



Mailing Date: March 27, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12, 2020 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 that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *HARMONY HOUSE MANOR*

License Number: *31439*

Address: *601 LAMBERD AVENUE,, JOHNSTOWN, PA 15904*

County: *CAMBRIA*

Region: *CENTRAL*

Administrator

Name: *Kim McKusker*

Phone: *8142661607*

Email:

Legal Entity

Name: *HARMONY HOUSE MANOR INC*

Address: *2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA, 15928*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *10/25/1994*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *58*

Waking Staff: *44*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/12/2020 - On-Site: Israel Springs, Doug Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84*

Residents Served: *36*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Touchstone*

Capacity: *26*

Residents Served: *20*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *5*

Are 60 Years of Age or Older: *26*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *22*

Have Physical Disability: *0*

57d - Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 2/8/2020, a total of 57 hours of direct care was required to be available in the home. However, only 41 of the required hours, or 71.9 percent, were available during waking hours.

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.)

Administrator will do a staff hour calculation worksheet (see attachment "2-A") every week while doing the schedule to ensure compliance with direct care hours required and staff hours scheduled.

The Administrator will ensure that there are sufficient staff persons on duty each day to meet the requirements of 2600.57a.-57d. The home will submit three weeks of schedules and copies of the staffing calculations to demonstrate compliance. These documents will be provided by 03/27/2020 in a separate email.

Legal Entity Representative

Kim McCusker
Signature

Kim McCusker, Administrator
Printed Name and Title

2-26-20
Date

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

The above plan of correction is approved as of 2/27/2020 (Date) Plan of correction implementation status as of 3/27/2020 (Date)

Implemented

Not Implemented

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

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is a hole, approximately 2-3 inches in diameter. located in the wall at the entrance of the Touchstone Secured Dementia Care Unit.

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 hole in the unit will be fixed 03/31/2020 which a picture will be sent to DHS when completed. A building walk-thru (building inspection tracker)-see attachment "3A" will be completed monthly by maintenance and administration to prevent reoccurrence and will be completed by March 27, 2020 and submitted in a separate email. The staff will be re-educated to immediately notify administration of any area or item in need of repair or replacement. This training will be completed by March 11, 2020 and documentation of training will be emailed by March 12, 2020. The administrator will ensure the repair, removal and/or replacement occurs in a timely manner.

Legal Entity Representative

Kim McCusker
Signature

Kim McCusker, Administrator
Printed Name and Title

2-26-20
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93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The metal railing for the ramp leading to the kitchen was not fully secured and wobbled approximately 6 inches back and forth.

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 handrail will be replaced or repaired by 03/31/2020 and a picture will be sent to DHS when completed. A building walk through (Building Inspection Tracker) see attachment "3A" will be completed monthly by maintenance and administrator to prevent future violation reoccurrence.

The staff will be re-educated to immediately notify administration of any area or items in need of repair or replacement. The training will be completed by March 11, 2020 and documentation of training will be emailed by March 12, 2020. The administrator will ensure that repair, removal and/or replacement occurs in a timely manner.

Legal Entity Representative

Kim M^c Cusker
Signature

Kim M^c Cusker, Administrator
Printed Name and Title

2-26-20
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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The upholstered chair located next to the entrance of the Touchstone Secured Dementia Care Unit contained two three inch tears on the seat.

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 chair was thrown away and replaced. A building walk through (building inspection tracker) see attachment "3A" will be completed monthly by maintenance and administrator to prevent violation reoccurrence.

The staff will be re-educated to immediately notify administration of any area or items in need of repair or replacement. The training will be completed by March 11, 2020 and documentation of training will be emailed by March 12, 2020. The administrator will ensure that repair, removal and/or replacement occurs in a timely manner.

Legal Entity Representative

Kim M^cCusker
Signature

Kim M^cCusker, Administrator
Printed Name and Title

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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

A tube of Mupirocin Ointment 2% previously prescribed for Resident #1, but that's use has been discontinued, is located in the medication cart with the Resident #1's current medications.

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 ointment was discarded. A Med Cart Audit (Med Cart Audit Tracker) see attachment "6A" be completed monthly by lead aide (s) and or administrator to prevent violation reoccurrence. The audit was completed by the Administrator and Lead Aide/Med Techs on 2-24-20. (See attachment-"6-A".) Staff have been informed and retrained of this violation on 02-19-2020. See attachment "6-B" completed on 02-19-2020.

Legal Entity Representative

Kim M°Cusker
Signature

Kim M°Cusker, Administrator
Printed Name and Title

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186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

A new box of Imodium A-D 2 mg Tablets was stored in the medication cart with Resident #1's current medication. However, there is no prescriber's order for this medication.

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 new order was obtained and on EMAR. A Med Cart Audit, (Med Cart Audit Tracker) see Attachment "6A" was completed on 2-24-2020 by a Lead Aide (s) and the Administrator to prevent further violation reoccurrences.

Lead Aide/Med Techs have been informed and retrained of this violation on 02-19-2020. See attachment "6-B".

Legal Entity Representative

Kim McCusker
Signature

Kim McCusker, Administrator
Printed Name and Title

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