

Department of Human Services
Bureau of Human Service Licensing

July 7, 2021

██████████ OWNER
ARK MANOR LLC
105 SANDRA DRIVE
DELMONT, PA 15626

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2021 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 **Licen e #:** 44686 **Licen e Expiration Date:** 02/19/2022
Addr e : 105 SANDRA DRIVE, DELMONT, PA 15626
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7244686200 **Email:** [REDACTED]

Legal Entity

Name: ARK MANOR LLC
Address: 105 SANDRA DRIVE, DELMONT, PA, 15626
Phone: 7244686200 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/23/2006 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 38 **Waking Staff:** 29

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/21/2021

Inspection Dates and Department Representative

04/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 31

Secured Dementia Care Unit

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

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 12	Are 60 Years of Age or Older: 25
Diagnosed with Mental Illness: 12	Diagnosed with Intellectual Disability: 2
Have Mobility Need: 7	Have Physical Disability: 0

Inspections / Reviews

04/01/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/10/2021

Inspections / Reviews *(continued)*

6/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/21/2021*

6/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/30/2021*

7/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's February 2021 medication administration record (MAR) does not include the initials of the staff person that administered the following medications to the resident on 2/5/21 and 2/6/21 at 8:00 PM

- Divalproex Sodium-250mg-Take 1 tablet by mouth at bedtime
- Pravastatin Sodium-20mg-Take 1 tablet by mouth at bedtime
- Ingrezza-40mg-Take 1 capsule by mouth at bedtime
- Nitrofurantoin-100mg-Take 1 capsule by mouth twice daily for 7 days
- Metoprolol Tartrate-25mg-Take 1.5 tablets (37.5mg) by mouth every 12 hours

Resident #1 was prescribed Bion Tears Instill 1 drop into each eye 3 times a day; however, the resident's February 2021 MAR does not include the initials of the staff person that administered the eye drops to the resident on the following dates and times:

- 2/6/21 and 2/7/21 at 10:00 AM
- 2/7/21 and 2/20/21 at 2:00 PM
- 2/5/21 and 2/6/21 at 8:00 PM

Plan of Correction

Directed

Med Techs will follow the MAR more carefully and be sure that after medication administration all are initialed/signed off and administered appropriately

Med Tech will check at the beginning of each shift and after each medication pass to ensure all medications are passed and no medications are showing as missed

Administration will check MARS minimally of three times a week (DIRECTED: Documentation of the audits shall be kept. LM 6/21/21)

By 6-30-2021 Executive Director will do a complete overview of all MARS for any missed recording. A training was done by Administrative Assistant on 6-15-2021 with each Med Tech individually to retrain on the importance of being sure to record every medication at the time it is given. They also will be double checking at the beginning and end of their shift for any absent recording. The MARS will also be being reviewed by Administration a minimum of 3 times per week. (DIRECTED: Documentation of the audits shall be kept. LM 6/21/21)

Completion Date: 06/30/2021

Document Submission

Implemented

attachments added

224a Preadmission Screen Form

1. Requirements

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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include the level of supervision needed, mobility needs, personal care and medical needs or a determination that the home can meet the resident's needs. These sections of the form are blank.

Plan of Correction**Directed**

Pre Screening forms will be completed prior to admission
Administrator and Assistant Admin will both review upon completion

Resident admission checklist attached

All Resident files will be completely reviewed to include pre-screening, Assessment and Support plan. These reviews will be done by Executive Director. The reviews will be documented and finished by 6-30-2021. Executive Director did an overview training with Administration on 6-14-2021. Administration will use the new checklist for each new Resident as well as verification for the review of previous files. (DIRECTED: A designated staff person shall review the new resident admission checklists monthly to ensure timely preadmission screenings are completed. LM 6/21/21)

DIRECTED; Within 3 days of receipt of the plan of correction: Resident #1's preadmission screening shall be updated. The updated preadmission screening shall be kept in the resident's record. LM 6/21/21

Completion Date: 06/30/2021

Document Submission**Implemented**

attachments added

225a - Assessment 15 Days

1. Requirements

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

An assessment was not completed for resident #1, who was admitted to the home on [REDACTED]

REPEAT VIOLATION: 3/10/2020; 10/31/2019

225a - Assessment 15 Days (continued)

Plan of Correction

Directed

Assessments will be completed with-in 15 days of resident's admission
Completion date now listed on the "attached" Resident Admission Checklist
Administrator and Assistant will both sign off on the checklist

All resident files will be completely reviewed to include pre-screening, assessment and support plan. These reviews will be done by executive Director. The reviews will be documented and finished by 6-30-2021. Executive Director did an overview training with administration on 6-14-2021. Administration will use the new checklist for each new resident as well as verification for the review of previous files (DIRECTED: A designated staff person shall review the new resident admission checklists monthly to ensure timely assessments are completed. LM 6/21/21)

DIRECTED: Within 3 days of receipt of the plan of correction: An assessment shall be completed for resident #1. The completed assessment shall be kept in the resident's record. LM 6/21/21

Completion Date: 06/30/2021

Document Submission

Implemented

attachments added

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

A support plan was not completed for resident #1, who was admitted to the home on [REDACTED]

Plan of Correction

Directed

Support Plan will be completed with-in 30 days of admission
Completion date is now listed on the "attached" Resident Admission Checklist
Administrator and Assistant will both sign off on checklist

All resident files will be completely reviewed to include pre-screening, assessment and support plan. These reviews will be done by Executive Director. The reviews will be documented and finished by 6-30-2021. Executive director did an overview training with administration on 6-14-2021. Administration will use the new checklist for each new resident as well as verification for the review of previous files (DIRECTED: A designated staff person shall review the new resident admission checklists monthly to ensure timely support plans are completed. LM 6/21/21)

DIRECTED: Within 3 days of receipt of the plan of correction: A support plan shall be completed for resident #1. The completed support plan shall be kept in the resident's record. LM 6/21/21

Completion Date: 06/30/2021

227a - Support Plan 30 Days *(continued)*

Document Submission

Implemented

attachments added