



September 12, 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 annual inspection on April 22 and 23, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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](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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *HARMONY AT WEST SHORE*

License Number: 33381

Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*

County: *CUMBERLAND*

Region: *CENTRAL*

### Administrator

Name: *Amber Kuhn*

Phone: *7174021200*

Email: *INFO@HARMONYSENIORSERVICES.COM*

### Legal Entity

Name: *HAMPDEN OPERATIONS LLC*

Address: *4423 PHEASANT RIDGE RD STE 301, VA, 24014*

### Certificate(s) of Occupancy

Type: *1-2*

Date: *05/24/2016*

Issued By: *Hampden Township*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *35*

Waking Staff: *26*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

04/22/2019 - On-Site:

*Hope O'Pake, Jason McCloskey*

04/23/2019 - On-Site:

*Hope O'Pake, Jason McCloskey*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *115*

Residents Served: *27*

#### Secured Dementia Care Unit

In Home: *Yes*

Area: *Harmony Square*

Capacity: *35*

Residents Served: *6*

#### Hospice

Current Residents: *1*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *27*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *1*

Rec'd  
8/5/19  
GE

04/22/2019

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The influenza poster is located in the employee break room and is not accessible to residents and visitors.

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.)

See Attached plan of Correction.

Page 2A of 12 - GE, 8/14/19

Legal Entity Representative

  
Signature

Amber Kuhn, Executive Director 7/31/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/14/19 Plan of correction implementation status as of 8/14/19  
(Date) (Date)

The above plan of correction was approved by GE  Fully Implemented  
(Initials)  Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

## Harmony at West Shore Plan of Correction: 2019 Renewal Inspection

1. 2600.18
  - a. Immediate Correction 4/22/19 by Angela Alvarado, HCC. The Influenza poster was moved from the vending machine area to a less conspicuous area easily accessed by residents and guests.
2. 2600.25 (B):
  - a. All new admission contracts will be signed by the resident, responsible party and administrator or designated personnel. If a resident refuses, or is unavailable/unable to sign, the administrator or designee will notate as such on the contract and have the responsible party sign. All staff authorized to complete contracts received training, conducted by Amber Kuhn, Executive Director on May 2, 2019 on state regulations pertaining to contract signing.
3. 2600.51
  - a. Staff file unable to be located at time of inspection. Correction implemented on 4/24 by Casey Murphy, as she ran the Pennsylvania State Criminal Check, no history of criminal charge identified. To prevent such occurrences, all new hires will have a criminal check run during their pre-hire process. Prior to the new staff member's hire date; a designated employee will review the pre-hire paperwork to ensure state compliance.
4. 2600.65(a) and (b)
  - a. As of August 12, 2019 all newly, scheduled agency staff will complete and document initial orientation for general fire safety, resident rights, emergency medical plan, OAPSA, and reportable incidents. The agency staff pulled for review at time of inspection are no longer assigned to our community. An audit for all agency personnel to ensure compliance by August 12, 2019 for incumbent agency personnel. Any staff member from agency not within compliance shall have an orientation before being scheduled for another shift. Staff training needs will be addressed at the home's periodic quality management reviews. - GE, 8/14/19
5. 2600.103F: Activity Room Thermometer located in freezer, not in the refrigerator.
  - a. Immediate Correction on 4/23, by Bambi Phillips. State Inspector noted immediate correction on summary report.
6. 2600.109 (B):
  - a. An appointment scheduled for the cat for May 8, 2019 to update vaccination history. All animal vaccinations records will be maintained in accordance with state regulation.
7. 2600.183 (b).
  - a. Immediate correction on 4/23, Amber Kuhn removed the topical cream from unlocked cabinet. Harmony at West Shore shall store medications in accordance with state regulation.
8. 2600.190 (a). Staff persons administering medications will review storage and security of medications. - GE, 8/14/19
  - a. We would like to request a concession for this citation, as discussed with Gloria Emick on 8/1/19. The original score indicated 87; however, the trainer verbally read any missed questions, in which co-worker's answers were corrected in red marker (Next to the multiple-choice answer). With verbal questioning, staff member "A" was able to provide the correct answer. The signature of the trainer is present on the score sheet, and the corrected score of 91, was written in Red Marker During the inspection, inspector Jason, interviewed staff member "A" to explain the score, and she provided a verbal explanation consistent with our discovery as well. Thank you for your consideration.
9. 2600.191. Continued on Page 2B. - GE, 8/15/19
  - a. All personal care residents are educated of their rights during contract signing with the resident rights form located on the DHS website. The reference form used to educate residents of their full rights does not include "a resident has the right to refuse medication". A written record of education to new residents and their right refuse medications shall be kept in the residents file.
10. 2600.233 (C).
  - a. Corrected immediately 4/22/19 by Sunday Weller, by labeling the side key pad with the exit code. Inspector noted immediate correction. The Administrator or designee will check the codes on a monthly basis to ensure that they are posted. - GE, 8/14/19

Harmony at West Shore Plan of Correction: 2019 Renewal Inspection

8. 2600.190 (a)

Continued from Page 2A:

The administrator or designee will monitor the medication administration training of the staff on a quarterly basis to ensure that the required initial medication administration training and annual administration observations and MAR reviews are being successfully completed. The administrator or designee will audit the staff training records to determine that all staff who administer medications have successfully passed the medication administration requirements.

The home's training audits will be addressed at the home's periodic quality management reviews. The home has since hired a new trainer for medication administration. - GE, 8/19/19

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contracts for Residents #1 and #2 were not signed by the resident.

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.)

See attached plan of correction.

Page 2A of 12 - GE, 8/14/19

Legal Entity Representative

  
Signature

Amber Kuhn, Executive Director 7/31/19  
Printed Name and Title Date

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Plan of correction implementation status as of 8/14/19 (Date)

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

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

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have a Pennsylvania State Police Criminal Background Check for Staff Member A in the staff record.

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65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff persons B and C, did not receive training on orientation to the building related to general fire safety.

Plan of Correction (POC)

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65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff persons B and C each completed his/her 40th scheduled work hour in March 2019 and February 2019 respectively. However, these staff persons did not complete training in the following topics: resident rights, emergency medical plan, OAPSA, and reporting of reportable incidents and conditions.

Plan of Correction (POC)

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See plan of correction attached.

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/23/19 at 11:20 am, the temperature in the activity room freezer was 6 degrees Fahrenheit. At 11:20 am, there was no thermometer in the refrigerator in the activity room.

Plan of Correction (POC)

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109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 4-23-19, Resident #3 had a cat in the home. The home does not have a current certificate of rabies vaccination for the pet.

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 4-23-19, the second floor nursing station was unattended and a cabinet was unlocked. Also, there was a 30 gram unlabeled, opened tube of Clobetasol Propionate Gel 0.05%.

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A's medication training does not include the trainer's signature. The home's record for medication training for Staff Person A indicates that the staff person only received a score of 87. A score of 90 is required for a passing score.

Plan of Correction (POC)

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Page 2A & 2B of 12 - GE, 8/14/19

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The home did not have documentation for any residents regarding their being educated of their right to refuse medication if they believe that there may be a medication error.

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

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