



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Mr. Neal Harrison,
President
Harmony House Manor, Inc
2888 Carpenter Park Road
Davidsville, Pennsylvania 15928

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904
Certificate #: 314390

Dear Mr. Harrison:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on April 10, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31439 - 04/10/2018 - Springs, Israel
PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

1. A binder labeled "RASPs" containing the residents' assessments and support plans and a binder labeled "Physicians Orders" containing confidential medical information for the residents was located on the counter at the first floor nurse's station. No staff members were in the vicinity and these binders were accessible to any unauthorized person in the area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The binders were placed in a locked cabinet at the time of inspection.
All staff were informed of the violation and training was given on this regulation (see attached). Administrator will check periodically to ensure the binders are locked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Kim McCusker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kim McCusker, Administrator Date 4-27-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/30/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 4/30/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented