

Department of Human Services
Bureau of Human Service Licensing

September 13, 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 04/19/2022, 04/20/2022 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: *07/21/2023*
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: *7245451564* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/28/1987* Issued By: *Dept. L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/20/2022*

Inspection Dates and Department Representative

04/19/2022 - On-Site: [REDACTED]
04/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

04/19/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

Inspections / Reviews (*continued*)

07/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2022*

08/31/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/08/2022*

09/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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. However, resident #1's Record of Financial Transactions contains the following error:

** On 2/11/22 the balance was \$517.27. The resident withdrew \$3.00; however, the balance documented is \$514.21 instead of \$514.27.*

The home manages finances for resident #2. However, resident #2's Record of Financial Transactions contains the following errors:

** On 11/4/21 the balance was \$189.00. The resident withdrew \$20.00; however, the balance documented is \$179.00 instead of \$169.00.*

** On 2/7/22 the balance was \$71.91. The resident deposited \$ 325.00; however, the balance documented is \$396.90 instead of \$396.91.*

Plan of Correction

Accept

Immediately, administration re-audited resident # 1's financial transactions. It was found that the resident was owed 6 cents. This was added to resident's account on 4/25/22. Administration audited all resident's financial transactions between April 26- April 29 2022, to ensure there where no further mistakes. All financial transactions will be audited by administration monthly to ensure they are correct.

Resident #2, Immediately after reading this report, on 4/25/22, administration audited [REDACTED] financial transactions. It was found that [REDACTED] balance should have been \$121.93 instead of \$131.92. Administration decided to let [REDACTED] claim the higher amount since it was their mistake. [REDACTED] current balance is \$131.92. Monthly audits will be done to ensure the proper balances are in the resident's accounts.

Completion Date: 05/12/2022

Document Submission

Implemented

Immediately, administration re-audited resident # 1's financial transactions. It was found that the resident was owed 6 cents. This was added to resident's account on 4/25/22. Administration audited all resident's financial transactions between April 26- April 29 2022, to ensure there where no further mistakes. All financial transactions will be audited by administration monthly to ensure they are correct.

Resident #2, Immediately after reading this report, on 4/25/22, administration audited [REDACTED] financial transactions. It was found that [REDACTED] balance should have been \$121.93 instead of \$131.92. Administration decided to let [REDACTED] claim the higher amount since it was their mistake. [REDACTED] current balance is \$131.92. Monthly audits will be done to ensure the proper balances are in the resident's accounts.

20b3 - Written Receipts

1. Requirements

2600.

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

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

20b3 - Written Receipts (*continued*)**Description of Violation**

The home manages finances for resident #1; however, the home did not obtain the resident signature for the receipt of the disbursement on the following dates:

*2/11/22 \$3.00
2/16/22 \$1.00
3/6/22 \$5.00
3/18/22 \$1.00
3/31/22 \$150.41*

The home manages finances for resident #3; however, the home did not obtain the resident signature for the receipt of the disbursement on the following dates:

*3/6/22 \$3.00
4/18/22 \$50.00*

Plan of Correction**Accept**

Administration reviewed resident # 1's finances with [REDACTED] on 5/19/2022. Resident then signed or initialed for the transactions in question. [REDACTED] remembered authorizing administration to take these amounts out of [REDACTED] account for sodas (\$3, \$1, \$5, and \$1) and for personal items from Walmart (\$150.41). Administration will have each resident sign for any transactions, at that time the funds are withdrawn from the accounts. Administration will audit resident accounts monthly, as well.

Administration reviewed resident #3's finances with [REDACTED] on 5/19/2022. The transactions in question were then signed for or initialed by resident, acknowledging that [REDACTED] approved administration taking money to buy these personal items for [REDACTED]. From this point forward, administration will have residents sign for a certain amount of money, before administration shops for their personal items. Resident funds will be audited on a monthly basis.

Completion Date: 07/08/2022

Document Submission**Implemented**

Administration reviewed resident # 1's finances with [REDACTED] on 5/19/2022. Resident then signed or initialed for the transactions in question. [REDACTED] remembered authorizing administration to take these amounts out of [REDACTED] account for sodas (\$3, \$1, \$5, and \$1) and for personal items from Walmart (\$150.41). Administration will have each resident sign for any transactions, at that time the funds are withdrawn from the accounts. Administration will audit resident accounts monthly, as well.

Administration reviewed resident #3's finances with [REDACTED] on 5/19/2022. The transactions in question were then signed for or initialed by resident, acknowledging that [REDACTED] approved administration taking money to buy these personal items for [REDACTED]. From this point forward, administration will have residents sign for a certain amount of money, before administration shops for their personal items. Resident funds will be audited on a monthly basis.

20b8 - Quarterly Account

1. Requirements

2600.

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

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

20b8 - Quarterly Account (continued)

Description of Violation

The home manages finances for resident #2. However, the home did not provide the resident and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis from 7/14/21-2/7/22.

