

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

April 3, 2023

[REDACTED]
MELODY MANOR PCH LLC
[REDACTED]

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 07/07/2022, 07/08/2022, 07/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *07/13/2022*

Inspection Dates and Department Representative

07/07/2022 - On-Site: [REDACTED]
 07/08/2022 - On-Site: [REDACTED]
 07/13/2022 - 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: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

07/07/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2022*

Inspections / Reviews (*continued*)

01/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/23/2023

03/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/15/2023

04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

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

On [REDACTED] in the AM., resident #1 reported to staff that \$120.00 was missing from [REDACTED] pant pocket that was put into the laundry the evening before. On [REDACTED] at approximately, 9:00 am., staff person A, the home's administrator became aware of the missing money. Staff were directed to search for the money. On [REDACTED] the home started an internal investigation since the money could not be found. On [REDACTED] the home reviewed the video of the basement laundry area, dated [REDACTED]. and observed staff persons B and C in the basement laundry area taking clothing from the dryer. While staff person C was folding clothing, staff person B was observed picking something up off the floor, check the dryer for an extended period of time, look through what was in their hand and then place what was in their hand into their pocket. On [REDACTED], staff person B was suspended for suspicion of theft of missing money. On [REDACTED] and the local police department were notified of the suspicion of theft of a resident's money. Upon interview by the local police department, staff person B repaid resident #1 of all missing money. The home did not report the allegation of abuse to the Area Agency on Aging until [REDACTED].

On [REDACTED] after the start of the [REDACTED] shift, staff reported that staff person D was observed forcefully pushing resident #2, without the resident using the required walker, three times on the right shoulder area as the resident was directed down the hallway by staff person D in a loud angry voice, "go to your room". Once resident #2 and staff person D entered resident #2's bedroom, a loud smacking noise was heard coming from the bedroom and staff person D walked out of resident #2's bedroom.

On [REDACTED] the home started an internal investigation and reviewed the video of the incident between resident #2 and staff person D walking down the hallway to the resident's bedroom together. It was observed by staff person A, the home's administrator and staff person E, that staff person D "shoved" resident #2, without the use of the walker, 3 times on the right shoulder area down the hallway in the direction of resident #2's bedroom. On [REDACTED], staff person D was suspended until [REDACTED]. The home did not report the allegation of abuse to the Area Agency on Aging until [REDACTED].

Plan of Correction

Accept (JW - 03/08/2023)

Administration will ensure that when any future reports of any kind of abuse is reported, it will be called into our local AAA within 24 hours. Administration mis-understood the reporting process, and has since educated themselves, better on the regulations of reporting. A training on abuse reporting is scheduled for February 7, 2023 for all Staff. Training will be done by Executive Director. Resident number 2 and Staff persons B, C And D are no longer at Facility

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

15b - Supervisor Plan

2. Requirements

2600.

15b - Supervisor Plan (*continued*)

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] after the start of the [REDACTED] shift, staff reported that staff person D was observed forcefully pushing resident #2, without the resident using the required walker, three times on the right shoulder area as the resident was directed down the hallway by staff person D in a loud angry voice, "go to your room". Once resident #2 and staff person D entered resident #2's bedroom, a loud smacking noise was heard coming from the bedroom and staff person D walked out of resident #2's bedroom.

On [REDACTED] the home started an internal investigation and reviewed the video of the incident between resident #2 and staff person D walking down the hallway to the resident's bedroom together. It was observed by staff person A, the home's administrator and staff person E, that staff person D "shoved" resident #2, without the use of the walker, 3 times on the right shoulder area down the hallway in the direction of resident #2's bedroom. On [REDACTED], staff person D was suspended until [REDACTED]

Plan of Correction**Accept (JW - 03/08/2023)**

When administration learned that you can not bring back an alleged employee, without the supervision plan being approved by state, administration decided that it was best to terminate employee D. Administration let [REDACTED] go on [REDACTED]. A training on supervision during suspected abuse is scheduled for February 7, 2023 to be done by the executive Director. Resident number 2 and Staff person D are no longer at Facility

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

17 - Record Confidentiality

3. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/7/22, at 10:10 am., residents' processed medication orders, including resident #3's discontinued Clozapine, 100mg medication order were unlocked, unattended, and accessible on the unlocked lap top sitting on top of the medication cart in the medication area on the 1st floor.

Plan of Correction**Accept (JW - 03/08/2023)**

Administration immediately spoke with staff person that were at fault for leaving the computer logged in and visible to anyone going in the med room. Administration reminded that staff member and all other staff members of the importance of keeping confidential information locked and/or covered. A training is scheduled for 2-7-2023, to be done by Administrator. The training will include record confidentiality. Resident number 3 no longer resides at Facility

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

42b - Abuse

4. 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

On [REDACTED] in the AM., resident #1 reported to staff that \$120.00 was missing from [REDACTED] pant pocket that was put into the laundry the evening before. On [REDACTED], at approximately [REDACTED], staff person A, the home's administrator became aware of the missing money. Staff were directed to search for the money. On [REDACTED], the home started an internal investigation since the money could not be found. On [REDACTED] the home reviewed the video of the basement laundry area, dated [REDACTED] and observed staff persons B and C in the basement laundry area taking clothing from the dryer. While staff person C was folding clothing, staff person B was observed picking something up off the floor, check the dryer for an extended period of time, look through what was in their hand and then place what was in their hand into their pocket. On [REDACTED] staff person B was suspended for suspicion of theft of missing money. On [REDACTED] and the local police department were notified of the suspicion of theft of a resident's money. Upon interview by the local police department, staff person B repaid resident #1 of all missing money.

On [REDACTED], after the start of the [REDACTED] shift, staff reported that staff person D was observed forcefully pushing resident #2, without the resident using the required walker, three times on the right shoulder area as the resident was directed down the hallway by staff person D in a loud angry voice, "go to your room". Once resident #2 and staff person D entered resident #2's bedroom, a loud smacking noise was heard coming from the bedroom and staff person D walked out of resident #2's bedroom.

On [REDACTED], the home started an internal investigation and reviewed the video of the incident between resident #2 and staff person D walking down the hallway to the resident's bedroom together. It was observed by staff person A, the home's administrator and staff person E, that staff person D "shoved" resident #2, without the use of the walker, 3 times on the right shoulder area down the hallway in the direction of resident #2's bedroom. On [REDACTED], staff person D was suspended.

Plan of Correction**Accept (JW - 03/08/2023)**

Administration has since terminated staff person D and staff person B. Moving forward, administration will not bring anyone back (to work) that has been proven to do wrong by any of our residents. A training to include this regulation is scheduled for 2-7-2023 by Executive Director. A list of questions was composed by Executive Director to serve as an insight to see how Residents feel they are treated in the Home. Random people will be selected and interviewed with questionnaires monthly by Administration. Resident number 2 and Staff persons C and D are no longer at Facility

DIRECTED STEP:

Privacy shall be provided to the residents during the interviews. JW 3/8/23

Documentation of the staff training and the resident interviews shall be kept. JW 3/8/23

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

51 - Criminal Background Check

5. 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

Staff person C, hired [REDACTED] did not have a Pennsylvania criminal background checked completed until [REDACTED]

REPEAT VIOLATION ON 4/19/22. ET ALL

Plan of Correction**Accept (JW - 03/08/2023)**

Administrator has come up with a system for ensuring that all criminal background checks are completed before the employees first shift worked. Administration now requests these background checks while the potential employee is still doing their interview, this allows administration to see what all if anything shows up. This also ensures that they are completed before the first shift worked and in accordance with state regulations. A second safeguard will be put in effect beginning 2-7-2023 by Administrator. The Criminal background checks are now listed on the 2600.65 (a) first day of work paperwork, since Staff has to have all these qualifications before starting employment.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)**103f - Refrigerator/Freezer Temps****6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/7/22, there was no thermometer in the following freezers:

- * large freezer chest in the garage
- * upright freezer in the basement
- * upright freezer of the refrigerator/freezer in the basement

Plan of Correction**Accept (JW - 03/08/2023)**

On 8-12-2022 Administration placed thermometers in the large freezer in the garage, the chest freezer in the basement and in the upright freezer/refrigerator in the basement. Administration attached these thermometers to a string that will help them from getting buried in the food. Administration or Maintenance person will do bimonthly checks on the freezers to be sure they all have thermometers. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)**121a - Unobstructed Egress****7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/8/22, there is homemade wooden step, measuring approximately 22' by 14" on the second landing of the chair

121a - Unobstructed Egress (continued)

glide stairway blocking the egress from the home's 2nd floor to the 1st floor.

