



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: cdunn.pch@gmail.com
melodymanor@comcast.net

MAILING DATE: July 29, 2020

Mr. Ben Willner
Owner
Melody Manor PCH, LLC
413 North McKean Street
Kittanning, Pennsylvania 16201

RE: Melody Manor
Certificate #: 446760

Dear Mr. Willner:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 24, 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 "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

5/26/20

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *MELODY MANOR*

License Number: *44676*

Address: *413 NORTH MCKEAN STREET, KITTANNING, PA 16201*

County: *ARMSTRONG*

Region: *WESTERN*

Administrator

Name: *Marcia Williamson*

Phone: *7245451564*

Email: *melodymanor@comcast.net*

Legal Entity

Name: *MELODY MANOR PCH LLC*

Address: *413 NORTH MCKEAN STREET, KITTANNING, PA, 16201*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *37*

Waking Staff: *28*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, Incident*

Inspection Dates and Department Representative

04/24/2020 - On-Site: Joe Eveges

04/27/2020 - Off-Site: Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43*

Residents Served: *35*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *17*

Are 60 Years of Age or Older: *27*

Diagnosed with Mental Illness: *26*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *2*

Have Physical Disability: *0*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 is prescribed the following medications:

- *Aspirin 81mg – take one tablet by mouth every morning
- *Daily Vite Tablet – take one tablet by mouth every morning
- *Fluoxetine 20mg – take one capsule by mouth once a day
- *Pantoprazole 40mg – take one tablet by mouth twice a day.

However, the home failed to administer these medications to the resident on 4/2/20 at 8:00 a.m. and failed to report this medication error to the Department.

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.)

All med techs were retrained individually, some via phone, on 5-21-2020 by Executive Director on the importance of reporting to Administration any time a Resident refuses a medication, as in this case. The five rights to administer medications was also reviewed. This error was never reported to Administration. Med techs were made aware during the re-training that they need to do reporting of any med errors to Administration immediately for reporting within the 24 hour time frame. All incident reports will be reviewed and discussed at the next Quality Management meeting.

Legal Entity Representative

Signature

Caroline Dunn- Executive Director 5-22-2020

Printed Name and Title

Date

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The above plan of correction is approved as of

7/28/20
(Date)

Plan of correction implementation status as of

7/28/20
(Date)

The above plan of correction was approved by

(Initials)

Implemented
 Not Implemented

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 4/2/20 at approximately 9:00 a.m., resident #1 asked direct care staff A for morning medications. Direct care staff A told resident #1 did not come out to get medications when staff passed them out earlier, and they had been discarded. Resident #1 became upset, an argument ensued and direct care staff A said to resident #1 "Then fuck you too!" This made resident #1 very upset, angry and scared.

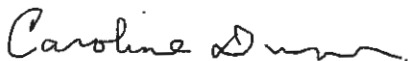
Plan of Correction (POC)

(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 4-23-2020, Direct Care Staff Person A was re-trained by Executive Director and Administrator on Resident rights and dignity and respect. Staff Person A also had a counseling session on 5-21-2020 with an Outpatient Therapist. Further Counseling has been made available if needed for future use. Protective Services was due to come in May for a training on dignity and respect among other topics. They have agreed to do the training ,via remote access, for all Staff if the proclamation for Personal Care Homes continues for longer than foreseen. All other Staff were re-trained individually by the Executive Director and Administrator on this regulation. They were all made aware that there is a zero tolerance for non-compliance with this regulation. Immediately, then at least weekly for one month, and monthly thereafter: The administrator shall privately interview at least 4 residents, to ensure they are treated with dignity and respect. Documentation of the interviews shall be kept.

Attachments 4A-4E

Legal Entity Representative



Caroline Dunn- Executive Director 5-22-2020

Signature

Printed Name and Title

Date

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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 home's video security system is recording video of residents in the 1st floor dining area, 1st floor common area, main staircase and kitchen.

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 4-30-2020 the Manager "Wally" from MVS security returned a call concerning which cameras we are permitted to record on. He remotely turned off the cameras recording capability in the 1st floor dining area, the first floor common area, main staircase and kitchen. All other cameras were checked to be sure they met regulation. The Administration was under the impression that the ones recording were allowed as they did not record any Residents during bathing, dressing, changing or when having any medical procedures. The Residents also signed addendums to the contract acknowledging they knew they were being recorded. It should also be noted that the cameras that were recording were approved by the Inspectors in the past. The Executive Director, Administrator and Administrative Assistant asked the on site Inspector Joe Evesges many questions about the recording regulations on the day of inspection. As a training , Administration reviewed the entire regulation 2600.42 on 4-24-2020 for a better understanding of this regulation. The only way camera recording would change, is if Administration requested it, which will not happen unless regulation changes it to permit common areas. No other people have access to the cameras.