Plan of Correction**Accept**

Administration will provide missing quarterly statements to residents, which the home provides financial management for, dating back to July 2021 to present. Administration will provide financial transactions on a quarterly basis from this point forward. Administration will audit financial transactions monthly then send out quarterly statements to the designated person for each resident.

Completion Date: 07/08/2022

Document Submission**Implemented**

Administration will provide missing quarterly statements to residents, which the home provides financial management for, dating back to July 2021 to present. Administration will provide financial transactions on a quarterly basis from this point forward. Administration will audit financial transactions monthly then send out quarterly statements to the designated person for each resident.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on [REDACTED] however, the home did not complete a Pennsylvania State Police Criminal Background Check until [REDACTED]

Direct care staff person B was hired on [REDACTED] however, the home did not complete a Pennsylvania State Police Criminal Background Check.

Plan of Correction**Accept**

Administration requested a criminal background check for staff person b, on 6/1/2022. Administration will conduct criminal background checks on newly hired employees, before their first shift on the floor.

Completion Date: 07/08/2022

Document Submission**Implemented**

Administration requested a criminal background check for staff person b, on 6/1/2022. Administration will conduct criminal background checks on newly hired employees, before their first shift on the floor.

132a - Monthly Fire Drill

1. Requirements

132a - Monthly Fire Drill (continued)

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation*An unannounced fire drill was not conducted in December 2021, January 2022, February 2022 or March 2022.***Plan of Correction****Accept***Administration conducted an unannounced fire drill on Friday April 15, 2022. Another unannounced fire drill is planned for Tuesday 5/31/2022. Administration has made a log book to keep track of when fire drills need to be done. Staff will continue to have fire safety training. Administration will monitor the fire drill log after each drill, to better conduct fire drills in the future.***Completion Date:** 07/08/2022**Document Submission****Implemented***Administration conducted an unannounced fire drill on Friday April 15, 2022. Another unannounced fire drill is planned for Tuesday 5/31/2022. Administration has made a log book to keep track of when fire drills need to be done. Staff will continue to have fire safety training. Administration will monitor the fire drill log after each drill, to better conduct fire drills in the future.***141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation*Resident #4's initial medical evaluation, dated [REDACTED], indicates a medication addendum is attached; however, no addendum is attached.***Plan of Correction****Accept***Administration attached an updated medication review sheet to resident number 4's medical evaluation on 6/2/2022. In the future administration will read over all medical evaluations upon receipt, to ensure that all the proper paperwork is attached.***Completion Date:** 07/08/2022**Document Submission****Implemented***Administration attached an updated medication review sheet to resident number 4's medical evaluation on 6/2/2022. In the future administration will read over all medical evaluations upon receipt, to ensure that all the proper paperwork is attached.*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent annual medical evaluation was completed [REDACTED]

Resident #2's most recent medical evaluation was completed on [REDACTED]; however, the resident's previous medical evaluation was completed 8/8/20.

Plan of Correction**Accept**

Administration had a new DME completed for resident number 1, by [REDACTED] primary care physician on [REDACTED]. PCP did not return the DME, signed, when [REDACTED] performed the evaluation. Administration contacted [REDACTED] to receive new documentation dated [REDACTED] since that is when [REDACTED] originally completed the evaluation. [REDACTED] PCP office, faxed us the form once completed/signed. In the future, administration will make sure DME's are requested a month and a half prior to due date, to leave time for the physician's to complete.

Completion Date: 06/02/2022

Document Submission**Implemented**

Administration had a new DME completed for resident number 1, by [REDACTED] primary care physician on [REDACTED]. Her PCP did not return the DME, signed, when [REDACTED] performed the evaluation. Administration contacted [REDACTED] to receive new documentation dated 2/9/2022, since that is when [REDACTED] originally completed the evaluation. [REDACTED] PCP office, faxed us the form once completed/signed. In the future, administration will make sure DME's are requested a month and a half prior to due date, to leave time for the physician's to complete.

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 #2 is prescribed Clonidine HCL 0.1mg tablet- Take 1 tablet by mouth three times daily; however, the resident's April 2022 Medication Administration Record (MAR) does not include the initials of the staff person who administered the medication on 4/12/22 at 12:00 p.m.

Resident #2 is prescribed Dicyclomine 20mg tablet- Take 1 tablet by mouth three times daily before meals; however, the resident's April 2022 MAR does not include the initials of the staff person who administered the medication on 4/12/22 at 12:00 p.m.

Resident #3 is prescribed Combivent Respimat 20-100 M - Inhale 1 puff orally four times daily; however, the resident's April 2022 MAR does not include the initials of the staff person who administered the medication 4/12/22 at 12:00 p.m.

Plan of Correction**Accept**

Administration has made paper MAR's more available to the med techs beginning 6/1/2022. This will ensure that if there were to be a computer malfunction, that staff will still be able to initial for medications that were given. Administration will re-train med techs on paper MARS (tentatively scheduled for July 27, 2022). To ensure that they are aware how to fill them out in case of technical issues. Administration had the computer checked with technical

187b - Date/Time of Medication Admin. (continued)

support (the week of May 23-27, 2022) and updated the software in hopes that no more issues arise in the future

Completion Date: 07/08/2022

Document Submission

Implemented

Administration has made paper MAR's more available to the med techs beginning 6/1/2022 . This will ensure that if there were to be a computer malfunction, that staff will still be able to initial for medications that were given.

