pennsylvania
DEPARTMENT OF HUMAN SERVICES

September 12, 2019

Mr. Neal Harrison
President
Harmony House Manor Inc.
2888 Carpenter Park Road
Davidsville, Pennsylvania 15928

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904
Certificate #: 314390

Dear Mr. Harrison:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 17, 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.

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.

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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *HARMONY HOUSE MANOR* **License Number:** *314390*
Address: *601 LAMBERD AVENUE, JOHNSTOWN, PA 15904*
County: *CAMBRIA* **Region:** *CENTRAL*

Administrator

Name: *Kim McCusker* **Phone:** *8142661607* **Email:** *NEAL@HARMONYHOUSEMANOR.COM*

Legal Entity

Name: *HARMONY HOUSE MANOR INC*
Address: *2888 CARPENTER PARK ROAD, PA, 15928*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *10/25/1994* **Issued By:** *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *51* **Waking Staff:** *38*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal,Complaint*

Inspection Dates and Department Representative

04/17/2019 - On-Site: Kellie Cargile, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served:** *34*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Touchstones* **Capacity:** *26* **Residents Served:** *15*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *5*
Diagnosed with Mental Illness: *5*
Have Mobility Need: *17*
Are 60 Years of Age or Older: *32*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *1*

Rec'd
6/07/19
GE

17 - Record Confidentiality

Regulations

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.

Description of Violation

On 4/17/19 at 12:30 pm, the Resident Hospital Transfer Book was unlocked, unattended and accessible on the medication cart near the dining and common areas of the home. This book contained each resident's face sheet that included social security numbers, addresses and emergency contact information.

Repeat Violation: 4/10/2018

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.)

Lead Aides/Med Techs have been re-instructed, by the Administrator, to keep the Resident Hospital Transfer Book locked at all times in the Med Cart. Administrator will do unannounced checks to ensure the Resident Hospital Transfer Book is locked in the Med Cart. See attached memo to Lead Aides/Med Techs where they signed off that they understand they are to keep the Resident Hospital Transfer Book locked in the Med Cart at all times. See Attachment A and B.

Staff training took place on 6/4/19. Documentation of the training will be kept. - GE, 8/14/19

Legal Entity Representative

Kim McCusker	Kim McCusker, Administrator	6-5-19
Signature	Printed Name and Title	Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/14/19 (Date)

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

Plan of correction implementation status as of 8/14/19 (Date)

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

29a SOPb1- Hospice Care: Doctor Certification

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident's #1 and #2, who were not evacuated during the fire drill conducted on 9/28/18, did not have written certifications from a physician that either resident was actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

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 home shall have new DME's completed when a resident is actively dying with the physician certifying that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill. The home shall use the resident file checkoff list as a tracker when a resident is actively dying. See Attachment C.

Legal Entity Representative

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41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home's secure dementia care unit, Touchstones.

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 Resident's Right Poster was placed in the Secure Dementia Unit and periodic checks will be done to ensure the Resident's Right are posted using the Plan of Corrections Building Inspection Tracker. See Attachment B.

Legal Entity Representative

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130a - Smoke Detector 15 ft Bedroom

Regulations

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest operable smoke detector to Resident Bedroom #109 is 21 feet from the bedroom door.

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 smoke detector was placed during inspection. The administrator will do periodic checks to ensure there is an operable automatic smoke detector located within 15 feet of each bedroom, using the Plan of Corrections Inspection Tracker. See Attachment B.

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The Medication Administration Record (MAR) for Resident #3's Vitamin D3 5,000 Units, directs that 1 tablet should be administered daily. The bottle of Nature Made Vitamin D3 kept in the medication cart contains 1,000 Units per tablet.

The MAR for Resident #3's Lisinopril 5 mg directs that a ½ tablet should be administered daily. The prescription label on the bottle directs that 1 tablet of Lisinopril 2.5 mg should be administered. There was no notation of a directions or dosage change on the bottle to ensure staff are administering the correct dosage.

The MAR for Resident #3's Trazodone 100 mg directs that 1 tablet should be administered daily. The prescription label on the bottle directs that 2 tablets of Trazodone 50 mg should be administered. There was no notation of a directions or dosage change on the bottle to ensure staff are administering the correct dosage.

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 were direction change labels placed on bottles immediately. Administrator will conduct periodic Med Cart audits to ensure the med direction follows the EMAR. See Attachment #D- Med Cart Audit Tracker.

Legal Entity Representative

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The readings on the residents' glucometers do not coincide with the readings recorded on the residents' medication administration records (MARs). These readings include:

On 4/10/19 at 7:04 pm, Resident #4's glucometer had a reading of 264. The reading recorded on the MAR was 148.

On 4/7/19 at 5:57 pm, Resident #4's glucometer had a reading of 329. The reading recorded on the MAR was 335.

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 member A's employment was terminated prior to inspection.The administrator will conduct periodic checks to the glucometer and EMAR to ensure correct recordings. See attachment #D-Med Cart Audit Tracker.

The findings of the periodic checks will be included in the home's next Quality Management Review. If any discrepancies are found during the checks, staff re-training will occur. Documentation of the training will be kept. - GE, 8/14/19

Legal Entity Representative

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Kim McCusker	Kim McCusker, Administrator	6-5-19

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 receives Novolog 100 U/ML insulin per sliding scale as follows: < 140=0U, 141-180=1U, 181-220=2U, 221-260=3U, 261-300=4U, 301-340=5U, >340=6U.

On 4/12/19 at 8:00 pm, Staff Member A recorded a blood sugar reading of 315 on Resident #4's medication administration record (MAR). The MAR indicated that 4 units of insulin were administered when 5 units were required. A review of Resident #4's glucometer determined that the resident's blood sugar had not been tested for that date and time.

On 4/5/19 at 8:00 pm, Staff Member A recorded a blood sugar reading of 311 on Resident #4's medication administration record (MAR). The MAR indicated that 4 units of insulin were administered when 5 units were necessary. A review of Resident #4's glucometer determined that the resident's blood sugar had not been tested for that date and time.

On 4/4/19 at 8:00 pm, Staff Member A recorded a blood sugar reading of 319 on Resident #4's medication administration record (MAR). The MAR indicated that 4 units of insulin were administered when 5 units were required. A review of Resident #4's glucometer determined that the resident's blood sugar had not been tested for that date and time.

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 member A's employment was terminated prior to inspection. The administrator will do periodic checks to ensure the correct reading is recorded on the EMAR and the correct units of insulin were administered. See Attachment D-Med Cart Audit Tracker.

The findings of the periodic checks will be included in the home's next Quality Management Review. If any discrepancies are found during the checks, staff re-training will occur. Documentation of the training will be kept. - GE, 8/14/19

Legal Entity Representative

Kim McCusker	Kim McCusker, Administrator	6-5-19
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187d - Follow Prescriber's Orders *(continued)*

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