pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailed: October 21, 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 July 31, 2019 and September 20, 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 violations cited 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,

Brett Swanger
Human Services Licensing Supervisor

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:**

Legal Entity

Name: *HAMPDEN OPERATIONS LLC*
Address: *4423 PHEASANT RIDGE RD STE 301, ROANOKE, VA, 24014*

Certificate(s) of Occupancy

Type: *I-2* **Date:** *5/24/2016* **Issued By:** *Hampden Twp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *43* **Waking Staff:** *32*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

07/31/2019 - On-Site: Laura Heemer

09/20/2019 - On-Site: Laura Heemer, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* **Residents Served:** *29*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Harmony Square* **Capacity:** *30* **Residents Served:** *10*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *14*
Are 60 Years of Age or Older: *29*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On or about July 8, 2019, the home received information about suspected abuse of residents by Staff Person A. These allegations of suspected abuse were not reported to the local Area Agency on Aging in accordance with the time frames specified in the Older Adult Protective Services Act .

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.)

please see attached POC.

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Legal Entity Representative

Signature

Amber Kuhn, Executive Director

Printed Name and Title

10/4/19

Date

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

The above plan of correction is approved as of 10/15/2019 (Date)

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

Plan of correction implementation status as of 10/21/2019 (Date)

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

Harmony at West Shore Investigation Plan of Correction

Please see attached violation report

2600.15.a

On July 2, 2018, a frontline staff member informed management of alleged abuse by Staff person A to a resident not named in the violation report. On July 2, 2019, Staff person A was placed on immediate leave, pending investigation results. On July 3, 2019 the Executive Director and Health Care Coordinator reported the alleged abuse to the Department of Health and Human Services, and the Area Agency on Aging. At the time of initial reporting, current management was not aware of any other instances of abuse during their tenure. On or about July 8, 2019 management collected written statements from staff confirming the original abuse allegation. Harmony Senior Services, Human Resources Department, reviewed all statements. While Staff person A remained on leave pending investigation, Staff person A was officially released from employment on July 16, 2019 with Harmony at West Shore. A follow up reportable with attached statements was sent on July 16, 2019, indicating the result of the investigation. Upon the follow up visit and interviews conducted, tenured staff members they knew about other instances of mistreatment of residents by staff person A, prior to the most recent allegation made DHS aware. On September 26, 2019, all staff currently employed received a training on Abuse and Neglect, Reportable Incidents, and Resident Rights. See attached record of training. In addition, during the training, staff was educated to report any future concerns immediately to their department supervisor for the follow through with appropriate action according to 2600.15.a regulation. To improve overall communication of reportable incidents submitted by the home, a review of each reportable incident will be discussed during all staff meetings, beginning in October 2019.

16c - Written Incident Report

Regulations

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 or about July 8, 2019 the home received information about suspected abuse of residents by Staff Person A. These allegations of suspected abuse were not reported to the Department within 24 hours from the receipt of the information.

Plan of Correction (POC)

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please see attached POC

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Signature

Amber Kuhn
Executive Director
Printed Name and Title

10/4/19
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2600.16.c

On July 2,2018, a frontline staff member informed management of alleged abuse by Staff person A to a resident not named in the violation report. On July 2,2019, Staff person A was placed on immediate leave, pending investigation results. On July 3, 2019, the Executive Director and Heath Care Coordinator reported the alleged abuse to the Department of Health and Human Services, and the Area Agency on Aging. At the time of initial reporting, current management was not aware of any other instances of abuse during their tenure. On or about July 8,2019 management collected written statements from staff confirming the original abuse allegation. Harmony Senior Services, Human Resources Department, reviewed all statements. While Staff person A remained on leave pending investigation, Staff person A was officially released from employment on July 16,2019 with Harmony at West Shore. A follow up reportable with attached statements was sent on July 16, 2019, indicating the result of the investigation. Upon the follow up visit and interviews conducted, OHS was made aware by tenured staff members they knew about other instances of mistreatment of residents by staff person A, prior to the most recent allegation. On September 26,2019, all staff currently employed received a training on Abuse and Neglect, Reportable Incidents, and Resident Rights. See attached record of training. In addition, during the training, staff was educated to report any future concerns immediately to their department supervisor for the follow through with appropriate action according to 2600.15.c. regulation. To improve overall communication of reportable incidents submitted by the home, a review of each reportable incident will be discussed during all staff meetings, beginning in October 2019.

