

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

September 21, 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 licensing inspections on 09/07/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *MELODY MANOR* License #: *44676* License Expiration: *07/21/2024*  
 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: *L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *09/07/2023*

**Inspection Dates and Department Representative**

09/07/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *43* Residents Served: *37*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *1*

Number of Residents Who:  
 Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *133*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

09/07/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND