

Department of Human Services  
Bureau of Human Service Licensing

October 19, 2020

BEN WILLNER, OWNER  
ARK MANOR LLC  
105 SANDRA DRIVE  
DELMONT, PA 15626

RE: ARK MANOR  
105 SANDRA DRIVE  
DELMONT, PA, 15626  
LICENSE/COC#: 44686

Dear Mr. Willner,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/02/2020, 09/03/2020, 09/10/2020, 09/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *ARK MANOR* License #: *44686* License Expiration Date: *02/19/2021*  
 Address: *105 SANDRA DRIVE, DELMONT, PA 15626*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: *Karyn Zayac* Phone: *7244686200* Email: *ARKMANORPCH@GMAIL.COM*

**Legal Entity**

Name: *ARK MANOR LLC*  
 Address: *105 SANDRA DRIVE, DELMONT, PA, 15626*  
 Phone: *7244686200* Email: *BWILLNER@WHITESTONEHC.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/23/2006* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint,Incident* Exit Conference Date: *09/15/2020*

**Inspection Dates and Department Representative**

*09/02/2020 - On-Site: Ashley Roser*  
*09/03/2020 - Off-Site: Ashley Roser*  
*09/10/2020 - Off-Site: Ashley Roser*  
*09/15/2020 - Off-Site: Ashley Roser*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *70* Residents Served: *46*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *9* Have Physical Disability: *0*

## Inspections / Reviews

## 09/02/2020 - Partial

Lead Inspector: *Ashley Roser*Follow-Up Type: *POC Submission*Follow-Up Date: *10/01/2020*

## 9/30/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *10/04/2020*

## 10/8/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *10/20/2020*

## 10/19/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

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

Sometime at the beginning of August 2020, resident #1 made a comment about resident #3's mother. Resident #3 became upset and lunged at resident #1 in an attempt to hit her, which required staff intervention to separate the residents. However, this incident was not reported to the Area Agency on Aging.

On 8/23/20 at approximately 5:30pm, resident #1 threw a cup of hot tea onto resident #2 and said, "Oh damn. I missed your face!" However, this incident was not reported to the Area Agency on Aging until 8/24/20.

On 8/31/20 during breakfast, resident #1 said to resident #2, "I will kill you. You think I am kidding, but I will beat the shit out of you and kill you!" Resident #1 then ran towards resident #2, almost knocking resident #2 to the ground. However, this incident was not reported to the Area Agency on Aging.

Plan of Correction

Accept

Resident #1 no longer resides in facility

Administrator educated staff on reporting abuse immediately to Area Agency on Aging

Any abuse will be reported immediately

Administrator will ensure all new employees hired are aware of the reporting

(Record of training attached with memo)

Administrator re-educated Staff on abuse reporting on 9-21-2020. They are aware of reporting immediately to Administration. If Administration is not present, they know to report to the Present Lead Med Tech. Any incident will be reported this way, and any behavioral changes in residents will also be reported in this manner. All reports will be documented using Tabula Pro. These reports will be flagged for daily review by administration. A new alert was added to prompt review of all notes upon daily sign in by administration. If the reporting happens after hours or on the weekend the administration will be notified by the Senior Aide to address immediately for the safety of the resident and to be in compliance with the regulation. This system will be reviewed at the next quality management meeting for effectiveness

Completion Date: 10/04/2020

Document Submission

Implemented

Accepted already

15d - Resident Abuse-Notification

1. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

15d - Resident Abuse-Notification (continued)

**Description of Violation**

Sometime at the beginning of August 2020, resident #1 made a comment about resident #3's mother. Resident #3 became upset and lunged at resident #1 in an attempt to hit her, which required staff intervention to separate the residents. However, this incident was not reported to the resident's designated person.

On 8/31/20 during breakfast, resident #1 said to resident #2, "I will kill you. You think I am kidding, but I will beat the shit out of you and kill you!" Resident #1 then ran towards resident #2, almost knocking resident #2 to the ground. However, this incident was not reported to the resident's designated person.

**Plan of Correction**

**Accept**

Resident #1 no longer resides in the facility

Administrator educated staff on notifying the Resident's designated person of the suspected abuse of neglect of the resident

Any abuse will be reported immediately

Administrator will ensure all new employees are aware of the reporting  
(Record of training attached with memo)

The training was done by administrator with staff on 9-21-2020. They were made aware that all suspected abuse and neglect must be reported to the residents designated person. This reporting to the designated person will be done by administration or Senior Aide in charge if applicable. A prompt has been added to Tabula Pro, asking if an incident is reportable, and if it designated person needs to be contacted. Notes have always been recorded, But the prompt for daily reviews is new. All notes and documentation added to them, including verification of review is readily available to print at any time. This system will be reviewed at the next Quality Management meeting for effectiveness

Completion Date: 10/04/2020

**Document Submission**

**Implemented**

Accepted already

16c - Written Incident Report

**1. Requirements**

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**

Sometime at the beginning of August 2020, resident #1 made a comment about resident #3's mother. Resident #3 became upset and lunged at resident #1 in an attempt to hit her, which required staff intervention to separate the residents. However, this incident was not reported to the Department.

