

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

February 18, 2023

[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 10/24/2022 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: Dept 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 Exit Conference Date: 11/01/2022

**Inspection Dates and Department Representative**

10/24/2022 On 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: 32  
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

10/24/2022 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2022

12/01/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/16/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/08/2022

Inspections / Reviews (*continued*)

## 02/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/17/2023

## 02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 10/24/22 at 9:00 a.m., the home's Licensing Inspection Summary, dated 4/19/22 et al, was not posted in a conspicuous and public place in the home.*

#### Plan of Correction

**Accepted** [REDACTED] - 02/10/2023)

*Immediately following the inspection on 10/24/2022 Administrator, printed a new copy of the home's license and hung it in a conspicuous and public place in the home on 10/25/2022. Stephanie will check monthly beginning on December 7, 2022 that the license is still hanging in a conspicuous place. A signature sheet has been added to the back of the license to sign off by Administrator or Assistant that it was monitored.*

**Licensee's Proposed Overall Completion Date: 02/01/2023**

**Implemented** [REDACTED] 02/18/2023)

### 87 - Lighting

#### 3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

#### Description of Violation

*6 emergency lighting units along the emergency exit routes in the basement, main floor and internal hallways, were inoperable when tested by Next-Gen-Security, the home's fire alarm and security company.*

#### Plan of Correction

**Accepted** [REDACTED] 02/10/2023)

*Stephanie and Jeanne both kept in contact with next gen, to have them come back and fix the emergency lighting between 10/24/22 and 10/27/22. In the meantime, admin composed a sheet for the house staff to complete 15 minute checks, throughout the home. This was approved by Earl Kline, who is Kittanning Borough's fire marshal. The emergency lighting was fixed by Next Gen Security on 11 2 2022. Administrator will have Maintenance man check all emergency lighting monthly with documentation starting Feb 1, 2023.*

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

**Implemented** [REDACTED] 02/18/2023)

### 95 - Furniture and Equipment

#### 4. Requirements

2600.

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

#### Description of Violation

*On 10/24/22 at 9:30 a.m., Armstrong County Code Enforcement determined the 100 amp subpanel in basement bedroom [REDACTED], consisting of 17 circuits powering the fire panel, basement bedrooms of 11 residents, and kitchen refrigerator and dishwasher outlets, was severely corroded, a fire hazard and needed immediate replacement.*

95 - Furniture and Equipment (continued)

Plan of Correction

Accept (SQ 02/10/2023)

On 10/24/2022, an electrician was called to Melody Manor to replace the severely corroded sub panel. The employees from Kinner Electric 412-720-0791, completed the panel box that day. [REDACTED] from the Dept of Veritas, inspected the work on 10/25/2022 and passed the inspection of the sub panel box. The shield required was put on by our maintenance man and inspected by [REDACTED] (dept of Veritas) on 10-26-2022. Next Gen Security has agreed to inspect all fire panels when they do the other annual inspections. All other furniture and equipment Will be checked monthly beginning Feb 1, 2023 with a walk-through by the maintenance man documentation will be kept.

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

Implemented [REDACTED] - 02/18/2023)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer s instructions.

Description of Violation

Resident #1's [REDACTED] was not labeled with the date it was opened. The manufacturer's instructions indicate the medication expires 28 days after opening.

Plan of Correction

Accept [REDACTED] 02/10/2023)

On October 25, 2022 administration, [REDACTED] e and [REDACTED] held a meeting with the med techs. They spoke about the importance of writing the date that you open a medication, on its bottle. The undated pen was disposed of by [REDACTED] -Administrator on 10-24-2022 (day of inspection). [REDACTED] also typed up a memo on 10/26/2022 to ensure that they are reminded of the importance of this matter. She posted this on the med cart on 10/31/2022. A med cart audit training was done by the Executive Director with Administration and a designated med tech on 2-2-2023. Audits will be done by Designee monthly beginning Feb 2, 2023 with documentation kept in Tabula Pro.

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

Implemented [REDACTED] - 02/18/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed [REDACTED] - Take 1 tablet orally twice daily; however, the medication's pharmacy label does not indicate the dosage.

Plan of Correction

Accept [REDACTED] 02/10/2023)

[REDACTED] contacted the VA, where resident number 1 obtains [REDACTED] prescriptions from, on 10/24/2022 after

184a - Resident's Meds Labeled (continued)

being made aware that the label was incorrect for one of resident number one's medications. She asked them to correct this on the label. [REDACTED] also contacted [REDACTED] pharmacy on 10-24-2022 with inspector present to have them re-package [REDACTED] medications into correct packaging to ensure that the label contains a dosage that is correct. This step was done on 10-25-2022. Administration or Designee will do monthly med cart audits beginning 2-2-2023 to check for errors. It will be recorded in Tabula pro for verification.

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

Implemented [REDACTED] - 02/18/2023)

187b Date/Time of Medication Admin.

7. 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 #1 is prescribed [REDACTED] Inject 26 units subcutaneously in the a.m. However, resident #1's October 2022 medication administration record (MAR) does not include the initials of the staff person who administered this medication on [REDACTED]/22 at [REDACTED] a.m., and on [REDACTED] 22 at [REDACTED] a.m.

Resident #1 is prescribed [REDACTED] Inject 14 units subcutaneously in the p.m. However, resident #1's October 2022 MAR does not include the initials of the staff person who administered this medication on [REDACTED] 22 at [REDACTED] p.m. and on [REDACTED] 22 at [REDACTED] p.m.

Resident #2 is prescribed [REDACTED] - Take 1 capsule by mouth 3 times per day. However, resident #2's October 2022 MAR does not include the initials of the staff person who administered this medication on [REDACTED]/22 at [REDACTED] p.m., and on [REDACTED]/22 at [REDACTED] p.m.

Plan of Correction

Accept [REDACTED] 02/10/2023)

On October 25, 2022 administration, [REDACTED] and [REDACTED] held a meeting with the med techs. They were told to make sure that they are initialing for the medications that they give each shift. [REDACTED] also typed up a memo to ensure that they are reminded of the importance of this matter. [REDACTED] posted this on the med cart on 10/31/2022. See attached. MAR audits will be done monthly by Administration or Designee with verification in Tabula Pro

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

Implemented [REDACTED] - 02/18/2023)