

Department of Human Services  
Bureau of Human Service Licensing

July 18, 2022

[REDACTED]  
MELODY MANOR PCH LLC  
413 NORTH MCKEAN STREET  
KITTANNING, PA, 16201

RE: MELODY MANOR  
413 NORTH MCKEAN STREET  
KITTANNING, PA, 16201  
LICENSE/COC#: 44676

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

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: *MELODY MANOR* License #: *44676* License Expiration: *07/21/2022*  
Address: *413 NORTH MCKEAN STREET, KITTANNING, PA 16201*  
County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *724-859-6121* Email: [REDACTED]

**Legal Entity**

Name: *MELODY MANOR PCH LLC*  
Address: *413 NORTH MCKEAN STREET, KITTANNING, PA, 16201*  
Phone: *72-545-1564* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/03/2021*

**Inspection Dates and Department Representative**

*09/03/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *43* Residents Served: *31*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**09/03/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/11/2021*

**01/14/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2022*

Inspections / Reviews (*continued*)

01/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/18/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

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

The home manages finances for multiple residents to include resident #1, resident #2 and resident #3. On or about 7/14/21, staff member A, the home's administrator, conducted an audit of resident financial transaction records and petty cash, which is kept in a locked file cabinet in the administrator's office, and discovered missing cash for the following residents:

\*Resident #1: \$140.00

\*Resident #2: \$60.00

\*Resident #3: \$200.00

However, the home failed to report this incident to to the local Area Agency on Aging.

Plan of Correction

Accept

Immediately on finding the errors in Resident #1, #2 and #3. The money was replaced with the Home's money by the Owner so that no one was without funds they were supposed to have. It was not reported to licensing due to no Residents being without their funds. [redacted] from licensing did a training with the Executive Director on the day of inspection. [redacted] trained [redacted] on the importance of reporting no matter what. The funds are now only accessible by the Executive Director and Administrator. It was thought that a previous Employee may have been responsible and a police report was made.

In addition all Staff will be individually trained on this regulation by 2-1-2022 with documentation kept

Completion Date: 02/01/2022

Document Submission

Implemented

Accepted 2/1/2022

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1. On 9/3/21, resident #1's financial transaction record indicated a balance of \$446.30; however, the resident's cash available in the home was \$445.17.

The home manages finances for resident #2. On 9/3/21, resident #2's financial transaction record indicated a balance of \$227.51; however, the resident's cash available in the home was \$227.52.

Plan of Correction

Accept

Immediately on the day of inspection with inspector present, the \$1.13 and the one cent missing from Resident #1

20b1 - Financial Records (continued)

and 2 were put back in the folders. They were in the file cabinet due to falling out of the files.

This is being disputed due to the fact that the change as listed above, one being a penny, were laying in the file cabinet and shown to the Inspector at that time, which meant nothing was missing.

In addition, there are zippered pouches in all Resident accounts, but the 2 in question were not zippered. They are only accessible now to the Executive Director and the Administrator. They are both aware to be sure the pouches are zippered before replacing in file. All files will be audited by Executive Director by 1-28-2022 with documentation kept. They will then be audited once a month thereafter by Administrator with documentation

Completion Date: 01/28/2022

Document Submission

Implemented

Accepted

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

The home manages finances for multiple residents to include resident #1, resident #2 and resident #3. On or about 7/14/21, staff member A, the home's administrator, conducted an audit of resident financial transaction records and petty cash, which is kept in a locked file cabinet in the administrator's office, and discovered missing cash for the following residents:

\*Resident #1: \$140.00

\*Resident #2: \$60.00

\*Resident #3: \$200.00

Plan of Correction

Accept

Immediately on finding the errors in Resident #1, #2 and #3. The money was replaced with the Home's money by the Owner so that no one was without funds they were supposed to have. It was not reported to licensing due to no Residents being without their funds. [redacted] from licensing did a training with the Executive Director on the day of inspection. [redacted] trained [redacted] on the importance of reporting no matter what. The funds are now only accessible by the Executive Director and Administrator. It was thought that a previous Employee may have been responsible and a police report was made.

