9. Resident #9 said to staff person B, "please take me with you! I'm scared of her! She keeps hitting me!"

This incident was not reported to the Department until 6/7/18.

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.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions indicated in 2600.16a. The training shall also include immediate reporting procedures for all suspected abuse involving residents, regardless if there was injury, in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all reportable incidents and conditions on a daily basis to ensure timely reporting to the Department in accordance with 2600.16c.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date: 6/25/18
Jennifer Kastner

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

A binder labeled, "resident care information for aides", which contained resident information including dates of birth and care needs for multiple residents, including residents #1 and #2, was unlocked and unattended on the bookshelf in the living room staff area.

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 binder containing resident information was removed from book shelf on the day of inspection, 6/11/18.
All resident records were moved to a locked closet across the hall.
The only ones with access to these areas are staff. Doors will remain locked at all times.

See Page 5A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/13/18*

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

The above plan of correction is approved as of *6/29/18* (Date)

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

Plan of correction implementation status as of *6/29/18* (Date)

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

JUN 25 2018

Violation Report: 44688 - 06/01/2018 - Rober, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 86 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

A binder labeled, "resident care information for aides", which contained resident information including dates of birth and care needs for multiple residents, including residents #1 and #2, was unlocked and unattended on the bookshelf in the living room staff area.

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: A designated staff person shall inspect the home on a daily basis to ensure all resident records and information is kept in an area or container that is locked.

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated that all resident records and information shall be kept in an area or container that is locked.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janifer Koshner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date *6/25/18*
Janifer Koshner

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44688 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
No resident-home contract was completed for resident #4, who was admitted to the home on 3/5/18.

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 we had on file was from a previous stay in which ended on 1/1/18.

A new contract was completed by the administrator and family after inspection on 6/4/18.

Moving forward, all contracts will be completed within time frame allowed.

Facility will complete new contracts upon re-admission of a resident.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a completed resident-home contract present. *L* 6/29/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastrer

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

Jennifer Kastrer

Date 6/13/18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(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: 44886 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 5/18/18, has not successfully completed and passed the Department-approved direct care training course and passing of the competency test.

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 an oversight. Staff person A completed the competency test on 6/4/18.

On the future, all staff members will be tested prior to providing unsupervised ADL services. Immediately: A designee shall review all staff records to ensure each direct care staff person has successfully completed the direct care training course and pass the competency test. 6/29/18

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date *6/13/18*

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

RECEIVED

Violation Report: 44686 - 08/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

JUN 14 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A used piece of toilet paper, covered in what appears to be blood, was present on the end table in the home's study.

A brown substance, approximately 4" by 2", was present on the wall to the left of resident #3's bed.

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.

See Pages 8A and 8B of 19

Toilet paper was picked up and disposed of during inspection on 6-1-18.

The brown substance was cleared off of wall beside bed of resident #3 during inspection 6-1-18.
Staff has been re-educated on sanitary conditions.
Staff will clean anything they find dirty, daily.
Resident's personal items have been labeled with their names and will be kept in their night stand or labeled drawer in bathroom.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6-13-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

pg. 8 cont

The facility purchased personal, hygienic items to be used for each individual resident.

~~Jennifer Kastner~~
Jennifer Kastner 6-13-18

RECEIVED

JUN 25 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44688 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2800
2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A used piece of toilet paper, covered in what appears to be blood, was present on the end table in the home's study.

A brown substance, approximately 4" by 2", was present on the wall to the left of resident #3's bed.

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.

Staff education on labeling each resident's personal hygiene items was conducted on 6/13/18.

Immediately: A designated staff person shall inspect the home on a daily basis, including the home's kitchen and all bathrooms, to ensure sanitary conditions are maintained and to ensure all resident personal hygiene items are clearly labeled with their name. Documentation of the checks shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6-25-18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUN 14 2018

Page 9 of 19

Violation Report: 44668 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2800

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #6's bedside lamp is inoperable. No other source of lighting which can be turned on/off from bedside was present.

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.

A working lamp was placed on bedside table on day of inspection, 6/1/18.

Moving forward, weekly checks will be done to ensure all bedside tables have working lamps. Staff has been instructed to notify the administrator when a new lamp is needed. Documentation of the weekly checks shall be kept.

6/29/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature of Jennifer Kastner

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

Jennifer Kastner

Date 6-13-18

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

The above plan of correction is approved as of 6/29/18
(Date)

Plan of correction implementation status as of 6/29/18
(Date)

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

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

RECEIVED

JUN 14 2018

Page 10 of 19

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
The electrical outlet near resident #7's bed is inoperable and protruding approximately 1/4" from the wall.

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 electrical outlet near bed of resident # 7 has been repaired.
Staff has been instructed to report anything in which may need repaired to administrator.
In the future, the administrator/designee will perform weekly checks to ensure compliance.
Immediately: A designated staff person shall inspect all resident bedrooms to ensure all walls, floors and ceilings are finished, clean and in good repair. *L*
6/29/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Kastner</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Kastner</i>		Date <i>6-13-18</i>

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u><i>L</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>L</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 14 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44686 - 08/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

1. REGULATION 85 Pa.Code §2800
2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
An unlabeled, used bar of soap was present at the sink in the shared Jack and Jill bathroom between bedrooms #301 and #303.

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 unlabeled bar of soap was removed and discarded on day of inspection 6/11/18.
In the future, weekly checks will be conducted to ensure used, unlabeled bars of soap are not present.
The facility provides residents with liquid soap in dispensers only. Staff will remind residents and families of the need to label bars of soap if they choose to use bar soap.

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

Signature of Legal Entity Representative *Jennifer Kastner*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Jennifer Kastner* Date *6-13-18*
(Required on EVERY Page)

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

The above plan of correction is approved as of 6/29/18
(Date)

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

Plan of correction implementation status as of 6/29/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

JUN 14 2018

Violation Report: 44686 - 08/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 3/5/18; however, the resident's medical evaluation was completed on 12/1/17, which exceeds 60 days prior to admission.

Resident #7's medical evaluation, dated 12/15/17, does not include the resident's height and weight. These sections of the form are blank.

Resident #8's medical evaluation, dated 12/11/17, does not include the resident's pulse rate and blood pressure. These sections of the form are blank.

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.

New medical evaluation was completed for Resident #4 after inspection. 6/14/18

Resident #7 & Resident #8 medical evaluations have been updated to include height, weight, B/p and pulse.

Moving forward, medical evaluations will be done within time frame allowed and will include all required information.

Administrator/designee will check each resident's file monthly to ensure all paperwork is completed properly and on time.

See Page 12A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6-13-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(Initials)

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

JUN 25 2018

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
 PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 3/5/18; however, the resident's medical evaluation was completed on 12/1/17, which exceeds 80 days prior to admission.

Resident #7's medical evaluation, dated 12/15/17, does not include the resident's height and weight. These sections of the form are blank.

Resident #8's medical evaluation, dated 12/11/17, does not include the resident's pulse rate and blood pressure. These sections of the form are blank.

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: A designated staff person shall develop and implement a system to ensure each newly-admitted resident has a medical evaluation completed in its entirety within 80 days prior to admission or within 30 days after admission. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44603 - 08/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #5's most recent medical evaluation was completed on 5/5/17.

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 an oversight.
Resident #5 medical evaluation was completed
after inspection 6/14/18.*

*Administrator/Designee will check all resident
files monthly to ensure completion of paperwork.*

see Page 13A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date *6-13-18*

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44688 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

RECEIVED

1. REGULATION 56 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

JUN 25 2018

2a. DESCRIPTION OF VIOLATION
Resident #'s most recent medical evaluation was completed on 5/5/17.

WEST REGION FIELD OFFICE
Human Services Licensing

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: The home shall develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety at least annually. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

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

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

Violation Report: 44886 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

No pharmacy labels were present on the following unlabeled and undated inhalers present in medication cart #3:
*Asmanex Twist Inhaler 220 mcg
*Atrovent HFA Inhaler 187

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.