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff Person A did not treat Resident 3 with dignity or respect when Staff Person A grabbed Resident 3 by the arm, pushed the resident down onto a couch, and yelled at her to "Sit there and don't move". According to statements made by other staff of the home, this incident occurred between 10/17/2018 and 11/18/2018 during the overnight shift in the secure dementia care unit.

Plan of Correction (POC)

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please See attached POC.

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Signature

Amber Kuhn Exec. Director
Printed Name and Title

10/4/19
Date

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2600.42.c.

On September 26, 2019 during an all-staff meeting, staff was education on resident's rights and treating all residents with respect and dignity. Please see the attached training sign in sheet. All new staff will be required to attend a formal onboarding process to include the understanding of resident rights. Please see the enclosed training checklist for all new hires to be conducted during new hire orientation. While Staff person A remained on leave pending investigation, Staff person A was officially released from employment on July 16, 2019 with Harmony at West Shore. In addition, beginning Monday October 14, 2019, the administrator, and/or designee, will interview a sample of at least 4 residents and 4 staff (at least on from each shift and one from each unit) per week to discuss the care and treatment of the residents. The interviews will be conducted privately one person at a time for a period of eight weeks. Documentation of the interviews will be provided to the Department and include the name of the resident/staff interviewed, the date, the name of the interviewer, any concerns revealed, and the actions taken as a result. Areas of improvement will be added to the resident council agenda.

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The record of Staff Person A did not contained educational information for a secondary school education from a country other than the United States. The home had not submitted for, or obtained a waiver from the Department for the acceptance of the educational information.

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See Attached POC Page 5A

Legal Entity Representative

Signature

Amber Kuhn, Executive Dir. 10/4/19

Printed Name and Title Date

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5600.54.a.

Staff person A was hired prior to current leadership tenure. As such, a full audit of required education for all (direct and non-direct) staff conducted. All other staff complies with regulation 2600.54.a. All new hires will have the appropriate educational process conducted prior to their first official day of employment.

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

According to information provided by staff of the home, during an overnight shift in the secure dementia unit, Staff Person A forcibly sat Resident 1 in his wheel chair, pushed him into an unoccupied room, and left the resident isolated in a room he was unable to exit on his own.

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Signature — Amber Lukn, Exec. Director — 10/4/19

Printed Name and Title — Date

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2600.202.

On September 26, 2019 all staff was educated on resident abuse and neglect, including the topic of involuntary seclusion. In addition, all new staff is trained on resident rights and abuse as well. Please see the enclosed training checklist for all new hires to be conducted during new hire orientation. . While Staff person A remained on leave pending investigation, Staff person A was officially released from employment on July 16, 2019 with Harmony at West Shore. . In addition, beginning Monday October 14, 2019, the administrator, and/or designee, will interview a sample of at least 4 residents and 4 staff (at least on from each shift and one from each unit) per week to discuss the care and treatment of the residents. The interviews will be conducted privately one person at a time for a period of eight weeks. Documentation of the interviews will be provided to the Department and include the name of the resident/staff interviewed, the date, the name of the interviewer, any concerns revealed, and the actions taken as a result. Areas of improvement will be added to the resident council agenda.

231c - Preadmission Screening

Regulations

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 4's written cognitive preadmission screening form was not completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form prior to Resident 4's admission to the SCDU. .

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2600.231.c.

All future residents will have the appropriate pre-screening state form, as stipulated by regulation 2600.231.c. The resident was scheduled to move in to Personal Care. At the day of move-in, the resident became unstable and we had to place into secured location. A prescreen was completed for personal care. To ensure compliance, the Health Care or appointed designee will perform a final review of documentation prior to all secured and non-secured resident admissions. An audit will be completed on the preadmission screening forms for all current SDCU residents to ensure that a geriatric assessment team or physician has been involved in the screening process and documented on the form appropriately. Any preadmission screening forms found to be in need of this information will immediately have a review completed by a physician or geriatric assessment team to ensure that the placement is appropriate. The audit and updates to the forms, if necessary, will be completed by Friday, October 18, 2019.