



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: August 10, 2022

[REDACTED]
Ark Manor LLC
105 Sandra Drive
Delmont, Pennsylvania 15626

RE: Ark Manor
105 Sandra Drive
Delmont, Pennsylvania 15626
License/COC #: 446861

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 2, 2021, November 3, 2021, November 8, 2021, November 16, 2021, November 17, 2021, February 15, 2022, February 16, 2022, February 17, 2022, February 23, 2022, February 24, 2022, February 25, 2022, March 14, 2022, March 30, 2022, May 2, 2022, May 3, 2022, June 8, 2022, June 9, 2022, and June 10, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 446860) dated February 19, 2022 – February 19, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 10, 2022 to February 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
15(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
16(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
42(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
95	II	30	\$5	\$150	5 calendar days from mailing date of this letter
141(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
183(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
187(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
227(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been

achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *ARK MANOR* License #: *44686* License Expiration: *02/19/2023*
Address: *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: *Labor & Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *05/03/2022*

Inspection Dates and Department Representative

05/02/2022 - On-Site: [REDACTED]
05/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

05/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2022*

Inspections / Reviews *(continued)*

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2022

07/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

42j - Clothing

1. Requirements

2600.

42.j. A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.

Description of Violation

The home has not provided assistance to the residents to keep their clothes clean. Resident #2 washes [redacted] clothes out in a sink, as the home has not had an operable washer and dryer since approximately 4/5/22.

Plan of Correction

Accept

Administrator/ designated person will monitor laundry services to ensure proper assistance is being provided. Laundry Services have been provided through an outside Landromat. On 5/12 a new washer dryer was installed at the faciity. residents clothig continue to be washed timely.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/2/22, at 4:09 p.m., the bedroom of resident #1, room # [redacted] had a strong pungent smell of urine and feces. The trash can was overflowing with briefs saturated in urine and feces. In addition, the bed sheets were covered with dry fecal matter and the flooring surrounding the bed frame had multiple smears of fecal matter.

On 5/3/22, at 11:00 a.m., the outside of the toilet in resident bedroom #403 the had numerous areas covered in feces.

On 5/3/22, at 10:51 a.m., resident bedroom #401 had several areas of crumbs on the floor. In addition there were 2 empty medication cups inside of the heating unit.

Plan of Correction

Accept

Rooms [redacted] 401 and 403 were immediatly cleaned on 5/3/22. Housekeeping went room to room throughout the facility on 5/4 and 5/5 to ensure all rooms and common areas were clean. Moving forward, staff was re educated on properly maintaining sanitary conditions. Administration/ designated person will do frequent monitoring to ensure proper sanitary conditions are being maintained. see attachment B

Completion Date: 05/30/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/3/22, at 11:00 a.m., the bathroom sink in resident bedroom #403 was clogged and the water was not draining.

On 5/2/22 and 5/3/22, staff indicated there has not been an operable washer and dryer on-site since approximately 4/5/22.

95 - Furniture and Equipment (continued)

Plan of Correction**Accept**

Maintenance has been provided on 5/4/22 to sink located in bedroom #403 and it is working
 Facility Disputes this violation as , Laundry has been done by an outside laudromat to ensure resident clothing and linen continue to be washed and returned. The Industrial washer and dryer are inoperable until renovations in wing 2 are completed. New washer and dryer in room #413 has been installed and available and has been used for laundry services since 5/12/2022.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

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

On 5/2/22 and 5/3/22, resident #1's sheets and bedding were covered in large amounts of dry fecal matter.

On 5/3/22, at approximately 11:43 a.m., in resident bedroom #300, a bathroom rug, covered with multiple fecal and urine stains, was lying on the resident's bed sheets that were also saturated in urine.

Plan of Correction**Accept**

Immediately on 5/3 resident 1 and resident in room 300 had their linnen removed and replaced with fresh linen.

Staff was reeducated on 2600. 101.j3 on 5/30

Administration/ designated person will monitor daily that each resident has pillows, bed linens and blankets that are clean and in good repair. see attachment C

Completion Date: 05/30/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

102f - Towel/Washcloth/Soap

1. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

Staff person B indicated there are no clean towels or sheets in the home due to there not being an operable washer and dryer in the home since approximately 4/5/22. An Agent of the Department observed that there were no clean towels or bed linens in the office, where these are to be stored.

Plan of Correction**Accept**

toweld and linens were immediatly washed at an outside Laudromat. Additional towels, wash clothes and bed linens were purchased and delivered on 5/15 to ensure appropriate supplies are always available. Going forward, Administrator or designee will audit towel and linnen supply weekly for 3 months.

Completion Date: 06/15/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

102h - Toilet Paper

1. Requirements

102h - Toilet Paper (continued)

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 5/3/22, at 11:48 a.m., there was no toilet paper for the toilet in the bathroom in resident bedroom #105.

On 5/3/22, at 11:49 a.m. there was no toilet paper in the shower room, located in the purple hallway.

Plan of Correction

Accept

Toilet paper was immediatly placed in 105 and shower room in purple hallway on 5/3/22. All other usable bathrooms were checks and toilet paper was placed in any bathroom needed. Staff re educated on 5/30 on 2600. 102.h

daily checks assigned to staff. Administrator/ designated person will monitor frequently to ensure toliet paper is being provided for every toilet. documentation of checks will be done for one month. see attachment D

Completion Date: 05/30/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

102i - Soap Dispenser

1. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 5/3/22, at 11:48 a.m., there was no soap in the bathroom of resident bedroom #105.

On 5/3/22, at 11:50 a.m., there was no soap in the shower room in the purple hallway.

Plan of Correction

Accept

Soap was provided to room 105 and the bathroom on the purple hallway on 5/3. Staff will check daily to ensure each bathroom sink has a dispenser with soap. Administration/ designated person will check daily to ensure each bathroom sink has soap dispenser. checks will be documented for one month.

Completion Date: 05/30/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

105d - Change Bed Linens/Towels

1. Requirements

2600.
105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

On 5/2/22, at 4:09 p.m. the bed sheets in resident bedroom #105, were covered in fecal matter. An Agent of the Department notified staff person A and requested that the bed linens and sheets be changed. However, on 5/3/22, at 11:48 a.m. the sheets and bedding has not been changed.

Plan of Correction

Accept

Immediately on 5/3 room 105 had their linnen removed and replaced with fresh linen. Staff was reeducated on 2600. 101.j on 5/30

Administration/ designated person will monitor daily that each resident has pillows, bed linens and blankets that are clean and in good repair.

see attachment E

Completion Date: 05/30/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/3/22, at 11:46 a.m., resident #3's Triamcinolone 0.3% prescription cream was unlocked, unattended, and accessible in the resident's room.

Plan of Correction

Accept

Immediately on 5/3 the cream was put into the locked med cart. Med Techs were reeducated on 5/30/22 on regulation 2600. 183.b

Med techs will do daily room checks to ensure no medications are in residents rooms and that no medications are left unlocked, unattended and accessible.

see attachment F

Completion Date: 05/30/2022

Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented