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

October 22, 2024

[redacted], CEO
MELODY MANOR PCH LLC
413 NORTH MCKEAN STREET
KITTANNING, PA, 16201

RE: MELODY MANOR
413 NORTH MCKEAN STREET
KITTANNING, PA, 16201
LICENSE/COC#: 44676

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2024 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: *MELODY MANOR* **License #**: *44676* **License Expiration**: *07/21/2025*

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]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/28/1987* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *37* **Waking Staff**: *28*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *06/25/2024*

Inspection Dates and Department Representative

06/25/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* **Residents Served**: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older**: *31*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *5*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

06/25/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2024*

07/25/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2024*

Inspections / Reviews *(continued)*

07/26/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/12/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/07/2024*

10/22/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/12/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

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

On [redacted], at approximately [redacted] resident #1 had a fall in the home, went to the hospital and was diagnosed with a [redacted]. The home did not report this incident to the Department.

Plan of Correction ***Accept [redacted] - 07/26/2024)***

Previous Administrator did not report incident that occurred with resident 1 on [redacted] to DHS. DHS was present on [redacted] to investigate and take report. Internal report was given to DHS by Administrator on [redacted]. On [redacted], training was held by Administrator on Regulation 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), for all the staff. An incident reporting form created by Regional Director will be put into place beginning 7-22-24 and reviewed by Administrator or Designee daily to be sure reporting meets all timelines. Beginning 7/22/24 Administration will keep all incident reports in a single binder with reporting form as first page. Documents will be keep at the facility.

Licensee's Proposed Overall Completion Date: *07/25/2024*

Implemented ([redacted] - 10/22/2024)

23a - Activities of Daily Living Assistance

2. 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

Resident #1's assessment and support plan (RASP), dated [redacted], indicates the resident requires assistance with ambulating, stating, "(Resident) will be monitored of ambulation with hands on assist for safety." However, on the [redacted], at approximately [redacted] the resident did not receive this assistance as required. Resident #1 was ambulating independently in the hallway of the home and was found on the floor by staff after an unwitnessed fall in which he/she hit his/her head on the handrail.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

On [redacted] Resident # 1's RASP was reviewed by The Regional Assistant to ensure accuracy in the file. On [redacted] Resident #1 was put on hospice due to decline in health and need for assistance. Training was done by Administrator on 7/10/24 with all staff on Regulation 2600 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan. On 7/16/24, Regional Consultant, Regional Assistant, and Current Administrator Went through the resident list to review RASPS and verify that all changes have been updated. Regional Director implemented a form for all staff to use to record all resident changes. Regional consultant Reviewed the form with all staff On 7-10-2024. The forms will be available in the med room for all staff. They are aware that if they know of any changes with a resident, they will fill the form out and put in the

23a - Activities of Daily Living Assistance (continued)

mailbox for administration . The administrator or designee will update the RASP if warranted Form was put into use on [redacted]

Documentation kept at Facility

Licensee's Proposed Overall Completion Date: *07/25/2024*

Implemented ([redacted] - 10/22/2024)

63a - First Aid/CPR Training

3. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from [redacted] p.m. until [redacted] a.m., 36 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

*On [redacted], Administrator and Regional Assistant reviewed current schedule and made adjustments to have at least 1 staff person with CPR trained per shift. All staff needing certification or recertification were either trained or re-educated in a Training on 7/11 for CPR/ First Aide. Training was conducted by Monarch Hospice to meet regulation 2600.63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. Administrator will review all schedules bi-weekly X 6months beginning 7-21-24 to ensure that one staff member per shift is CPR/First Aid certified. Administrator will mark each schedule with a * on each shift to indicate there is at least one person on that shift certified. Documentation kept at the Facility*

Licensee's Proposed Overall Completion Date: *07/25/2024*

Implemented [redacted] - 10/22/2024)

95 - Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The sink in the lighthouse bathroom does not drain. It continued to fill up with water while the faucet was running, causing the water to possibly overflow onto the floor.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

On 6/25/24, The maintenance person fixed the drain in the light house bathroom. The inspector can attest that the drain was repaired that day and in good working condition. Training held on 7/10 by Administrator with all Staff, on Regulation: 2600. 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards. Training by Regional Consultant was also done on 7/10/2024 to review Form created by Regional Director to report any maintenance issues or safety repairs to Administration. Maintenance Man will also do weekly walkthroughs beginning 7-21-2024 to check for any furniture and equipment in need of repair. documentation kept at Facility

95 Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: *07/25/2024*

Implemented (- 10/22/2024)

100a - Exterior - Free of Hazards

5. 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

The concrete pad, approximately 5 feet by 5 feet, at the end of the ramp extending from the kitchen to the smoking area was in disrepair. There were multiple areas where the concrete had crumbled, leaving one inch protrusions, causing a potential tripping hazard.

