



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 26, 2023

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

RE: Ark Manor
License/COC #: 446863

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 6, 2023, June 1, 2023, June 2, 2023, and June 5, 2023, 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), failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 446862) dated March 17, 2023 – September 17, 2023, and issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD 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) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your THIRD PROVISIONAL license is enclosed and is valid from September 26, 2023 to March 26, 2024.

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 X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
82(c)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
85(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
85(e)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
88(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
100(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
141(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
183(b)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
185(a)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
187(b)	II	35	\$5	\$175	5 calendar days from mailing date of this letter
187(d)	II	35	\$5	\$175	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:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

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,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ARK MANOR* License #: *44686* License Expiration: *09/17/2023*
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

Type: *C-2 LP* Date: *06/23/2006* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Fine* Exit Conference Date: *04/06/2023*

Inspection Dates and Department Representative

04/06/2023 - 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: *5*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

04/06/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2023*

Inspections / Reviews (*continued*)

05/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/19/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2023

05/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/19/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/19/2023

08/03/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/19/2023
Reviewer: [REDACTED] Follow-Up Type: Exception

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 11:39 a.m. the ventilation fan in the shared half bathroom located between resident room #300 and resident room #301 was inoperable. There was no operable window in the shared bathroom.

REPEAT VIOLATION 11/8/22 et. al.

Plan of Correction

Accept [redacted] 05/12/2023)

Maintenance will fix inoperable fan in bathroom for room 301 no later than April 30, 2023.

Staff retrained on 6200.86.b on 5/8/2023, documentation of education will be kept. Staff will be assigned to weekly checks beginning 4/24/23 of all bathroom to ensure compliance with 2600.86.b. Any inoperable exhaust fan will be reported to administrator and to maintenance for immediate repair. Documentation of weekly checks will be kept for 60 days.

Licensee's Proposed Overall Completion Date: 05/09/2023

Implemented [redacted] 8/3/23

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 11:00 a.m. the tile flooring of the right shower stall in the Wing 4 shower room is missing three one-inch tiles around the floor drain and another nine one-inch tiles approximately one foot to the left of the floor drain.

At approximately 11:20 a.m. the light fixture in resident room #101's private bathroom belonging to resident #3 was missing the second light bulb from the right side and the light bulb socket was left open and exposed.

REPEAT VIOLATION: 11/8/22 et. al, 7/20/2022, :

Plan of Correction

Accept [redacted] 05/12/2023)

Maintenance will replace the missing tile in wing 4 shower room no later than April 30, 2023. Until maintenance is complete a non slip bath mat will cover the area to ensure safety.

staff re educated 05/08/23 2600.88.a

Staff will be assigned to weekly checks beginning 4/24/23 of all surfaces ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazard. Any surfaces with issues will be reported to administrator and to maintenance for immediate repair. Documentation of weekly checks will be kept for 60 days.

Licensee's Proposed Overall Completion Date: 05/09/2023

Not Implemented [redacted] 8/3/23

95 - Furniture and Equipment

3. Requirements

95 - Furniture and Equipment (continued)

2600.

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

Description of Violation

At approximately 11:39 a.m. there was a puddle of water from what appeared to be a faulty wax ring that surrounded the floor around the toilet in the shared half bathroom located between resident room #300 and resident room #301.

Plan of Correction

Accept [redacted] - 05/12/2023)

Maintenance fixed all issues with the toilet between room #300 and 301 on 4/6/23 while inspectors were on site.

Staff will continue to report all maintenance needs to administrator and maintenance and was re educated on 5/8/23. Staff will monitor the facility at least once per week beginning 4/24/23 to ensure compliance with 2066.95.a. Documentation of these checks will be kept for 60 days. In the event that furniture and equipment is not clean, in good repair and free of hazard, Maintenance will repair immediately.

Licensee's Proposed Overall Completion Date: 05/09/2023

Not Implemented - [redacted] 8/3/23

100a - Exterior - Free of Hazards

4. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At approximately 9:35 a.m. there was a light post in the bushes behind the grill in the pavilion area that measured approximately four feet high that was missing a globe cover and a lightbulb and had an open electrical circuit that was exposed to the elements and was accessible to residents.

REPEAT VIOLATION 11/8/22 et. al.,

Plan of Correction

Accept ([redacted] 05/12/2023)

Maintenance secured a cover on the light post on 4/6/23 while inspectors were on site.

Staff will be assigned to weekly checks beginning 4/24/23 of all areas of the exterior of the building to ensure it remains free of hazard. All issues will be reported to administrator and to maintenance for immediate repair. Documentation of weekly checks will be kept for 60 days.

staff reeducated on 100a on 5/8/23

Licensee's Proposed Overall Completion Date: 05/09/2023

Not Implemented - [redacted] /3/23

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 11:11 a.m. there was no operable source of light at bedside for resident #4 in the shared resident

101j7 - Lighting/Operable Lamp (continued)

room #402.

