

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

May 23, 2023

[REDACTED], OWNER
ARK MANOR LLC
105 SANDRA DRIVE
DELMONT, PA, 15626

RE: ARK MANOR
105 SANDRA DRIVE
DELMONT, PA, 15626
LICENSE/COC#: 44686

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2023, 02/14/2023 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: ARK MANOR License #: 44686 License Expiration: 02/10/2023
 Address: 105 SANDRA DRIVE, DELMONT, PA 15626
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ARK MANOR LLC
 Address: 105 SANDRA DRIVE, DELMONT, PA, 15626
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 35 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/15/2023

Inspection Dates and Department Representative

02/13/2023 On Site: [REDACTED]
 02/14/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 70 Residents Served: 32
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

02/13/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/31/2023

Inspections / Reviews (*continued*)

03/31/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/05/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/06/2023

04/06/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/05/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/06/2023

05/23/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/05/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted] resident #1 was seen at the emergency room for an abscessed tooth and was prescribed an antibiotic. According to resident #1's assessment, dated [redacted], resident #1 requires physical assistance with managing health care, securing health care and making and keeping appointments, and resident #1's support plan, dated [redacted], indicates the home's direct care staff (DCS) are responsible for these personal care needs. Regarding resident #1's dental needs, resident #1's support plan indicates "if issues arise, DCS will assist in finding [resident #1] a dentist". However, resident #1 has not seen a dentist since the emergency room visit on [redacted]

Plan of Correction

Accept [redacted] - 04/06/2023)

Several attempts made prior to [redacted] as well as after to assist resident #1 in finding a dentist. Resident #1 did not have an active insurance policy. Staff from the facility was in contact with resident #1's family numerous times in regards to this issue. Resident #1's family did take [redacted] to the assistance office to apply for benefits. Updated insurance information was provided by family to facility- appointment and ride arrangements were scheduled by assistant administrator. Resident #1 appointment scheduled for 4/18/23 at 12 noon.

Beginning 4/10/2023, administration will review minimally of 3 residents assessment and support plan each month to ensure each resident is being provided with assistance as indicated. documentation will be kept x 3 months.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented [redacted] - 05/23/2023)

42b - Abuse

2. 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] between approximately [redacted], resident #1 yelled at another resident to move out of a chair, because resident #1 wanted to sit in the chair the resident was currently occupying. According to numerous residents and staff persons, staff person A intervened and began yelling at resident #1, then threatened to take resident #1 outside to beat him up.

REPEAT VIOLATION: 6/8/2022; 2/15/2022, et. al.; 11/2/2021, et. al.

Plan of Correction

Directed [redacted] - 04/06/2023)

Staff person A retrained in the following areas :

-review of deescalation on 2-7-2023 with assistant administrator, [redacted]

42b - Abuse (continued)

-review of residents rights, including abuse and neglect on 2-7-2023 with assistant administrator, [REDACTED]

-appropriate customer service when in the facility on 2-1-2023 with assistant administrator, [REDACTED]
record of training attached and will be kept.

Employee incident report also attached.

All staff will be retrained in these areas to ensure compliance moving forward. Training will be completed by 4/30/2023. documentation of retraining will be kept.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: All current staff persons, including staff person A, shall receive training on resident rights and abuse/neglect by a Department-approved source. The training shall include positive interventions and deescalating techniques to ensure all residents are free from abuse and neglect. Documentation of the education shall be kept. LM 4/6/23

DIRECTED: Beginning on 4/10/23: The administrator shall interview at least 5 residents per month, in private, to ensure residents are free from abuse and neglect. Documentation of the interviews shall be kept. LM 4/6/23

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). Documentation of the quality management meeting minutes shall be kept. [REDACTED] 4/6/23

Directed Completion Date: 05/06/2023

Implemented ([REDACTED] 05/23/2023)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/14/23 at 10:20 am, there was a strong odor of urine present in the 300 wing hallway and in bedroom #301. Also, there were 2 soiled urine pads on the floor, a soiled brief in the garbage can and a pair of soiled pants and a soiled shirt on the floor of bedroom #301.

REPEAT VIOLATION: 5/2/2022, et. al.; 2/15/2022, et. al.

Plan of Correction

Directed ([REDACTED] - 04/06/2023)

Beginning 3/31/23, the scheduled med tech will be responsible to walk through the facility in entirety, minimally of every 2 hours, to ensure sanitary conditions are being maintained. Documentation of walk throughs will be kept for 60 days.

85a - Sanitary Conditions (continued)

The home does have a cleaning schedule that includes all areas of the building to be deep cleaned minimally of weekly. The house keeper is responsible for cleaning the home. (DIRECTED: By 4/17/23: All housekeeping staff shall be educated on the home's cleaning schedule to ensure sanitary conditions are maintained. Documentation of the education shall be kept. LM 4/6/23).

All staff persons will be re trained to ensure sanitary conditions are being met. re training will be completed by 4/30/2023. documentation of educatio will be kept.

DIRECTED: Beginning on 4/10/23: The administrator shall conduct a walkthrough of the entire home at least once during each shift the administrator is present in the home to ensure sanitary conditions are maintained. ■ 4/6/23

Directed Completion Date: 04/17/2023

Implemented (■ - 05/23/2023)