Plan of Correction**Accept (JW - 03/08/2023)**

On 7-12-2022 Administration removed the homemade wooden step from the second landing of the chair glide stairway. On 7/11/22 staff was informed that they can still access it for resident use, but it is an obstruction if not being used and has to be kept out of the way. A re-training is scheduled for 2-7-2023 by Administrator. Administrator or Maintenance Person will do semi-monthly walkthroughs to check for obstructed egresses beginning 2-7-2023

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)**162c - Menus Posted****8. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 7/7/22, the menus posted in the home's kitchen and entrance areas were dated 6/27/22 - 7/3/22 and 7/4/22 - 7/10/22.

Plan of Correction**Accept (JW - 03/08/2023)**

Administration has purchased a big white board to display in the common hallway, for all residents to see. This now has our daily menu wrote in big bold letters. Administration continues to have weekly menus made in advance. Staff was informed of the importance of having these posted for 2 current weeks and the importance of following the menus provided. Administration provides these to the kitchen staff in their communication book, and will remind them weekly to change them accordingly. Beginning 2-7-2023 Administrator or Designee will use a weekly check off list to verify new menu is posted. Documentation kept.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)**183b - Meds and Syringes Locked****9. 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 7/7/22, at 10:10 am., the medication cart containing all residents' medication was unlocked, unattended, and accessible in the medication area on the 1st floor.

Plan of Correction**Accept (JW - 03/08/2023)**

Administration spoke with the med tech that was on duty that day, she was reminded how important it is to keep the med cart locked at all times, when you are not passing meds. Administration will continue to train all staff on the

183b - Meds and Syringes Locked (continued)

importance of keeping the med cart locked. A training will be held to include this regulation on 2-7-2023 by Administrator. Beginning 2-7-2023 Administrator or Designee will do random checks of the med room to check for compliance. Documentation kept

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

225c - Additional Assessment**10. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #4's assessment, dated [REDACTED], did not include the resident's need for assistance with feeding.

REPEAT VIOLATION ON 4/19/22, ET ALL

Plan of Correction

Accept (JW - 03/08/2023)

Administration will re-evaluate resident number 4 by [REDACTED]. We will then re-do [REDACTED] RASP and have our direct care staff read and sign that they understand [REDACTED] level of care. Ongoing administration will ensure that all residents have any changes in assessment documented as soon as the change is recognized. A form was made by Executive Director to chart any changes in Resident. A training on using this form will be held on 2-7-2023 by Executive Director. Resident number 4 no longer resides in Home.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented (BG - 04/03/2023)

227d - Support Plan Medical/Dental**11. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [REDACTED] indicates the resident has a need for moderate assistance to evacuate in the event of an emergency. The resident's support plan, dated [REDACTED], did not document how this need will be met and the resident's need for the use of a walker for all ambulation for safety.

The assessment for resident #4, dated [REDACTED], indicated the resident has a need for hospice services. The resident's support plan, dated [REDACTED] did not document how this need will be met.

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept (JW - 03/08/2023)**

Administration will update each resident's assessment with the documentation needed. Resident number 2's support plan will show how their needs will be met in the event of an emergency. Resident number 4's assessment will show how the need for hospice was met. Administration will have this completed by [REDACTED]. A training by Executive Director will be held on 2-7-2023 to include this regulation. A new form was made by Executive Director for charting any changes or needs for the Residents. Neither Resident number 2 or 4 reside in the Home any longer.

Licensee's Proposed Overall Completion Date: 02/07/2023**Implemented (BG - 04/03/2023)**