



Sent via e-mail: arkmanorpch@gmail.com
bwillner@whitestonehc.com

MAILING DATE: December 17, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 17, 2019 and July 22, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ARK MANOR*
Address: *105 SANDRA DRIVE,, DELMONT, PA 15626*
County: *WESTMORELAND* Region: *WESTERN*

License Number: *44686*

Administrator

Name: *Karyn Hullenbaugh* Phone: *7244686200* Email: *BWILLNER@WHITESTONEHC.COM*

Legal Entity

Name: *ARK MANOR LLC*
Address: *105 SANDRA DRIVE, DELMONT, PA, 15626*

RECEIVED

10/8/2019

Western Region Field Office
Bureau of Human Services Licensing

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2008*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60*

Waking Staff: *45*

Inspection

Type: *Partial* BHA Docket #:
Reason: *Complaint,Incident*

Notice: *Unannounced*

Inspection Dates and Department Representative

07/19/2019 - On-Site: Ashley Roser, Scott Klein
07/22/2019 - On-Site: Ashley Roser, Scott Klein
07/24/2019 - Off-Site: Ashley Roser
08/14/2019 - Off-Site: Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70*

Residents Served: *48*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *10*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *15*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *12*

Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

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

Description of Violation

On 7/15/19, the home received an allegation of physical abuse against staff person A towards resident #1; however, the allegation was not reported to the local Area Agency on Aging until 7/16/19.

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.)

On 7/16/19 with-in 24 hrs. Area Agency on Aging was notified with a written report.

Moving forward any allegation of abuse will be immediately reported to Area Agency on Aging

A staff inservice was held on 8/1/19 with Michele George, Area Agency on Aging on Protective Services Act 13 Mandabory reporting.

(staff sign in sheet attached)

2a & 2b

Legal Entity Representative

Kim Hullenbaugh Zayac
Signature

Kim Hullenbaugh Zayac 10/8/19
Printed Name and Title Administrator Date

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

The above plan of correction is approved as of

12/13/19
(Date)

LM

(Initials)

Plan of correction implementation status as of

12/13/19
(Date)

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

The above plan of correction was approved by

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

During the evening of 7/14/19, staff person A went into resident #1's bedroom and began choking the resident around his neck and smacking the resident on the left side of his face. Resident #1 asked staff person A to stop choking him. Staff person A then stated to the resident, "why don't you go and tell your daughter about this, you little pussy." Resident #1 was transported to the hospital on the evening of 7/14/19 for evaluation. Resident #1 stated that since returning from the hospital, he is fearful of staff person A.

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.)

Attachments -
3a - 3a3

See Pages 3A and 3B of 9

Legal Entity Representative

Karen Hullenbaugh Zayac
Signature

Karen Hullenbaugh Zayac 10/8/19
Printed Name and Title Administrator Date

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12/13/19

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(Initials)

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10/9/2019

Western Region Field Office
Bureau of Human Services Licensing**Regulation 2600.42.b****Plan of Correction:**

Resident #1 has been under direct supervision since the incident was reported to Administration. A training was done on August 7, 2019 by a Representative from Area Agency on Aging. All Employees were retrained on the importance of this regulation and the importance of reporting. Documentation attached. All new Employees are made aware of this regulation upon hire. Area Agency on Aging has agreed to come in annually to do a training for the Staff.

The Home disputes this violation. There are many discrepancies in the entire violation. If we as a Home thought that there was any validation to this accusation, Staff Member #1 would have been dismissed immediately. Protective Services did a very thorough investigation which included outside agencies, Residents, Family and Employees. They returned with a finding of the accusations being fabricated and unsubstantiated. They stated that the version of what happened as told by Resident #1 was not the same when interviewed again. Staff member A denies the allegations. Resident #1 made it a habit of accusing people around him daily of horrible things. We strive to keep a safe and unabusive atmosphere at all times. Resident # 1 is no longer a Resident in the Facility, and it should be noted that his Family wanted him to stay here, but we had to issue a 30 day notice due to a decline in his mobility and being a fall risk. If the Family truly believed the allegation, there is no way they would have wanted him to continue to be under our care. It should be noted that the confusion and irritability in Resident #1 started well before the allegation on July 15. Many supporting documents attached.

