



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

MAILING DATE: May 4, 2020

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 March 10, 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, appearing to read "Janine Wenzig".

Janine Wenzig
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 Zayac* Phone: *7244686200* Email: *ARKMANORPCH@GMAIL.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: *58* Waking Staff: *44*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

03/10/2020 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *49*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *7*
Have Mobility Need: *9* Have Physical Disability: *0*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The handicap bathroom/shower room across from the Administrator's office does not have a lock for privacy.

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.)

Lock was placed on handicap bathroom/shower room on 4/21/20

Maintenance will do monthly checks to ensure all locks are on doors and working properly.

Pictures attached Pg. 2 A + B

Legal Entity Representative

Signature Karen Zayac

Printed Name and Title Karen Zayac Administrator Date 4/24/20

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

The above plan of correction is approved as of 4/24/20 (Date)

Plan of correction implementation status as of 4/24/20 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Implemented
- Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for resident #1, dated 8/30/19, did not include any medical diagnoses. This area was blank. The resident is prescribed medication for a mood disorder and anxiety.

The undated medical evaluation for resident #2 does not indicate the date the resident was evaluated, date the form was completed, or the resident's pulse rate and blood pressure. These areas are blank.

The medical evaluation for resident #3, dated 10/14/19, does not indicate the resident's ability to self administer medications. This area was blank.

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.)

- Medical evaluation for resident #1 - Diagnosis was added on 3/12/20
 - Medical evaluation for resident #2 - Date / Pulse rate and blood pressure was added 3/12/20 Applicable dates also added. - JRW 4/24/20
 - Medical evaluation for resident #3 - Residents ability to self administer medications was added 3/12/20
- Resident file checklist - updated 3/12/20 and resident files to be checked by Administrator monthly.
- Attachment - 3a, 3b, 3c, 3d.

Legal Entity Representative

Karen Zayas
Signature

Karen Zayas Administrator 4/24/20
Printed Name and Title Date

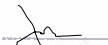
 4/24/20

141a 1-10 Medical Evaluation Information *(continued)*

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

The above plan of correction is approved as of 4/24/20
(Date)

Plan of correction implementation status as of 4/24/20
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

No assessments have been completed for resident #2, admitted on 12/31/19 and resident #4, admitted on 1/8/2020.

The assessment for resident #1, dated 9/5/19, does not address the resident's behavior of wandering into other residents' bedrooms and urinating in garbage cans.

The assessment for resident #3, dated 10/21/19, does not address the level of supervision required or the ability to self-administer medications. These areas were blank.

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.)

Assessment for resident #2 was completed on 3/16/20

Assessment for resident #4 was completed on 3/12/20

Assessment for resident #1 was updated for changes of behavior on 3/12/20

Assessment for resident #3 was completed on 3/12/20 to address level of supervision / ability to self administer medications.

Files will be checked monthly by administrator

- Documentation kept on resident file checklist

Attachments - 5a, 5b, 5c, 5d, 5e

Legal Entity Representative

Hom Zayac
Signature

Hom Zayac Administrator
Printed Name and Title

4/24/20
Date

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

The above plan of correction is approved as of 4/24/20
(Date)

Plan of correction implementation status as of 4/24/20
(Date)

The above plan of correction was approved by


(Initials)

Implemented
 Not Implemented