

Department of Human Services
Bureau of Human Service Licensing

January 11, 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 licensing inspections on 12/29/2021, 01/03/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Amy Duncan

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: *7245451564* Email: [REDACTED]

Legal Entity

Name: *MELODY MANOR PCH LLC*
Address: *413 NORTH MCKEAN STREET, KITTANNING, PA, 16201*
Phone: *724-859-6121* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *12/29/1983* Issued By: *Dept L & I*
Type: *C-2 LP* Date: *09/28/1987* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/03/2022*

Inspection Dates and Department Representative

12/29/2021 - On-Site: [REDACTED]

01/03/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

12/29/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

Inspection Dates and Department Representative (*continued*)

NO DEFICIENCIES FOUND