Kayn Hurlbough Jayac
10/9/19

Page 18 of 9

Addendum to be added to Violation 42b

In addition to the previous actions to be taken on this violation, the following will also be implemented:

1. A training has been scheduled for All Staff on Wednesday, October 23 to do a Re-training on Residents Rights. The training will be done by the Executive Director and the Administrator. It will include a discussion on various rights (one being abuse), and the steps that we as Administration and them as Staff are to take to prevent any rights being violated. Any future Staff meetings will also include a retraining on this violation.
2. Administration will do random monitoring of how the Residents feel they are treated by Staff. Two Residents a week for the next 6 months will be selected to have a casual conversation about their stay in the Home and how they feel they are treated. Documentation will be kept for our records to learn from and correct or report if needed.
3. Two times weekly for the next three months, Staff member # 1 will be monitored at random times. Documentation will be kept as to how he treats the Residents. Administration will do the monitoring and will also follow up with various Residents as to how they feel they are being treated.
4. The violation report with any follow up needed will be reviewed at the next quality management meeting that will be held.

Caroline Dunn- Executive Director

10-18-2019

Caroline Dunn

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #4 is prescribed Docusate Sodium 100MG Caps - Take 1 capsule by mouth twice a day as needed for constipation; however, the medication on the medication cart expired on 5/13/18.

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.)

Medication for Resident #4 was immediately ordered.

Resident #4 would not have missed a dose as we have a "stock" bottle, not expired, in the facility at all times.

Complete med audit was done by administration on 10/17/19 to check all medications for expiration dates.

Monthly audits being completed by Administration and med techs x 3 months

All med techs were trained on importance of checking all expiration dates

(49)

Legal Entity Representative

Kayn Hullenbaugh Zuyac

Signature

Kayn Hullenbaugh Zuyac

Printed Name and Title Administrator

10/8/19

Date

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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

Resident #3 is prescribed Morphine Sulfate 100MG/5ML Solution-Take 0.25ML under the tongue every 6 hours as needed for shortness of breath. On 7/19/19, resident #3's narcotic count sheet for his Morphine indicates 30 syringes of 0.25ML/each of should be present; , however, no syringes were present in the home. According to the narcotic count log, staff members are only counting narcotics in the AM and PM, and are not counting between all 3 shifts. Also, direct care staff person B indicated when staff members conduct a narcotic count, they do not physically count the narcotics that are available in the home.

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 narcotic policy was put into place to ensure accountability of the narcotic in the home.

Investigation was completed and we believe the morphine was destroyed on 7/11/19 when other medication was destroyed for another hospice resident.

Narcotic counts being performed at the beginning and end of each shift.

Resident # 3 - No longer in facility

(Documentation 59)

Legal Entity Representative

Karen Hullenbaugh Zoyac
Signature

Karen Hullenbaugh Zoyac 10/8/19
Printed Name and Title Administrator Date

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home does not have a policy for the accountability of controlled substances, which includes a process to investigate and account for missing medications and medication errors.

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 policy was immediately put into place to ensure accountability of all narcotics in the home.

An inservice was completed for all med-techs to review all policies for regulations 181-189

All newly employed Med techs will review and sign off to all policies in regards to regulations 181-189

6a

Legal Entity Representative

Thom Hullenbough Zayac
Signature

Thom Hullenbough Zayac 10/8/19
Printed Name and Title Administrator Date

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223a - Description of Service

Regulations

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home does not have a written description of service.

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.)

Administration immediately reviewed all contracts to ensure "description of services" was included in each contract

Administration will monitor all contracts monthly x 3 months to ensure compliance

Home disputes this violation due to description of service has been in the contract at Ark Manor for years.

(Policy also attached)

7a/7b/7c/7d

Legal Entity Representative

Korn Hullenbaugh Zayac
Signature

Korn Hullenbaugh Zayac 10/8/19
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225c - Additional Assessment

Regulations

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.

Description of Violation

Resident #1's most recent assessment, dated 5/1/19, does not address his behavioral need for management of sexual aggression. The resident is prescribed Progesterone-100MG for sexual aggression once daily as of 7/12/19.

Resident #2's most recent assessment, dated 3/27/19, does not address the need for regular wound treatment for a stage IV pressure sore.

REPEAT VIOLATION: 7/26/2018

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.)

On 7/12/19. Resident #1 assessment was updated to address his sexual aggression

All RASPs were reviewed to ensure all updates needed were completed on an addendum.

Reviews will be done monthly x 3 months by administration.

All addendums are reviewed by each staff member and a signature page of acknowledgement kept with assessment

Both situations - notes were documented in computer for all changes.

Neither Resident #1 or #2 reside in home any longer

Legal Entity Representative

8a & 8b

Keon Hullenbaugh Zayac

Signature

Keon Hullenbaugh Zayac 10/8/19

Printed Name and Title Administrator Date

225c - Additional Assessment (continued)

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