

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

December 15, 2025

[REDACTED]  
[REDACTED]  
413 NORTH MCKEAN STREET  
[REDACTED]

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 10/20/2025 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: 07/21/2026  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 10/20/2025

**Inspection Dates and Department Representative**

10/20/2025 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 43 Residents Served: 43  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 38  
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 5  
 Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

10/20/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/17/2025

Inspections / Reviews *(continued)*

11/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/03/2025

12/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

94b - Non-Skid Surface

2. Requirements

2600.  
94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

At 10:00 a.m., the rear exit ramp to the garage/smoking area and the front exit ramp to the left of the home did not have a non-skid surface.

Plan of Correction

Accept [redacted] - 11/26/2025)

Old skid material was wearing down on the ramps, even though it was just replaced recently and did not hold up. As of 10/28/2025, maintenance put down new skid material on both ramps use a different brand. Administrator will hold training on 11/17/2025 on Regulation 2600.94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces and how to report to maintenance if they see any skids that need repaired. Maintenance or Designee will monitor the ramps weekly beginning 11-1-2025 to ensure the skid coating is holding up. Documentation kept at Facility

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented [redacted] - 12/15/2025)

141a - Medical Evaluation

3. Requirements

2600.  
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] was admitted [redacted] however, the home did not have an initial medical evaluation completed for the resident.

Plan of Correction

Accept [redacted] - 11/26/2025)

Medical evaluation for Resident [redacted] was requested from VA doctor on the day of admission, [redacted], but even after multiple phone calls and faxes the VA never returned the form. The Regional Assistant talked with the Resident about having the in house doctor as a second Dr. Resident [redacted] agreed to have the House Dr. as second option. A new medical evaluation was completed on 10/22/2025 by the House Dr. who did an exam same day. Regional Director did a training with Regional Assistant and Administrator on 11-5-2025 to discuss Regulation 2600.141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Administrator and Regional Assistant have been speaking with Residents that have outside Drs. to see if they would be willing to add one of the House Drs as a second option. All other Medical Evaluations were reviewed on 11-5-2025 to be sure they were within the required time frames. Documentation kept at Facility.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented [redacted] - 12/15/2025)

224a - Preadmission Screen Form

**5. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident [REDACTED]'s preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction**

**Accept** ([REDACTED] - 11/26/2025)

Day of inspection 10-20-2025 Administrator corrected the missed box on the Pre Screening. Regional Director, Regional Assistant & Administrator discussed Regulation 2600.224.a. A determination shall be made within 30 days prior to admission and documented on the Department's pre-admission screening form that the needs of the resident can be met by the services provided by the home. All other pre-screenings are being reviewed by Regional Consultant and Administrator to be sure all required information is filled in. The review will be done by 11-17-2025 with documentation kept at the Facility.

Licensee's Proposed Overall Completion Date: 11/17/2025

**Implemented** ([REDACTED] 12/15/2025)