Plan of Correction ***Directed (- 07/26/2024)***

On June 29th, the maintenance man removed the broken concrete and placed crumbled asphalt in the area to walk on. (Picture). Beginning 7 21 2024 Safety issues will be reported on the new maintenance form. Administrator Trained staff on reporting these conditions at Staff meeting on July 10.Along with training on regulation 2600. 100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards. Beginning 7 29 2024, The administrator or designee will monitor the exterior of the building and the building grounds or yard to ensure they are in good repair and free of hazards. Documentation kept at Facility

Proposed Overall Completion Date: 07/31/2024

Directed:
Monitoring as indicated above, will be done monthly by the administrator or designee, beginning 7/29/24.
SQ 7/26/24

Directed Completion Date: *07/31/2024*

Implemented (- 10/22/2024)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items in the home's kitchen were opened and unsealed:
A ten pound bag of macaroni pasta, approximately 1/3 full
A two pound bag of tortilla chips, approximately 1/5 full
A two pound bag of tortilla chips, approximately ½ full
A one pound bag of potato chips, approximately ½ full

Plan of Correction ***Accept - 07/25/2024)***

On 6 25 2024, day of Inspection, the cook went thru the pantry and made sure all items were sealed and dated.

103g - Storing Food (continued)

Training by Administrator on July 10 for all staff to re educate them on storage of food item:Regulation: 2600. 103.g. Food shall be stored in closed or sealed containers.. Beginning 721-2024 the Cook will perform weekly checks with documentation to ensure that all products are dated and sealed appropriately. We will keep Documentation of these checks being completed at the facility

Licensee's Proposed Overall Completion Date: *07/20/2024*

Implemented [redacted] - 10/22/2024)

132g - Fire Drills Days/Times

7. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills within the same hour as evidenced by the following drills:

[redacted]

Plan of Correction ***Accept ([redacted] - 07/25/2024)***

Regional Director created a calendar with various times for monthly fire drills. Administrator did Staff Training with all Staff on July 10, 2024 on Regulation: 2600 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Beginning with August fire drill , Administrator will use prepared Calendar to do fire drills. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: *07/21/2024*

Implemented [redacted] - 10/22/2024)

164c - Resident Refusal Eat/Drink

8. Requirements

2600.
164.c. If a resident refuses to eat or drink continuously during a 24-hour period, the resident's primary care physician and the resident's designated person shall be immediately notified.

Description of Violation

For the last several days, resident #1 refused to eat, and instead was drinking supplemental beverages. The home did not notify the resident's primary care physician.

Plan of Correction ***Accept ([redacted] - 07/25/2024)***

On 6/25 Administrator notified hospice of Resident#1's refusal to eat the Homes Food. On July 10, 2024,

164c Resident Refusal Eat/Drink (continued)

Administrator Held staff training with all staff on regulation 2600. 164.c. If a resident refuses to eat or drink continuously during a 24 hour period, the resident's primary care physician and the resident's designated person shall be immediately notified. Regional Director created a form to be used to report changes in resident. Use of form will start 7 21 2024.

This violation is being disputed due to the Resident eating. Resident was offered food and alternatives by Staff, but Resident #1 and his room mate have an abundance of food, snacks and drinks in their room. At any given time you will find plenty of food there. Pictures to prove the amount of food they keep.

Licensee's Proposed Overall Completion Date: *07/21/2024*

Implemented ([redacted] - 10/22/2024)

183d - Prescription Current

9. 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

Resident #2 had [redacted] in the home's medication cart; however, the medication was discontinued.

Resident #3 had [redacted] in the home's medication cart; however, the medication had expired [redacted]

Plan of Correction ***Accept [redacted] - 07/25/2024)***

Med tech removed/DC'd [redacted] on inspection day 6 26 2024 for Resident 2, and Resident 3. Med tech requested re order of [redacted] and it was delivered next day. Med Tech Began Med audits of all residents, to be completed by July 26. On 7 10 2024 Administrator Held training, with Med techs and staff to clarify Regulation:2600. 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Monthly med cart audits by Lead Med Tech starting 7/18 and continuing for 6 months. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: *07/26/2024*

Implemented ([redacted] - 10/22/2024)

185a - Implement Storage Procedures

10. 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 #3 is prescribed [redacted], take by mouth 1 tablet twice daily as needed. However, this medication was not available in the home.

Repeat Violation: 12/11/23

Plan of Correction ***Accept [redacted] - 07/25/2024)***

On 6/25 lead med tech ordered [redacted] and it was received for Resident 3 next day. Administrator did training for

185a - Implement Storage Procedures (continued)

all staff on 7/10/24 to include Regulation 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. Lead med tech will do Monthly med cart audits for 6 months beginning 8-1-2024 Documentation kept at Facility

Licensee's Proposed Overall Completion Date: *07/19/2024*

Implemented (- 10/22/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 began receiving hospice services on . However, the resident's RASP, dated , has not been updated to indicate which supports hospice will be providing.

Plan of Correction ***Accept 07/26/2024)***

DME/ Rasp were updated by Regional Assistant on .It had not been printed out. Regional Assistant printed it out on 6-26-2024. on 7/10/24 Administrator did Staff Training for all staff on Regulation:2600. 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. A new reporting form is to be used beginning 7-21-2024. Regional consultant did a training on 710 2024 to review this form. As staff fills it out they are aware to put it in the mailbox for administration. When Administration receives it they will determine if Any updates need to be made on the RASP. The documents were updated in our system by Regional Assistant on 7-11-2024. Beginning 7-29-2024, Administrator or designee will audit all resident support plans monthly for accuracy and completion, including the care and services the home and outside agencies will provide Documentation kept at facility

Licensee's Proposed Overall Completion Date: *07/29/2024*

Implemented - 10/22/2024)