



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 27, 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 inspection on July 26, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

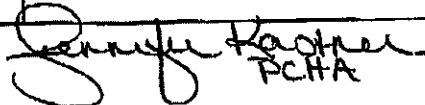
A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ARK MANOR		License Number: 44686
Address: 105 SANDRA DRIVE, DELMONT, PA 15826		County: Westmoreland
Administrator: Jennifer Kastner		Region: WEST
Legal Entity Name: ARK MANOR LLC		
Legal Entity Address: 105 SANDRA DRIVE, DELMONT, PA 15826		
Certificate(s) of Occupancy C-2 LP 06/23/2008 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Fine		
On-Site Inspections Dates and Department Representatives On-Site 07/26/2018: Garrigan, Laurie; Bates, Shacoya; Duncan, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED AUG 14 2018 WEST REGION FIELD OFFICE Human Services Licensing		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 45 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: 16 Number of Hospice Residents in past year: 24	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 42 Have Mental Illness: 9 Have an Intellectual Disability: 2 Have a Mobility Need: 13 Have a Physical Disability: 0	


 Jennifer Kastner
 PCHA 8-13-18

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Violation Report: 44888 - 07/28/2018 - Garrigan, Laurie
PCH Name: ARK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment dated 1/1/18, indicates the resident requires minimal supervision, and has a minimal problem with agitation and aggression. However, resident #1's patient notes, and the home's internal incident reports indicate the following behaviors:

- * 7/15/18: "Very combative; very dramatic during care, frequently wailing through clothes should be a 2 person assist for safety of staff and him/herself as he/she hits, kicks, bites and tries to throw self-down."
- * 7/13/18 "aggressively refusing any care today"
- * 7/6/18 "went to bed at 4 a.m. this morning - difficult with care"
- * 7/4/18: increasingly difficult with care needed assistance of 2
- * 7/3/18 increasing combative during a.m. care
- * 7/2/18 Staff incident report indicated "As I was giving care to resident #1 he/she began to act very violent towards me and proceeded to hit me in the head multiple times, as well as scratched my arms multiple times, he/she then stood up from the toilet and was walking towards me. He/she then forcefully tried to hit me again and in doing so, he/she slipped on the floor and fell backwards, I did catch him/her and placed her back on the toilet"
- * 6/14/18 Staff incident report indicated: Resident #1 refused morning care so 2 staff went to her room to talk him/her into getting washed up because he/she "when I started undressing him/her, he/she slapped me multiple times, dug his/her nails into my arm and tried biting me several times."

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.

1. Resident #1 assessment adequately addresses the resident behaviors of agitation and aggression as noted under "B", stating that the resident can become agitated during care at times. Staff to redirect and may need to leave the resident and come back later once the resident has become less agitated.
2. Please see both attached dispute letter from Ark Manor regarding this violation and the RASP to review for the needs of the resident.
3. Administrator and or designee to monitor with all staff presenting care to the resident for any changes in levels or occurrences in agitation or aggression, and update of the RASP, family and physician accordingly if needed.
4. The resident has had no further incidents of aggression or agitation since 7/15/2018:

Resident #1's assessment has been updated to indicate a moderate problem with agitation and aggression. 8/24/18 JLN

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident assessments to ensure accuracy and completion. Documentation of the audit shall be kept. 8/24/18 JLN

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as care needs change. 8/24/18 JLN

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2018	04/13/2018	01/10/2018
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Signature of Legal Entity Representative (Required on EVERY Page)
Jennifer Kastner PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Jennifer Kastner PCHA Date 8/13/18

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The above plan of correction is approved as of 8/24/18 (Date)

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

Plan of correction implementation status as of 8/24/18 (Date)

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

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Violation Report: 14888 - 07/28/2018 - Garrigan, Laurie
 PCH Name: ARIK MANOR WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 815 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 #5's assessment, dated 2/1/18, indicates the resident is mobile; however, the resident's support plan, dated 2/1/18, indicates the resident is unable to transfer in/out of bed/chair on his/her own, is unsteady on his/her feet at times, and unable to take self to the restroom.

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.

1. Resident #5 RASP updated to present the resident as a moderate immobile for the purposes of transfer accommodation with assistance from staff. Resident can self-propel once in the wheelchair without queuing and understands that if in the event of an emergency, evacuation can occur with minimal assistance. Please see attached.
2. RASP training addendum is attached to this POC for the change in transfer status, with future addendum trainings to follow suit.
3. Administrator and/or designee to monitor all residents for mobility status according to the evacuation procedure regulations set forth by the facility procedures.
4. The Executive Director will be reviewing facility procedures over the next 60 days to insure that policies have been updated and addressed accordingly.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident assessments to ensure each resident has an accurate assessment of mobility needs. Documentation of the audit shall be kept. 8/24/18 *JM*

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as mobility needs change. Documentation of the system shall be kept. 8/24/18 *JM*

Immediately: A designated staff person shall verify direct care staffing on a daily basis to ensure adequate staffing is present in the home to meet residents' needs in accordance with 2600.57b, 2600.57c, 2600.57d and 2600.60a. 8/24/18 *JM*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/10/2018 06/21/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 8/13/18
Jennifer Kastner PCHA

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The above plan of correction is approved as of	8/24/18 (Date)	Plan of correction implementation status as of	8/24/18 (Date)
	<i>JM</i>	<input type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	(Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	<i>JM</i>
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

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Violation Report: 44886 - 07/26/2018 - Garrigan, Laurie
PCH Name: ARK MANOR

WEST REGIONAL OFFICE
Human Services Licenses

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 assessment, dated 8/11/18, indicates the resident requires minimal supervision in the home and some physical assistance to transfer in/out of bed/chair. The resident has fallen in the home 15 times since January 2018; however, the resident's support plan, dated 8/11/18, does not address the resident's high fall risk.

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.

NOTE: The Compliance Regulation Referred to above does not match the requirements of the stated violation. We will of course respond accordingly to the violation. Just wanted to make sure that it is placed under the correct Regulation number.

1. Resident #2 RASP updated to present the resident as a fall risk for the purposes of safety accommodation with assistance from staff and placement of floor mats while in bed. Facility working with Heartland hospice to accommodate equipment needs for safety.
2. RASP training addendum in attached to this POC for the change in fall risk status, with future addendum trainings to follow suit.
3. Administrator and/or designee to monitor all residents for fall risk status, with monitoring and tracking incident reports for residents that have shown to be a fall risk due to any decline in condition or change in health status.
4. Please see attached addendum and RASP for the change to the fall risk level of the resident.

*1-Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident support plans for accuracy and completion.
8/24/18 *JH*

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. 8/24/18 *JH*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Kastner PCHA

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

Jennifer Kastner

Date 8/13/18

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The above plan of correction is approved as of 8/24/18 (Date)

JH

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/24/18 (Date)

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