Legal Entity Representative

Caroline Dunn
Signature

Caroline Dunn Executive Director 5-22-2020
Printed Name and Title Date

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101j1 - Mattress Fire Retardant

Regulations

- 2600.
 - 101.j. Each resident shall have the following in the bedroom:
 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

There is a dried reddish brown stain, approximately 5" x 4", and 2 holes, approximately 1" each, in resident #2's mattress.

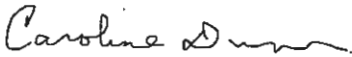
Plan of Correction (POC)

(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 4-24-2020, the day of inspection with Inspector acknowledging, a new mattress was put on the bed belonging to Resident #2. The old mattress was disposed of. Beginning in December, 2019, new mattresses were ordered by Owner to start replacing old mattresses. One was used for this bed. On 4-28-2020, 2 more mattresses and a box spring were purchased by Owner to replace and use as backup for any other mattresses that need replaced. Housekeeping is checking all other mattresses and box springs that may need replaced. They are aware that any replacement needs should be reported to Administration. Administrator has done a walkthrough of the Homes to inspect the beds. A notebook is being kept with a list of items to be discussed at the next quality management meeting. One was just held on 5-12-2020. The next one will be scheduled for sometime in November, 2020. This should be a good time frame for rechecking any new needs for mattresses.

Attachments 6A

Legal Entity Representative



Caroline Dunn Executive Director 5-22-2020

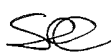
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Date

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Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident #2's comforter is in disrepair. An 18" x 24" area at the top is worn and contains multiple holes.
 Resident #2's pillowcase has 5 brown stains, approximately 1" each, and a reddish brown stain, approximately 2" x 2".
 There is a large urine stain, approximately 6" x 12", in the center of resident #3's fitted sheet.
 There are 3 holes, 3" x 3", 4" x 4" and 8" x 4", along the side of resident #4's plastic mattress cover.

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 4-24-2020, the day of inspection with Inspector acknowledging, Resident #2's comforter was disposed of, Resident #2's pillowcase and sheets were changed, Resident #3's sheets were changed & Resident #4's plastic mattress cover was disposed of. All other beds were inspected by Housekeeping the following day to be sure all pillows, bed linens and blankets were clean and in good repair. Bed clothes are currently washed weekly, but a system to identify which bedclothes are done and what day is as follows:

Monday: Main floor Cooper Side . Tuesday: Second Floor Cooper Side.

Wednesday: Second Floor Melody Side. Thursday: Basement- Melody side.

The Staff are aware that as they get people up on these Mornings, they need to strip the beds and wash all clothes. Administration will do weekly walkthroughs, inspecting random beds, to be sure the laundry is getting done and any worn out items are disposed of. This system will be discussed at the next quality management meeting.

Legal Entity Representative

Caroline Dunn
 Signature

Caroline Dunn- Executive Director 5-22-2020
 Printed Name and Title Date

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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 #1 is prescribed the following medications:

- *Aspirin 81mg – take one tablet by mouth every morning
- *Daily Vite Tablet – take one tablet by mouth every morning
- *Fluoxetine 20mg – take one capsule by mouth once a day
- *Pantoprazole 40mg – take one tablet by mouth twice a day.

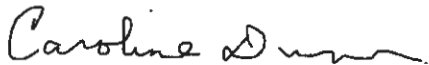
However, the home failed to administer these medications to the resident on 4/2/20 at 8:00 a.m.

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.)

All Med Techs were retrained on 5-21-2020 by Executive Director on the importance of all medications being administered as directed by the prescriber. Also included was a retraining of appropriate time frames for medication Administration. (1 hour before to 1 hour after instructed time). The Resident had originally refused the medication, then wanted it. Two Additional observations were done on 5-21-2020 on Staff Member that failed to administer the medications on 4-2-2020.

Legal Entity Representative



Caroline Dunn- Executive Director 5-22-2020

Signature

Printed Name and Title

Date

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188c - Medication Error Documentation

Regulations

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed the following medications:

- *Aspirin 81mg – take one tablet by mouth every morning
- *Daily Vite Tablet – take one tablet by mouth every morning
- *Fluoxetine 20mg – take one capsule by mouth once a day
- *Pantoprazole 40mg – take one tablet by mouth twice a day.

However, the home failed to administer these medications to the resident on 4/2/20 at 8:00 a.m. and the home failed to document their report of this medication error to the prescribing physician, resident and resident's designated person.

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 error is now documented and in Resident #1's record. Resident has no designated person to report to. A new fax reporting form created by Tabula Pro will be used for reporting medication errors to the Physician. In addition to calling, this form will be sent anytime there is an error in medication Administration. Med techs were retrained by the Executive Director on 5-21-2020 on this regulation and the necessity of reporting all errors. The new form Will be reviewed with all new med Techs also. The forms will be sent by the Administrator so they can be reviewed and documented first.

Legal Entity Representative

Attachments 9A-9B

Caroline Dunn

Caroline Dunn- Executive Director 5-22-2020

Signature

Printed Name and Title

Date

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