New inhalers ordered and received from pharmacy with proper labeling.
 Senior aides re-educated on keeping medications in original containers with labels, including dates.
 Med carts were checked, on 6/7/18, for compliance.
 Administrator/designee will conduct monthly audits to check compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jennifer Kastner</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 6-13-18

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

The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>[Signature]</i>

JUN 14 2018

Violation Report: 44686 - 03/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD 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
A preadmission screening was not completed for resident #4, who was admitted to the home on 3/5/18.

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.

Preadmission screening was completed on
Resident #4 after inspection. 6/14/18

Moving forward, all future residents will
have preadmission screening done prior to
admission.

See Page 16A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6-13-18

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

J
(Initials)

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

JUN 25 2018

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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
A preadmission screening was not completed for resident #4, who was admitted to the home on 3/5/18.

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.
Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed in its entirety, to include a determination the home can meet the resident's needs.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Koster*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Koster* Date *6/25/18*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	
	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 14 2018

Violation Report: 44686 - 03/01/2018 - Roser, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was not completed for resident #4, who was admitted to the home on 3/5/18.

Resident #8's assessment, dated 12/11/17, indicates the resident is independent with supervision; however, the resident's support plan, dated 12/11/17, indicates the resident "needs occasional checking. Family will assist if out, when necessary." Also, the sensory needs section, to include vision, hearing and communication are blank.

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.

Assessment for resident #4 was completed on 6/4/18, after the inspection on 6/1/18.

Resident #8's assessment was updated on 6/4/18.

All current residents assessments have been checked to ensure completion.

Moving forward, administrator/designee will check assessments monthly to ensure proper completion.

See Page 17A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner

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

Jennifer Kastner

Date 6-13-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

6/29/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

JUN 25 2018

Violation Report: 44886 - 06/01/2018 - Rober, Ashley
PCH Name: ARK MANOI

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa. Code §2500

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was not completed for resident #4, who was admitted to the home on 3/5/18.

Resident #8's assessment, dated 12/11/17, indicates the resident is independent with supervision; however, the resident's support plan, dated 12/11/17, indicates the resident "needs occasional checking. Family will assist if out, when necessary." Also, the sensory needs section, to include vision, hearing and communication are blank.

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.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an accurate assessment, completed in its entirety, within 15 days of admission. Documentation of the review shall be kept.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new system.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY PAGE)

Jennifer Kastner

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

Jennifer Kastner

Date

6/25/18

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
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 #5's most recent assessment was completed on 5/5/17.

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 an oversight -

The assessment for resident # 5 was completed on 6/14/18, after the inspection on 6/11/18.

All resident assessments have been checked and are up to date.

In the future, the administrator/designer will check assessments monthly to insure compliance.

The facility has developed a checklist to aid in timely completion of assessments.

See Page 18A of 19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jennifer Roser		6-13-18

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

The above plan of correction is approved as of 6/29/18
(Date)

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

Plan of correction implementation status as of 6/29/18 (Date)

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

Violation Report: 44686 - 06/01/2018 - Roser, Ashley
 PCH Name: ARK MANOR

1. REGULATION 56 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.

RECEIVED

JUN 25 2018

2a. DESCRIPTION OF VIOLATION
 Resident #5's most recent assessment was completed on 6/5/17.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.
 Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments for accuracy and completion. Documentation of the review shall be kept.
 Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new system.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Kastner</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennifer Kastner</i>	6/25/18

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 14 2018

Violation Report: 44686 - 06/01/2018 - Roer, Ashley
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
.A support plan was not completed for resident #4, who was admitted to the home on 3/5/18.

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.

A support plan for resident #4 was completed 6/4/18 after inspection, 6/11/18

All current residents support plans have been checked and are up to date.

Administrator/designee will check all support plans monthly to ensure compliance

See Page 19A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Kastner* Date *6-13-18*

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

The above plan of correction is approved as of *6/29/18* (Date)

Plan of correction implementation status as of *6/29/18* (Date)

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

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

Violation Report: 44886 - 06/01/2018 - Roser, Ashley
FCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
A support plan was not completed for resident #4, who was admitted to the home on 3/5/18.

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.
Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an accurate support plan, completed in its entirety, within 30 days of admission. Documentation of the review shall be kept.
Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the completion of resident support plans shall be educated on the new system.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Roser*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer Roser Date 6/25/18

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented