

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

November 30, 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 10/13/2023 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:** 03/26/2024  
**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:** Labor and Industry

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 43 **Waking Staff:** 32

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Provisional, Fine **Exit Conference Date:** 10/13/2023

## Inspection Dates and Department Representative

10/13/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 70 **Residents Served:** 39

## 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:** 13 **Diagnosed with Intellectual Disability:** 4  
**Have Mobility Need:** 4 **Have Physical Disability:** 0

## Inspections / Reviews

10/13/2023 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/12/2023

11/15/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 11/22/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/22/2023

Inspections / Reviews *(continued)*

11/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 183e - Storing Medications

### 1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

#### Description of Violation

Resident #1's insulin, [REDACTED], do not indicate the date the medications were opened. Manufacturer's instructions indicate the medication should be discarded after 28 days.

Repeat Violation: 6/2/23 et al

#### Plan of Correction

Accept [REDACTED] - 11/15/2023)

Resident #1s insulins were dated while inspectors were on site. Within 5 calendar days of the accepted plan of correction, the administrator will conduct a re education with all DHS med techs to review 2600.183.e to ensure moving forward compliance is being maintained. documentation of education will be kept. Administrator or designated med tech will conduct a weekly audit on insulin pens, ensuring that all are dated appropriately minimally of weekly beginning 11/20/23 x 4 weeks. Documentation of checks will be kept.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented [REDACTED] 11/30/2023)

## 184a - Resident's Meds Labeled

### 2. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

#### Description of Violation

Resident #2 is ordered [REDACTED], coverage with meals as follows:  
201-250=6 units, 251-300= 8 units, over 300=10 units.

However, the medication label indicates 201-250=4 units; 251-300=6 units, 251-300=8 units.

Repeat Violation: 6/2/23 et al and 4/6/23 et al

#### Plan of Correction

Accept [REDACTED] - 11/15/2023)

While inspectors were on site, med tech staff placed a refer to MAR sticker on the pharmacy label containing errors. A complete med audit was conducted by pharmacy on 11/10/2023. Within 5 calendar days of the accepted plan of correction, the administrator will conduct a re education with all DHS med techs to review 2600.184.a. Administrator or designated med tech will conduct a weekly audit on minimally of 3 residents to confirm that medications are labeled correctly. Audits to begin the week of 11/20/23 x 4 weeks. Documentation of checks will be kept.

184a - Resident's Meds Labeled (continued)

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented (JW - 11/30/2023)

185a - Implement Storage Procedures

3. 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 #2's glucometer indicates a blood glucose reading of [redacted] on [redacted]. However, the medication administration record (MAR) indicates a blood glucose reading of [redacted].

Resident #3's October MAR indicates [redacted], take 1 tablet by mouth every 6 hours as needed. However, this medication was discontinued on [redacted].

Resident #3's October MAR does not include [redacted], which is stored in the medication cart.

Repeat Violation: 6/2/23 et al, 4/6/23 et al, and 11/8/22 et al

Plan of Correction

Accept [redacted] - 11/15/2023)

A complete med audit was conducted by pharmacy on 11/10/2023. Within 5 calendar days of the accepted plan of correction, the administrator will conduct a re education with all DHS med techs to review 2600.185.a

Administrator or designated med tech will conduct a weekly audit on minimally of 3 residents. Audits to begin the week of 11/20/23 x 4 weeks. Documentation of checks will be kept.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented ([redacted] - 11/30/2023)