pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]

MAILING DATE: October 16, 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) review on July 26, 2023, August 1, 2023, August 11, 2023, of the above facility, we have determined that your submitted plan of correction is not implemented.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

[redacted]

[redacted]

Enclosure
Licensing Inspection Summary

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

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:** *7*[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:** *Dept of L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Complaint, Provisional, Incident* **Exit Conference Date:** *08/11/2023*

Inspection Dates and Department Representative

07/26/2023 - On-Site: [redacted]
08/01/2023 - Off-Site: [redacted]
08/11/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* **Residents Served:** *37*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older:** *32*

Diagnosed with Mental Illness: *15* **Diagnosed with Intellectual Disability:** *4*

Have Mobility Need: *3* **Have Physical Disability:** *0*

Inspections / Reviews

07/26/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/24/2023*

08/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/21/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/04/2023*

09/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/21/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/21/2023*

10/06/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/21/2023*

Reviewer: [redacted] **Follow-Up Type**: *Exception*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1's most recent assessment, dated [redacted]/22, indicates the resident requires moderate supervision outside of the home, and [redacted] most recent support plan, dated 8/12/2022, indicates any time away from the home will require supervision. On 6/6/23, resident #1's support plan was updated to include 15-minute checks and all staff acknowledged the change in writing. However, the resident left the home unsupervised on 7/2/23 and 7/17/23. On 7/2/23, [redacted] was located at Delmont City Hall, a distance of 1.5 miles from the home, and was taken to the hospital due to shortness of breath. On 7/17/23, at 4:08 am, the resident was found walking on Park Drive, in the line of traffic with staff chasing [redacted] and was having an asthma attack when ambulance arrived. On 7/17/23, a representative from Older Adult Protective Services was at the home to investigate this allegation of neglect involving resident #1; however, the home did not report this incident to the Department.

Plan of Correction ***Do Not Accept [redacted] - 08/28/2023)***

Resident #1 was given a 30 day notice on [redacted]/2023 and no longer resides at the facility as of 08/22/2023.
On 7/17/23 when a representative from Older Adult Protective service was in the home to investigate allegation of neglect, all allegations were unfounded because staff was present during incidents and resident #1 was not unattended or unsupervised outside the home. Moving forward, all investigations (founded or unfounded) will be reported to DHS immediately by administrtor or designee.
DISPUTE- on both incidents mentioned above involving resident #1, staff were present and supervising resident #1 while away from the facility as indicated in resident #1's support plan. On 7/17/23, resident #1's discharge instructions state diagnosis of chronic back pain and arthritis, without mention of asthma or shortness of breath.

Licensee's Proposed Overall Completion Date: *08/24/2023* Not Implemented JK-10/60/23

Plan of Correction ***Directed [redacted] 09/06/2023)***

Resident #1 was given a 30 day notice on 6/16/2023 and no longer resides at the facility as of 08/22/2023.
On 7/17/23 when a representative from Older Adult Protective service was in the home to investigate allegation of neglect, all allegations were unfounded because staff was present during incidents and resident #1 was not unattended or unsupervised outside the home. Moving forward, all investigations (founded or unfounded) will be reported to DHS immediately by administrtor or designee.
DISPUTE- on both incidents mentioned above involving resident #1, staff were present and supervising resident #1 while away from the facility as indicated in resident #1's support plan. On 7/17/23, resident #1's discharge instructions state diagnosis of chronic back pain and arthritis, without mention of asthma or shortness of breath.

Administrator re-education on 2600.16.c with executive director scheduled for 9/11/2023, documentation of training will be kept.

DIRECTED
within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 260016(c) and the home's policy and procedures for reporting reportable incidents and conditions. Documentation of education shall be kept. 9/6/23[redacted]

within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable

16c - Written Incident Report (continued)

incidents and conditions for the home to ensure all reportable incidents and conditions are reported in accordance with Regulation 2600.16(c). 9/6/23

Directed Completion Date: *09/11/2023*

Evidence of Completion ***Not Implemented - 10/06/2023)***

within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 260016(c) and the home's policy and procedures for reporting reportable incidents and conditions. Documentation of education shall be kept. 9/6/23 JK
within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions for the home to ensure all reportable incidents and conditions are reported in accordance with Regulation 2600.16(c).

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 6/5/23, at approximately 4:40 pm, resident #2 was found by staff person A in resident #1's bed with pants pulled down to lower stomach and adult brief open on each side and over the pants, with resident #1 standing over . Resident #1 became very upset when the situation was interrupted by staff person A and hit staff person A in the face. When staff person B arrived to assist staff person A, resident #2 told staff person B, I don't like that . a bad grabbed staff person B's hands and wanted to leave the room quickly.

Resident #1's most recent assessment, dated 8/12/22, indicates the resident requires moderate supervision outside of the home, and most recent support plan, dated 8/12/2022, indicates any time away from the home will require supervision. On 6/6/23, resident #1's support plan was updated to include 15-minute checks and all staff acknowledged the change in writing.

However, the resident left the home unsupervised on 7/2/23 and 7/17/23. On 7/2/23, was located at Delmont City Hall, 1.5 miles from the home, and was taken to the hospital due to shortness of breath. On 7/17/23, at 4:08 am, the resident was found walking on Park Drive, in the line of traffic with staff chasing him and was having an asthma attack when ambulance arrived.

REPEAT VIOLATION: 2/13/2023 et al.

Plan of Correction ***Do Not Accept (08/28/2023)***

Resident #1 was given a 30 day notice on 6/16/2023 and no longer resides at the facility as of 2/2023.
On 6/5/2023, regarding incident involving resident #1 and #2, measures were immediately implemented by administrator (15 minute checks for both residents) to ensure no further incidents occur moving forward. Resident #2's bedroom was reloctaed by to the opposite side of the facility as precaution. Staff members, Adminstrator, and DHS med tech, also reviewed all residents and their needs and concluded that no other residents to be at risk for potential similar incident to occur. Administraor contacted the pharmacy in which resident #1 receives medication from and requested pharmacist to review current medication list to ensure no current meds would contribute to increased sex drive. Documentation of all will be kept. PSP were also notified on the 6/5/23 incident, per officer , no report could be made because per the officer no assult

42b - Abuse (continued)

took place.

DISPUTE: on incidents mentioned above involving resident #1 on 7/2/23 and 7/17/23, staff were present and supervising resident #1 while away from the facility as indicated in resident #1's support plan. on 7/17/23, resident #1's discharge instructions state diagnosis of chronic back pain and arthritis, without mention of asthma or shortness of breath.
On 7/17/23 when a representative from Older Adult Protective service was in the home to investigate allegation of neglect, all allegations were unfounded because staff was present during incidents and resident #1 was not unattended or unsupervised outside the home.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Plan of Correction ***Directed [redacted] - 09/06/2023)***

Resident #1 was given a 30 day notice on 6/16/2023 and no longer resides at the facility as of 08/22/2023.
On 6/5/2023, regarding incident involving resident #1 and #2, measures were immediately implemented by administrator (15 minute checks for both residents) to ensure no further incidents occur moving forward. Resident #2's bedroom was reloctaed by [redacted] to the opposite side of the facility as precaution. Staff members, Adminstrator, [redacted] and DHS med tech, [redacted] also reviewed all residents and their needs and concluded that no other residents to be at risk for potential similar incident to occur. Administraor contacted the pharmacy in which resident #1 receives his medication from and requested pharmacist to review current medication list to ensure no current meds would contribute to increased sex drive. Documentation of all will be kept. PSP were also notified on the 6/5/23 incident, per officer [redacted] no report could be made because per the officer no assult took place.

DISPUTE: on incidents mentioned above involving resident #1 on 7/2/23 and 7/17/23, staff were present and supervising resident #1 while away from the facility as indicated in resident #1's support plan. on 7/17/23, resident #1's discharge instructions state diagnosis of chronic back pain and arthritis, without mention of asthma or shortness of breath.
On 7/17/23 when a representative from Older Adult Protective service was in the home to investigate allegation of neglect, all allegations were unfounded because staff was present during incidents and resident #1 was not unattended or unsupervised outside the home.

All staff will be retrained on 2600.42.b on 9/11/2023, documentation of education will be kept.

DIRECTED
Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all resident assessments and support plans to ensure accuracy and completeness. This includes ensuring the appropriate level of supervision is identified for each individual resident and is being provided. Documentation of the audit shall be kept. 9/6/23[redacted]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all direct care staff persons on the identified care needs of each resident, including supervision, and the services the home will provide to each resident. Documentation of education shall be kept. 9/6/23[redacted]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all newly completed assessments and support plans for accuracy and completeness. 9/6/23[redacted]

42b - Abuse *(continued)*

Directed Completion Date: *09/21/2023*

Evidence of Completion ***Not Implemented [redacted] - 10/06/2023)***

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all resident assessments and support plans to ensure accuracy and completeness. This includes ensuring the appropriate level of supervision is identified for each individual resident and is being provided. Documentation of the audit shall be kept.
Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all direct care staff persons on the identified care needs of each resident, including supervision, and the services the home will provide to each resident. Documentation of education shall be kept.
Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all newly completed assessments and support plans for accuracy and completeness.

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's face sheet with a list of medications, dated 8/6/22, are attached as the medication addendum to resident #2's most recent medical evaluation, dated 8/5/22; however, the medication list is not signed by a physician, physician's assistant or certified registered nurse practitioner who completed the evaluation prior to the day the list was printed. Also, staff person C completed the medical professional name, license number, and date signed in the medical professional information section.

REPEAT VIOLATION: 11/8/2022 et al.

Plan of Correction ***Do Not Accept ([redacted] - 08/28/2023)***

A new medical evaluation was completed for resident #2 by administrator. On the new medical eval completed on 08/11/2023, resident #2's physician completed the area indicated for name, license number and the date signed. Moving foward, administrator will ensure that physician (physicians assistant or certified registered nurse practititioner) completes these areas and no unauthorized person will complete any portion of that section. Administration will also ensure that the medication list attached is reviewed and attached at the time the evaluation is completed. Executive director and adminstrator reviewed violation to ensure understanding of violation 2600.141.b.1 to ensure complaince moving forward.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Plan of Correction ***Directed [redacted] - 09/06/2023)***

A new medical evaluation was completed for resident #2 by administrator. On the new medical eval completed on 08/11/2023, resident #2's physician completed the area indicated for name, license number and the date signed. Moving foward, administrator will ensure that physician (physicians assistant or certified registered nurse practititioner) completes these areas and no unauthorized person will complete any portion of that section. Administration will also ensure that the medication list attached is reviewed and attached at the time the evaluation is completed. Executive director and adminstrator reviewed violation to ensure understanding of violation 2600.141.b.1 to ensure complaince moving forward. Administrator re-education on 2600.141.b1 with executive director scheduled for 9/11/2023, documentation of training will be kept.

DIRECTED

141b1 - Annual Medical Evaluation (continued)

Within 1 calendar day of the accepted plan of correction: The administrator shall audit all newly completed medical evaluation forms for accuracy and completeness. 9/6/23.

Within 5 calendar days of the accepted plan of correction: The administrator shall audit all current medical evaluation forms for accuracy and completeness. Documentation of the audit shall be kept. 9/6/23 [redacted]

Directed Completion Date: *09/11/2023*

Evidence of Completion ***Not Implemented ([redacted] - 10/06/2023)***

Within 1 calendar day of the accepted plan of correction: The administrator shall audit all newly completed medical evaluation forms for accuracy and completeness.
Within 5 calendar days of the accepted plan of correction: The administrator shall audit all current medical evaluation forms for accuracy and completeness. Documentation of the audit shall be kept.