On 8/31/20 during breakfast, resident #1 said to resident #2, "I will kill you. You think I am kidding, but I will beat the shit out of you and kill you!" Resident #1 then ran towards resident #2, almost knocking resident #2 to the ground. However, this incident was not reported to the Department.

16c - Written Incident Report *(continued)*

**Plan of Correction**

**Accept**

*Resident #1 no longer resides in the facility*

*Administrator will ensure all reportable incidents are reported to DHS with-in the time frame of 24 hours*

*No matter how minor the issue - it will documented and reported*

*A New prompt was added to Tabula Pro for daily reviews of notes. It will take effect beginning 10-5-2020. Upon daily sign in to the system, administration will be prompted to review all notes from the previous day. The notes must be reviewed and accepted before it will clear. This will give the administration The opportunity to review and report anything applicable to DHS or Other Agencies. When administration is not in the building, the prompt will go to the lead med tech. Anything found there will be reported to administration. Administration will decide if it needs to be reported and who will do the reporting. (Administration or Senior Aide) this system will be reviewed at the next Quality Management meeting for effectiveness*

**Completion Date:** 10/04/2020

**Document Submission**

**Implemented**

*Accepted already*

42b - Abuse

**1. Requirements**

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**

*Since January 2020, resident #1 had numerous, documented incidents of physical altercations with other residents, as well as screaming obscenities and threatening numerous residents in the home. Residents indicate they are fearful of resident #1.*

*On 8/23/20 at approximately 5:30pm, resident #1 and resident #2 were in the home's dining room. While resident #2 was conversing with resident #1, resident #1 became extremely agitated towards resident #2. Resident #2 was redirected by staff person A to return to her bedroom. As resident #2 began walking to her bedroom, resident #1 threw a cup of hot tea onto resident #2 and said, "Oh damn. I missed your face!"*

*On 8/31/20 after breakfast, resident #1 said to resident #2, "I will kill you. You think I am kidding, but I will beat the shit out of you and kill you!" Resident #1 then ran towards resident #2, almost knocking resident #2 to the ground. Resident #2 returned to her room, upset and crying.*

42b - Abuse (continued)

**Plan of Correction**

**Directed**

*Resident #1 no longer resides in the facility*

*The home tried many attempts to get assistance with Resident #1 which included a 30 day notice/an attempt to 302 which was denied*

*Any/all incidents will be reported immediately*

*Resident was being supervised due to her outbursts. Documentation attached. Resident met all requirements for admission and had no psychological diagnosis when admitted. As she started to show signs, her change in disposition was addressed with her Physician. She then refused to see the Dr. because she did not feel anything had changed. She definitely broke our hose rules and every attempt was made to have her moved to a more appropriate place for her demeanor. She had 2- 30 day notices. No Agency would help, the Hospitals repeatedly sent her back. It wasn't until Executive Director spoke with Supervisor Jason Williams by phone that a solution was found. Taken from 228b, the Dr was able to determine that delaying her move from Ark Manor would jeopardize herself or others around her. Even through this, there was no one that could give the Home immediate assistance with this situation.*

*Within 15 days of receipt of the plan of correction: All staff persons shall be educated on resident rights, which shall include training on the prevention of resident abuse/neglect. Documentation of the education shall be kept. LM 10/5/2020*

*Immediately: A designated staff person shall review internal incidents on a daily basis to determine if additional interventions are needed related to resident behaviors, which may include a referral to the resident's physician, additional staff supervision or reeducation on the home rules. LM 10/5/2020*

*Immediately: A designated staff person shall interview at least 3 residents weekly for one month then monthly thereafter to ensure residents are free from abuse and neglect. The interviews shall be conducted in private and documented. LM 10/5/2020*

**Completion Date:** 10/04/2020

**Document Submission**

**Implemented**

*Staff training was completed on 10/16/20 - documentation and supporting documents attached*

*Administrator or Assistant Administrator will review internal incidents daily and recorded documentation of completion will be kept*

*Resident interviews were completed last week (attached) and will be done weekly for a month then monthly thereafter....documentation will be kept*

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (continued)

**Description of Violation**

Since January 2020, resident #1 had numerous, documented incidents of physical altercations with other residents, as well as screaming obscenities and threatening numerous residents in the home. However, resident #1's most recent assessment, dated 11/27/19, indicates the resident has no problem with aggression and minimal problem with irritability and agitation. Also, the resident's most recent assessment does not include an assessment of the resident's supervision needs. This section of the form is blank.

**Plan of Correction**

**Accept**

Resident #1 no longer resides at the facility.  
assessment was completed on 9/1/2020

Administrator will ensure that all assessments are update or redone with any change to the resident  
The staff are very good at documenting resident needs and concerns. Normally notes are printed or verbally relayed to the administration. To update the process, a new prompt was added to the Tabula Pro system to ensure the notes are reaching Administration. Upon daily sign in to the system, administration will be prompted to review all notes and add any comments as documentation in the system as completed. Administration will determine from review if any updates to Assessment are needed. The completed documentation will be saved and can be printed at any time with any added comments. All other Assessments are being reviewed to determine if any updates are needed. This will be completed by 10-12-2020. This system will be reviewed at the next Quality Management meeting for effectiveness.

Completion Date: 10/12/2020

**Document Submission**

**Implemented**

Already accepted