



MAILING DATE: April 16, 2019

Mr. Robert Goyette
Chief Operating Officer
Hampden Operations LLC
4423 Pheasant Ridge Road, Suite 301
Roanoke, Virginia 24014

RE: Harmony at West Shore
1910 Technology Parkway
Mechanicsburg, Pennsylvania 17050
Certificate #: 333810

Dear Mr. Goyette:

As a result of the Department's Bureau of Human Services Licensing inspection on February 19, 2019 of the above facility, the citation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 33381 - 02/19/2019 - Cargile, Kellie
 PCH Name: THE CROSSINGS AT WEST SHORE

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the Secure Dementia Care Unit on 6/7/18. The resident's initial support plan was developed on 6/15/18.

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 Crossings at Mechanicsburg shall ensure each new resident has a completed support plan, within 72 hours, of the admission or within 72 hours prior to the admission to the secured unit. The support plan shall be implemented and documented in the resident record by the Healthcare Coordination, the Harmony Square Coordinator, or appointed designee.

The Executive Director or designees will randomly audit files to ensure compliance.

The results of the audits will be discussed at the home's next quality management review.-GE-4/15/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amber Kuhn, Executive Director Date 4/2/19

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

The above plan of correction is approved as of 4/15/19
 (Date)

The above plan of correction was approved by GE
 (Initials)

Plan of correction implementation status as of 4/15/19
 (Date)

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