Administration will re-train med techs on paper MARS (tentatively scheduled for July 27, 2022). To ensure that they are aware how to fill them out in case of technical issues. Administration had the computer checked with technical support (the week of May 23-27, 2022) and updated the software in hopes that no more issues arise in the future

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed glucometer readings twice daily; however, glucometer readings were not taken at 7:00 a.m. on the following dates:

4/1/22, 4/4/22, 4/5/22, 4/6/22, 4/9/22, 4/10/22, 4/11/22, 4/13/22 and 4/14/22.

Resident #3 is prescribed Novolin 70/30 100U/ml - Inject 26 units subcutaneously in the AM. However, this medication was not administered to resident #3 on the following dates:

4/1/22, 4/4/22, 4/5/22, 4/6/22, 4/9/22, 4/10/22, 4/11/22, 4/13/22 and 4/14/22.

Plan of Correction

Accept

Administration spoke with the med techs that were working those days (4/1 4/4 4/5 4/6 4/9 4/10 4/11 4/13and 4/14. There had been an issue with the computer. They had spoken with technical support and thought the issue was resolved. In the future, administration recommends that staff also write these down on a separate log sheet (Paper MAR) in case of another computer error. Staff will be re-trained in the importance of glucometer readings and the administration of diabetic medications annually.

Completion Date: 07/08/2022

Document Submission

Implemented

Administration spoke with the med techs that were working those days (4/1 4/4 4/5 4/6 4/9 4/10 4/11 4/13and 4/14. There had been an issue with the computer. They had spoken with technical support and thought the issue was resolved. In the future, administration recommends that staff also write these down on a separate log sheet (Paper MAR) in case of another computer error. Staff will be re-trained in the importance of glucometer readings and the administration of diabetic medications annually.

225c - Additional Assessment

1. Requirements

225c - Additional Assessment (continued)

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]; however, the resident's previous assessment was completed on 8/10/20.

Repeat Violation: 5/12/21

Plan of Correction

Accept

Administration has completed a review of all resident's RASP and DME's between 5/18/2022 and 5/24/2022. Administration will start working on the resident's new RASP & DME's a month and a half prior to them being due. This will ensure that the physician's will have time to see the residents'/note any changes, therefore the assessment's will be completed on time.

Completion Date: 05/31/2022

Document Submission

Implemented

Administration has completed a review of all resident's RASP and DME's between 5/18/2022 and 5/24/2022. Administration will start working on the resident's new RASP & DME's a month and a half prior to them being due. This will ensure that the physician's will have time to see the residents'/note any changes, therefore the assessment's will be completed on time.

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

Resident #3 was admitted on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED].

Plan of Correction

Accept

Administration immediately went through all of the resident's charts between 4/25/22-4/29/22, they checked to make sure when each resident was due for their RASP and DME. They made a list of each resident and what date that their information will need updated. Administration will work on updating the RASP starting a month and half prior to the date it needs to be completed.

Completion Date: 05/25/2022

Document Submission

Implemented

Administration immediately went through all of the resident's charts between 4/25/22-4/29/22, they checked to make sure when each resident was due for their RASP and DME. They made a list of each resident and what date that their information will need updated. Administration will work on updating the RASP starting a month and half prior to the date it needs to be completed.

251b - Record Entries Legible

1. Requirements

251b - Record Entries Legible (continued)

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape covers the original 4/1/22 balance on resident #1's Record of Financial Transactions.

Plan of Correction**Accept**

In the future, a single line will be drawn through errors /changes so that the original entry is still legible and will be initialed/dated by the person making the correction/s. Administration will not use corrective tape in the future.

Completion Date: 05/31/2022

Document Submission**Implemented**

In the future, a single line will be drawn through errors /changes so that the original entry is still legible and will be initialed/dated by the person making the correction/s. Administration will not use corrective tape in the future.

252 - Record Content**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photograph on record of resident #1 is dated 2/10/19.

The most recent photograph on record of resident #2 is dated 8/1/19.

Plan of Correction**Accept**

Immediately after reading inspection summary on 4/25/2022, administration took new photos of the resident's. Resident # 1's picture was updated and so was resident # 2's. Administration also made a list of when each resident needs a new picture, this was done on 5/25/22. This list will be checked often and new resident's will be added to ensure, every resident has an updated photo at all times.

Completion Date: 05/25/2022

Document Submission**Implemented**

Immediately after reading inspection summary on 4/25/2022, administration took new photos of the resident's. Resident # 1's picture was updated and so was resident # 2's. Administration also made a list of when each resident needs a new picture, this was done on 5/25/22. This list will be checked often and new resident's will be added to ensure, every resident has an updated photo at all times.