



Sent via e-mail [ssipe@harmonyathershey.com]

MAILING DATE: May 22, 2020

Mr. Hunter D. Smith
Vice Chairman Manager
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. Smith:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 10, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: Samantha Sipe

Phone: 7174021200

Email: ssipe@harmonyathershey.com

Legal Entity

Name: HAMPDEN OPERATIONS LLC

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

Certificate(s) of Occupancy

Type: I-2

Date: 05/24/2016

Issued By: Hampden Twp

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/10/2020 - On-Site: Kellie Cargile, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115

Residents Served: 44

Secured Dementia Care Unit

In Home: Yes

Area: Harmony Square

Capacity: 35

Residents Served: 9

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 44

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 12

Have Physical Disability: 0

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home has not implemented procedures for the safe use and storage of medical equipment as evidenced by blood sugar readings in Resident #1's glucometer that do not match readings documented on the resident's medication administration record.

- On 2/9/20, at 9 pm, there was no blood sugar reading recorded on the residents's glucometer. A reading of 132 was recorded on the medication administration record.
- On 2/5/20, at 9 pm, a blood sugar reading of 320 was recorded on the resident's glucometer. A reading of 347 was recorded on the medication administration record.
- On 2/1/20, at 9 pm, a blood sugar reading of 128 was recorded on the resident's glucometer. A reading of 124 was recorded on the medication administration record.

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

Page 2A of 4

Legal Entity Representative

Signature 

Samantha Sipe, Exec. Director 3/13/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/11/20 (Date) Plan of correction implementation status as of 5/11/20 (Date)

Implemented
 Not Implemented

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

Harmony at West Shore

Plan of Correction

2600.185(a)

- Effective immediately and ongoing, glucometers will be audited at the end of every shift by the off-going medication technician/LPN and oncoming medication technician/LPN. All MT/LPN staff were trained on this procedure on February 20, 2020, see attached documentation. See attached audit tool.
- As of February 17, 2020 weekly audits will be completed by the Healthcare Director or designee to ensure all glucometer audits are being completed for each shift sign off, and that all glucometer readings are transcribed properly into the medication administration records. See attached audit tool.
- On February 20, 2020 a mandatory medication technician meeting was held to address safe handling and documentation for glucometers. See attached documentation.

2600.187(b)

- On February 20, 2020 a mandatory medication technician meeting was held to address communication with pharmacy and implementing of a pharmacy log. The following items were discussed: Missed med reports, blood sugar reading documentation, communication log for the pharmacy, documentation on residents. See attached documentation and agenda.
- Beginning on February 17, 2020 weekly med cart audits Med cart audits will be conducted by the Healthcare Director and continue on a weekly basis.

2600.187(d)

- Effective immediately, the missed medications report in AccuFlo will be reviewed at the end of shift, must be documented on prior to handing the keys over to the next medication technician.
- On February 17, 2020 the Healthcare Director began missed medication audits that take place weekly.
- On February 20, 2020 a mandatory medication technician meeting was held to discuss proper procedures for documentation of missed medication in the medication administration record. See attached documentation.

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Starting February 2020, Resident #2's medication packaging changed from four, 10mg tablets of Famotidine to one, 40mg tablet daily at 8 am. When the packaging was changed, the order was not populated in the home's electronic medication record system. Therefore, administrations for 2/1/20-2/10/20 were not documented.

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

Page 2A of 4

Legal Entity Representative

Signature *SSni*

Samantha Sipe, Exec. Director 3/13/20
Printed Name and Title Date

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The above plan of correction was approved by GE (Initials) Implemented Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was not administered the prescribed Levothyroxine 75mcg at 6 am on 2/3/20-2/6/20 due to the medication not being available in the home.

Resident #3 was not administered the prescribed Hydralazine 10mg at 6 am on 2/7/20 due to the medication not being available in the home.

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

Page 2A of 4

Legal Entity Representative


Signature

Samantha Sipe, Exec. Director
Printed Name and Title

3/13/20
Date

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(Date)

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