This is being disputed due to not understanding 42b has to do with the incident at hand

All files will be audited by Executive Director by 1-28-2022 with documentation kept. They will then be audited once a month thereafter by Administrator with documentation. Executive Director spoke with the Area Agency on Aging and they will be doing a training on Resident Rights and Abuse and Neglect. They could not pinpoint a date, only that it would be done within 30 days with documentation.

Completion Date: 02/15/2022

Document Submission

Implemented

Accepted 2/15/2022

## 85b - Infestation

## 1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation***There was one live bedbug in resident #4's bed.***Plan of Correction****Accept***Immediately on the day of inspection, the proper documentation was given to the inspector to show that the home actively treats on a regular basis for any insects or rodents that may enter. A Resident did come to the home with bedbugs and all areas were treated. We have a contract with Ehrlich pest control to treat the home regularly as a preventative measure**Housekeeping will have a training with Ehrlich (bug exterminator) on 1-20-2022 on how to monitor and identify bedbugs. Housekeeping will be trained on monitoring the home for any indication of bedbugs and the immediate reporting to Administrator. We have an ongoing contract with Ehrlich to spray often and inspect for any new activity.***Completion Date:** 01/20/2022**Document Submission****Implemented***Accepted*

## 88a - Surfaces

## 1. Requirements

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 were three water damaged ceiling tiles in the hallway outside of bedroom #10 with brown and black mold in areas approximately 6 x 6 inches, 5 x 8 inches and 10 x 5 inches in diameter.***Plan of Correction****Accept***The day after inspection on 9-3-2021 the tiles in the ceiling were replaced. It was found that the air conditioning had built condensation and ruined the tiles. All other tiles were inspected and repaired if needed by maintenance person**Administration will monitor the buildings with monthly walk throughs to check for clean, good repair and any hazards in floors, walls, ceilings, windows, doors and other surfaces.**Documentation kept***Completion Date:** 01/18/2022**Document Submission****Implemented***Accepted 1/18/2022*

## 16c - Written Incident Report

## 1. Requirements

2600.

16c - Written Incident Report (continued)

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

The home manages finances for multiple residents to include resident #1, resident #2 and resident #3. On or about 7/14/21, staff member A, the home’s administrator, conducted an audit of resident financial transaction records and petty cash, which is kept in a locked file cabinet in the administrator’s office, and discovered missing cash for the following residents:

\*Resident #1: \$140.00

\*Resident #2: \$60.00

\*Resident #3: \$200.00

However, the home failed to report this incident to the local Area Agency on Aging.

Repeat Violation: 4/24/2020

Plan of Correction

Accept

Immediately on the day of inspection, a report was made to the local Area Agency on Aging on Resident #1, 2 & 3. They were satisfied that no Resident was without their funds and closed the case the next day. [REDACTED] did a training with the Executive Director on all aspects of reporting. The Executive Director will pass this information to all future Administration

Executive Director spoke with the Area Agency on Aging and they will be doing a training on Resident Rights and Abuse and Neglect. They could not pinpoint a date, only that it would be done within 30 days with documentation.

Completion Date: 02/15/2022

Document Submission

Implemented

Accepted

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

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

There were multiple black particles and dirt on resident #1’s fitted sheet.

Resident #5’s plastic mattress cover had an approximate 10 inch long tear and multiple dirt particles on the sheet and mattress.

There were multiple black particles and a large light brown stain at the top of resident #6’s fitted sheet.

Repeat Violation: 4/24/2020

**101j3 - Bed/Linens/Pillows/Blankets (continued)****Plan of Correction****Accept**

*Immediately on the day of inspection with Inspector present, the sheets and mattress covers were replaced for Residents #1, 5 and 6. A training was done with Housekeeping on the importance of changing sheets in between designated times if needed. Sheets are changed on a weekly basis.*

*A chart was made by Administration for Staff. Staff will monitor and record all bed changes. They will also monitor weekly for any changes that need to be done*

**Completion Date:** 01/24/2022

**Document Submission****Implemented**

*Accepted 1/24/22*