At approximately 11:20 a.m. there was no operable source of light at bedside for resident #3 in resident room #101.

At approximately 11:27 a.m. there was no operable source of light at bedside for either resident #1 or resident #2 in the shared resident room #100b.

REPEAT VIOLATION 11/8/22 et. al.,

Plan of Correction

Accept (████) 05/12/2023)

Assistant Administrator will re educate staff on 2600.101.j- lighting/operable lamp on 4/24/2023.

admin/ assistant will complete checks starting 4/24/23 to ensure each resident has an operable lamp or light source that can be turned on at bedside.

Documentation of weekly checks will be kept for 60 days.

Licensee's Proposed Overall Completion Date: 05/09/2023

Implemented - (████) 8/3/23

183d - Prescription Current**6. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At approximately 2:00 p.m. resident #5's Spiriva Respimat 2.5mcg/actuation inhaler was found on the medication cart. However, the medication expired on 1/28/23 and was not a current order for resident #5.

Plan of Correction

Accept (████) 05/12/2023)

A complete med room audit was completed on 4/14/2023.

DHS med techs will be re educated on 2600.183.d. on 4/24/23. documentation of education will be kept.

Med room audits will be done minimally of monthly to ensure compliance. Documentation of audits will be kept x 6 months. admin / assistant will participate in audits to ensure completion and compliance

Licensee's Proposed Overall Completion Date: 05/09/2023

Implemented - (████) 8/3/23

184a - Resident's Meds Labeled**7. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

There was no pharmacy label for resident #6's Novolog Flex pen 100 UNIT/ML, the flex pen was stored in a bin with the resident's glucometer bag.

There was no pharmacy label for resident #7's Lantus Solostar 100 UNIT/ML, the Lantus Solostar pen was stored in a bin with the resident's glucometer bag.

There was no pharmacy label for resident #8's Novolog Flex pen 100 UNIT/ML, the Novolog Flex pen was stored in a

184a - Resident's Meds Labeled (continued)

bin with the resident's glucometer bag.

Plan of Correction

Accept [REDACTED] - 05/02/2023)

staff contacted pharmacy on 4/6/2023 while inspectors were on site to request pharmacy label for resident 6, 7, and 8's insulins.

DHS med techs will be re educated on 2600.184.a on 4/24/23. documentation of education will be kept. Med room audits will be done minimally of monthly to ensure compliance. Documentation of audits will be kept x 6 months.

Licensee's Proposed Overall Completion Date: 04/20/2023

Not Implemented - [REDACTED] 8/3/23

185a - Implement Storage Procedures**8. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's Albuterol Sulfate HFA 90mcg – Inhale 1 puff inhalation 4 times a day as needed, is not on the medication cart or in the home to administer if requested by the resident.

On 4/4/23 at approximately 8:00 p.m. resident #6's blood glucose was 180 mg/dL; however, resident #6's blood glucose was documented as 112 mg/dL on the resident's April 2023 medication administration record (MAR).

On 4/4/23 at approximately 8:00 a.m. resident #7's blood glucose was 182 mg/dL; however, resident #7's blood glucose was not documented on the resident's April 2023 MAR.

On 4/2/23 at approximately 8:00 a.m. resident #7's blood glucose was 162 mg/dL; however, resident #7's blood glucose was not documented on the resident's April 2023 MAR.

Resident #7's glucometer is not set to the current date and time. On 4/6/23 at 4:06 p.m. the glucometer indicated a date of 1/5/23 and a time of 8:08 p.m.

On 4/4/23 at approximately 8:00 a.m. resident #8's blood glucose was 190 mg/dL; however, resident #8's blood glucose was not documented on the resident's April 2023 MAR.

On 4/3/23 at approximately 4:00 p.m. resident #8's blood glucose was 273 mg/dL; however, resident #8's blood glucose was not documented on the resident's April 2023 MAR.

REPEAT VIOLATION 11/8/22 et. al.

Plan of Correction

Accept [REDACTED] - 05/02/2023)

Staff re education on 2600.185.a scheduled for 4/24/2023. documentation of education will be kept.

DHS med tech, [REDACTED] assigned to monitor med room and MARs minimally of 3 times per week beginning 4/24/23 to ensure compliance with 2600.185.a. Admin/ assistant will also monitor minimally of weekly to ensure compliance. Documentation will be kept x 60 days. DIRECTED The administrator shall obtain resident #5's medication for administration.

8/3/23 JK

Licensee's Proposed Overall Completion Date: 04/20/2023

Not Implemented - [REDACTED] 8/3/23

187b - Date/Time of Medication Admin.

9. 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 #2 is ordered Acetaminophen 325mg Tablets – Take two tablets (650mg) by mouth two times daily. On 4/6/23 at the medication was not in the home to administer, and resident #2 was not administered the Acetaminophen tablets. However, direct care staff person A documented the medication as administered on 4/6/23 at 8:00 a.m. in the April 2023 medication administration record (MAR).

Resident #2 is ordered Aspirin EC 81mg Tablets – Take one tablet by mouth once daily. However, on 4/6/23 at approximately 3:00 p.m. the medication was not in the home to administer, and resident #2 was not administered the Aspirin tablets. However, direct care staff person A documented the medication as administered in the April 2023 MAR.

Resident #5 is ordered Lidocaine 5% Patch – Apply 1 patch topically daily, press patch on skin for 15 seconds to heat activate the adhesive. On 4/5/23 and 4/6/23 the medication was not in the home to administer and resident #5 was not administered the Lidocaine 5% patch. However, direct care staff person A documented the medication as administered in the April 2023 MAR.

Resident #5 is ordered Guaifenesin 200mg Tablet – Take 2 tablets by mouth every 4 hours. On 4/6/23 the medication was not in the home to administer, and resident #5 was not administered the Guaifenesin tablets. However, direct care staff person A documented the medication as administered on 4/6/23 at 8:00 a.m. and 10:00 a.m. in the April 2023 MAR.

Resident #7 is ordered Lantus Solostar 100 unit/mL – Inject 20 units subcutaneously in the morning as directed. However, on 4/1/23, 4/3/23, and 4/4/23 at 8:00 a.m., resident #7 was administered 20 units of Lantus insulin and it was not documented on the April 2023 medication administration record (MAR).

Resident #8 is ordered Levemir Flexpen 100 unit/mL – Inject 46 units subcutaneously once a day in the morning. However, on 4/1/23, 4/3/23, and 4/4/23 at 8:00 a.m., resident #8 was administered 46 units of Levemir insulin and it was not documented on the April 2023 MAR.

Resident #8 is ordered Novolog Flexpen 100 unit/mL – Inject 16 units subcutaneously as directed in the morning. However, on 4/1/23, 4/3/23, and 4/4/23 at 8:00 a.m., resident #8 was administered 16 units of Novolog insulin and it was not documented on the April 2023 MAR.

Resident #8 is ordered Novolog Flexpen 100 unit/mL – Inject 16 units subcutaneously daily with lunch. However, on 4/4/23 at 12:00 p.m., resident #8 was administered 16 units of Novolog insulin and it was not documented on the April 2023 MAR.

REPEAT VIOLATION 11/8/22 et. al.,

Plan of CorrectionAccept ████ - 05/12/2023)

A complete med room audit was completed on 4/14/2023 to ensure compliance.

DHS med techs will be re educated on 2600.187.b. on 4/24/23. documentation of education will be kept. Med room audits will be done minimally of monthly to ensure compliance. admin / assistant to participate in audits to ensure

187b - Date/Time of Medication Admin. (continued)

compliance and completion. MAR will be checked during audits to ensure proper documentation. Documentation of audits will be kept x 6 months.

Licensee's Proposed Overall Completion Date: 05/09/2023

Not Implemented - [REDACTED] 8/3/23

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is ordered Acetaminophen 325mg Tablets – Take two tablets (650mg) by mouth two times daily. However, on 4/6/23 at approximately 3:00 p.m. the medication was not in the home to administer, and resident #2 was not administered the Acetaminophen tablets.

Resident #2 is ordered Aspirin EC 81mg Tablets – Take one tablet by mouth once daily. However, on 4/6/23 at approximately 3:00 p.m. the medication was not in the home to administer, and resident #2 was not administered the Aspirin tablets.

Resident #5 is ordered Lidocaine 5% Patch – Apply 1 patch topically daily, press patch on skin for 15 seconds to heat activate the adhesive. However, on 4/5/23 and 4/6/23 the medication was not in the home to administer and resident #5 was not administered the Lidocaine 5% patch.

Resident #5 is ordered Guaifenesin 200mg Tablet – Take 2 tablets by mouth every 4 hours. However, on 4/6/23 at approximately 2:30 p.m. the medication is not in the home to administer, and resident #5 was not administered the Guaifenesin tablets.

REPEAT VIOLATION 11/8/22 et. al.,

Plan of Correction

Accept [REDACTED] 05/12/2023)

A complete med room audit was completed on 4/14/2023 to ensure compliance.

DHS med techs will be re educated on 2600.187.d. on 4/24/23. documentation of education will be kept. Med room audits will be done minimally of monthly to ensure compliance. Documentation of audits will be kept x 6 months.

dmin / assistant to participate in audits to ensure compliance and completion. MAR will be checked during audits to ensure proper documentation.

Licensee's Proposed Overall Completion Date: 05/09/2023

Not Implemented - [REDACTED] 8/3/23