



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

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 February 19, 2019 until February 19, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446860**

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

FEB 19 2019

Mr. Ben Willner  
Chief Executive Officer  
Ark Manor, LLC  
105 Sandra Drive  
Delmont, Pennsylvania 15626

RE: Ark Manor  
Certificate #: 446860

Dear Mr. Willner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 2018 and January 4, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

**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		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/23/2006 Dept. of L&I		<b>RECEIVED</b> 12/11/18 Western Region Field Office Bureau of Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Provisional		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/01/2018: Cutter, Jan; Grace, Desmond; Graziano, Belinda		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 40 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 21	<b>Number of Residents who:</b> Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 37 Have Mental Illness: 22 Have an Intellectual Disability: 2 Have a Mobility Need: 13 Have a Physical Disability: 0	

Violation Report: 44686 - 11/01/2018 - Cutter, Jan

PCH Name: ARK MANOR

**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**

The assist bar on Resident #1's bed is attached to a 2 foot by 3 foot wooden board under the mattress and is not secured to the bed frame. The assist bar moves approximately 5-6 inches back and forth posing a fall hazard for the resident.

**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 on the day of inspection the assist bar was removed from the bed for Resident # 1. It was only used by the DCS to assist in rolling her to change her. Resident did not use on her own. The new assist bar was ordered on that day. It arrived and was installed on November 6, 2018. Documentation attached. Furniture and other apparatus being in good repair was added to the weekly inspection checklist of the Home. Items are checked weekly by Administration or designated Staff.

*Attachments 2A, 2B, 2C*

See page 2a of 10

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/10/2018 ET AL

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Caroline Dunn*

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

*Caroline Dunn - Executive Director*

Date

*12-11-18*

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

The above plan of correction is approved as of 12/24/18  
(Date)

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

Plan of correction implementation status as of 2/5/19  
(Date)

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

DEC 24 2018

Violation Report: 44888 - 11/01/2018 - Cutter, Jan  
PCH Name: ARK MANOR

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  
The assist bar on Resident #1's bed is attached to a 2 foot by 3 foot wooden board under the mattress and is not secured to the bed frame. The assist bar moves approximately 5-6 inches back and forth posing a fall hazard for the resident.

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: All staff persons will be educated that any wheelchair, walker, prosthetic device or other apparatus used by a resident that is found to not be clean, in good repair and free of hazards shall be reported to the administrator or designee immediately.

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

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 PCHA Date 12-24-18

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: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

**2a. DESCRIPTION OF VIOLATION**  
 At 10:50 a.m., there was an unlabeled bottle of Upper Cut Toilet Bowl Cleaner in the staff room near the front entrance. The manufacturer's original label indicates to contact a physician or poison control center if swallowed.

**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 on the day of inspection the unlabeled bottle with original contents was removed from the Staff room. All other bottles were checked to be sure the labels were intact. The Housekeeper along with the other Staff were trained on the importance of having original labels on all bottles with poisonous materials in them. They were made aware that any bottles with labels wearing off must be replaced. Documentation attached.

This violation is being disputed due to the item being in its original container and locked in a room that was only available to Staff members. No Residents ever have access to that room.

Attachment 3 A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Dunn - Executive Director</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/24/18</u> (Date)  The above plan of correction was approved by <u><i>JW</i></u> (Initials)	Plan of correction implementation status as of <u>2/5/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

At 11:35 a.m., there was no lid on the trash can in the staff/guest restroom in wing 1.

**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 on the day of inspection with the Inspectors present, the trash can was replaced with a new one with a lid. Trash cans are checked weekly with the checklist and will continue to be checked. Documentation attached.

This is being disputed due to the trash can and lid being readily available for the bathroom. It had been found to be missing during the weekly check. It was purchased and in Facility to replace the existing one. It was replaced with Inspectors present, which proved it was purchased. It had not been replaced prior to inspection, but would have been replaced during the weekly inspection.

*Attachment 4A*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Caroline Dunn*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Dunn - Executive Director</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/24/18  
 (Date)

Plan of correction implementation status as of 2/5/19  
 (Date)

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

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

Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

**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 screen in the window of wing 2's shower room left approximately a 1 inch gap between the screen and the window frame on the left side of the window.  
 There is no screen in the window in the emergency exit door on wing 4.

**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 on the day of inspection the screen in the window of wing #2's shower room was adapted to fill the 1 inch gap. The Emergency exit door on wing 4 has a tiny window that is never used. It was nailed shut to make it unuseable. The screens are checked weekly on a checklist by Administration and or designated person and will continue to be checked weekly. An addition to the checklist to include windows crack free and screen in windows was adjusted on the checklist for more in depth checking.

Attachments 5A, 5B, 5C

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/10/2018 ET AL

Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn - Executive Director*      Date *12-11-18*

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>2/5/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

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

2a. DESCRIPTION OF VIOLATION

At 11:05 a.m. there were 3 moldy enchilada shells in a ziplock bag on the shelf in the dry food storage area in the kitchen.

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 on the day of inspection with Inspectors present, the ziplock bag belonging to a Staff member, containing enchiladas from a fast food restraurant was disposed of. Staff were made aware that any food they bring in to the Facility must be used or disposed of in a timely manner.

This violation is being disputed due to the fast food bag with the enchiladas in it was the property of a Staff member. The food was never intended for use by Residents and it would have never been used for Resident consumption, therefore not violating Reg 2600.103 (I)

See page 6a of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/10/2018 ET AL
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn - Executive Director* Date *12-11-18*

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

The above plan of correction is approved as of 12/24/18  
 (Date)

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

Plan of correction implementation status as of 2/5/19  
 (Date)

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

RECEIVED

DEC 24 2018

WEST VIRGINIA UNIVERSITY  
Housing Department

Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
PCH Name: ARK MANOR

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

2a. DESCRIPTION OF VIOLATION  
At 11:05 a.m. there were 3 moldy enchilada shells in a ziplock bag on the shelf in the dry food storage area in the kitchen.

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 check food storage areas daily, on each shift, to ensure no outdated or spoiled food is being stored or used.

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

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 PCHA Date 12-24-18

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 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last 2 fire drills conducted during sleeping hours were on 2/28/18 at 5:30 a.m. and 10/1/18 at 5:35 a.m.

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

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

Immediately a system was put into place by Administration to put all of the months in advance on the fire drill log. The day and time would be determined during that month. The exception would be that on the months needing a sleeping hour fire drill (every 6 months), the month will be highlighted ahead of time to indicate that the drill must be held on or before that month. Documentation attached with the month circled to indicate the need for a sleeping fire drill on that month.

Attachments 7A, 7B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn - Executive Director* Date *12-11-18*

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

The above plan of correction is approved as of 12/14/18  
 (Date)

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

Plan of correction implementation status as of 2/5/18  
 (Date)

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

Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

**1. REGULATION 55 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**

Resident #2 is prescribed Haloperidol 1 mg, take one tablet every 12 hours as needed for restlessness; however, the medication label indicates to take one tablet every 12 hours.

Resident #2 is prescribed Lorazepam 0.5 mg, take one tablet every 8 hours as needed for anxiety; however, the medication label indicates to take one tablet every 6 hours as 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.*

During the week following Inspection, a complete med cart audit was done to check that all directions on the labels matched the directions on the medication administration record. Medication will be compared as it arrives at the Facility and monthly MAR audits will be done by Administration or Designee with documentation being kept. It should be noted that the items presented in the violation were brought in by Asericare Hospice and they did not have the accurate directions matching. Special attention will be given to all orders that arrive from outside agencies instead of our House Pharmacy. They will be checked to be sure that the directions of the prescriber are followed.

See page 8a of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2018	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Dunn - Executive Director</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>2/5/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44686 - 11/01/2018 - Cutter, Jan  
PCH Name: ARK MAJOR

**1. REGULATION 55 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**  
Resident #2 is prescribed Haloperidol 1 mg, take one tablet every 12 hours as needed for restlessness; however, the medication label indicates to take one tablet every 12 hours.  
  
Resident #2 is prescribed Lorazepam 0.5 mg, take one tablet every 8 hours as needed for anxiety; however, the medication label indicates to take one tablet every 6 hours as 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; All staff persons who administer medication will be educated on the home's policy and procedures for medication deliveries and that the original container for prescription medications shall be labeled with a pharmacy label that includes all items indicated in 2600.184a. The education shall be presented by a designated staff person who is qualified to administer medications. Documentation of the education shall be kept.

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

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 PCHA*      Date *12-24-18*

**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 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Oxycodone 5 mg by mouth every four hours as needed. However, on 10/23/2018 through 10/31/2018 at 8:00 p.m., the resident was administered Oxycodone/Acetaminophen 5 mg/325 mg.

Resident #2 is prescribed Oxycodone 5 mg by mouth every four hours as needed for pain; however, the home was administering the medication every night at 8:00 p.m. from 8/1/2018 to 10/31/2018.

Resident #2 is prescribed Lorazepam 0.5 mg by mouth every 8 hours as needed for anxiety; however the home was administering the medication every night at 8:00 p.m. from 8/1/2018 to 10/22/2018.

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 following Inspection, Resident#2's medications were completely reviewed. The medication that was administered was the correct medication and dosage. It had been changed out by Asericare Hospice Agency, but the orders were not given at that time to change it on the MAR. Special attention will be given to all orders that are from outside agencies to be sure that the directions of the prescriber are being followed. As for the Oxycodone 5mg and Lorazepam .5mg by mouth, they were both PRN medications. We are asking that these two items be removed as they were not in violation of Regulation 2600.187 (d), as the directions of the prescriber were followed.

