

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

March 7, 2023

[REDACTED], ADMIN  
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 01/19/2023 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:** Stephanie Konik **Phone:** 7245451564 **Email:** melodymanor@comcast.net

**Legal Entity**

**Name:** MELODY MANOR PCH LLC  
**Address:** 413 NORTH MCKEAN STREET, KITTANNING, PA, 16201  
**Phone:** 7245451564 **Email:** melodymanor@comcast.net

**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:** 35 **Waking Staff:** 26

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 01/19/2023

**Inspection Dates and Department Representative**

01/19/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 43 **Residents Served:** 34

**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:** 31  
**Diagnosed with Mental Illness:** 14 **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 1 **Have Physical Disability:** 2

**Inspections / Reviews**

01/19/2023 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/13/2023

02/09/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 03/02/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/16/2023

Inspections / Reviews *(continued)*

02/14/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2023

03/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. 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] a review of video obtained from the home's video cameras captured staff person A, a kitchen staff, on [REDACTED], at approximately [REDACTED], walking down the hallway, in the direction of resident #1's bedroom and the third floor stairway. Staff person A claims that [REDACTED] walked up to the 3rd floor to obtain snacks for the kitchen. Staff person B confirmed that staff person A never came up to the third floor and the cameras confirmed staff person A did not come up to the third floor. No other person was observed to be in that area. A few minutes later, staff person A was observed on cameras walking quickly down the stairs with [REDACTED] hand in [REDACTED] pocket. Once in the kitchen area, staff person A was seen handing another staff person money. The resident did not have any means to lock [REDACTED] bedroom or secure [REDACTED] money safely in [REDACTED] bedroom.

## Plan of Correction

Accept [REDACTED] - 02/13/2023)

On [REDACTED] administrator called DHS and reported orally. [REDACTED] also sent a written report on this incident via email on [REDACTED]. The family was notified by Administrator on the day of incident [REDACTED] and decided to call the local authorities to investigate. The family was given access by the administrator to all information that we obtained, including the video footage. Administration has agreed to assist in any way throughout the police investigation, which is ongoing. Staff meeting was held by administrator on 1/11/23, and this regulation was discussed. An additional training was held 2/7/23 by Executive Director. On 2-2-2023 A questionnaire was composed by ED on how each resident feels they are treated in the home. Beginning 2-13-2023 Administration will use this questionnaire to interview random residents, 3 residents per week. Any questions that bring up concern with the residents will be discussed and addressed between Administration. Administration will continue to work together with Family and Authorities until satisfaction for the Resident is achieved.

Prior to this incident, resident #1 was offered a locked box and/or to open a bank account, to which [REDACTED] refused both.

Licensee's Proposed Overall Completion Date: 02/14/2023

Implemented [REDACTED] - 03/07/2023)

## 42p - Restraints

## 2. Requirements

2600.

42.p. A resident shall be free from restraints.

## Description of Violation

On [REDACTED], bedroom #6, #7, #8, #9, and #10 were observed to all have knob locks with the locking mechanism installed in the hallway. Because of this, if the door were locked from outside of the room, the resident would be unable to unlock the door to exit their room.

## Plan of Correction

Accept [REDACTED] - 02/13/2023)

On 1/20/23 and 1/21/23 the maintenance person reversed all the locks on bedrooms #6, 7, 8, 9, & 10. The doors have been this way for 35 years and the home's staff never realized they were on backwards, because the resident's usually choose to keep their rooms unlocked. Maintenance person checked the remaining bedroom doors, to ensure all doors throughout the home were properly able to lock. On 2/7/23 this regulation was included as a training at our staff meeting by administrator. Monthly walkthroughs beginning 2-13-2023 will be done by maintenance

42p Restraints (continued)

person to check all doors in the home for compliance.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented ( [REDACTED] - 03/07/2023)