



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

MAILING DATE: December 13, 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 August 5, 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 "J. Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ARK MANOR

License Number: 44686

Address: 105 SANDRA DRIVE,, DELMONT, PA 15626

County: WESTMORELAND

Region: WESTERN

Administrator

Name: KAREN HULLENBAUGH

Phone: 7244686200

Email: BWILLNER@WHITESTONEHC.COM

Legal Entity

Name: ARK MANOR LLC

Address: 105 SANDRA DRIVE, DELMONT, PA, 15626

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

08/05/2019 - Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 45

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 10

Are 60 Years of Age or Older: 38

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 11

Have Physical Disability: 0

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted on 7/1/2019, did not have a resident-home contract developed.

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 all resident files were reviewed for contracts

Checklist (attached) will be used for all new admissions.

Moving forward all respite care will have a contract - checklist will be used.

This violation is being disputed - Resident #1 had a contract in the facility and due to new administration - was unaware of where the contract was kept.

Contract attached - dated 9/16/16.

The administrator will ensure that each resident, including residents admitted for respite care, have a resident-home contract completed prior to, or within 24 hours after the date of each new admission to the home.

JW 12/11/19

Hom Zayac

Signature

Hom Zayac Administrator

Printed Name and Title

10/21/19

Date

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

The above plan of correction is approved as of

12/11/19
(Date)

Plan of correction implementation status as of

12/11/19
(Date)

The above plan of correction was approved by

JW
(Initials)

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

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #1 was admitted to the home on 7/1/2019, however, a preadmission screening was not completed.

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 #1 is a respite stay and prior to next stay a pre-admission screening will be completed.

All existing charts were checked and all have pre-admission screenings.

All charts will be monitored monthly x 3 months to ensure all admissions have a completed pre-admission screening.

Legal Entity Representative

Norm Zayac
Signature

Norm Zayac Administrator
Printed Name and Title

12/11/19
Date

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