See page 9a of 10

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Charoline Dunn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charoline Dunn - Executive Director</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/24/18  
 (Date)

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

Plan of correction implementation status as of 2/5/18  
 (Date)

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

RECEIVED

DEC 24 2018

Violation Report: 44688 - 11/01/2018 - Cutter, Jan  
PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Oxycodone 5 mg by mouth every four hours as needed. However, on 10/23/2018 through 10/31/2018 at 8:00 p.m., the resident was administered Oxycodone/Acetaminophen 5 mg/325 mg.  
Resident #2 is prescribed Oxycodone 5 mg by mouth every four hours as needed for pain; however, the home was administering the medication every night at 8:00 p.m. from 8/1/2018 to 10/31/2018.  
Resident #2 is prescribed Lorazepam 0.5 mg by mouth every 8 hours as needed for anxiety; however the home was administering the medication every night at 8:00 p.m. from 8/1/2018 to 10/22/2018.

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: All staff persons who administer medication will be educated that the directions of the prescriber shall be followed. The education shall be presented by a designated staff person who is qualified to administer medications. Documentation of the education 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 PCHA      Date 12-24-18

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: 44686 - 11/01/2018 - Cutter, Jan  
 PCH Name: ARK MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

**2a. DESCRIPTION OF VIOLATION**

Whiteout was used on resident #2's October 2018 MAR in the administration boxes for Fentanyl 24mcg/hr on 10/15/18, 10/16/18, 10/18/18, 10/19/18 and 10/21/18, so that the original entries cannot be read.

Whiteout was used on a progress note in resident #3's record, dated 10/5, with the word "rec'd" written over it so that the original entry cannot be read.

**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 training was done individually with each Med Tech on 12-4-2018. It is understood by each Med Tech that whiteout is not to be used on any records. All new Med Techs will be trained that all records must be in original form without whiteout. The training includes the proper way to account for any errors. Documentation attached

Attachment 10A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Dunn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Dunn - Executive Director</i>	Date <i>12-11-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/24/18  
 (Date)

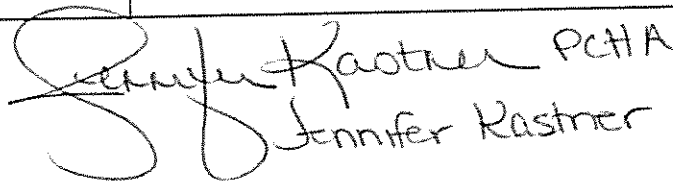
Plan of correction implementation status as of 2/5/19  
 (Date)

The above plan of correction was approved by *JW*  
 (initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress
- 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		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/23/2006 Dept of L & i		<b>RECEIVED</b> 2/5/2019 Western Region Field Office Bureau of Human Services Licensing
<b>Staffing Hours</b>		<b>Waking Staff: 40</b>
Resident Support: 0	Total Daily Staff: 53	
<b>Type of Inspection: Interim - POC</b>	<b>BHA Docket Number:</b>	<b>Notice: Unannounced</b>
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/04/2019: Cutter, Jan; Graziano, Belinda		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 39 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: 17 Number of Hospice Residents in past year: 25		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 35 Have Mental Illness: 20 Have an Intellectual Disability: 2 Have a Mobility Need: 14 Have a Physical Disability: 0

 PCHA  
 Jennifer Kastner 2-5-19

Violation Report: 44686 - 01/04/2019 - Cutter, Jan  
 PCH Name: ARK MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

RECEIVED

2a. DESCRIPTION OF VIOLATION  
 At 10:20 am, there was a 1.76 ounce jar of Vicks Vapo Rub on the dresser in resident #1's unlocked bedroom. 2/5/2019  
 Western Region Field Office  
 Bureau of 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.

During inspection, the Vicks Vapo Rub was removed from the resident's room and placed in the locked med room. Since inspection, all rooms have been checked to ensure compliance.

Moving forward, the administrator or designee will check all rooms, bathrooms and common areas to ensure compliance for the next 3 months. at least weekly

The staff have been educated on keeping OTC medications out of resident rooms, bathrooms and common areas. If found, the staff will immediately remove item(s) and take to the locked med room.

Family was also notified again to bring all OTC medications to the med room where DHS-trained med techs will keep medications locked and will administer as directed. Dr. ordered

Attachment: 1A

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 PCHA      Date 2/5/19

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

The above plan of correction is approved as of 2/5/19 (Date)

Plan of correction implementation status as of 2/5/19 (Date)

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

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