

Department of Human Services
Bureau of Human Service Licensing

October 9, 2020

NEAL HARRIS , OWNER
HARMONY HOUSE MANOR INC
2888 CARPENTER PARK ROAD
DAVIDSVILLE, PA 15928

RE: HARMONY HOUSE MANOR
601 LAMBERD AVENUE
JOHNSTOWN, PA, 15904
LICENSE/COC#: 31439

Dear Mr. Harris ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Brett Swanger

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *HARMONY HOUSE MANOR* License #: *31439* License Expiration Date: *05/09/2021*
 Address: *601 LAMBERD AVENUE, JOHNSTOWN, PA 15904*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: *Kim McCusker* Phone: *8142661607* Email: *NEAL@HARMONYHOUSEMANOR.COM*

Legal Entity

Name: *HARMONY HOUSE MANOR INC*
 Address: *2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA, 15928*
 Phone: *8142661607* Email: *NEAL@HARMONYHOUSEMANOR.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/25/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/24/2020*

Inspection Dates and Department Representative

08/03/2020 - Off-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *31*

Secured Dementia Care Unit

In Home: *Yes* Area: *Touchstones* Capacity: *26* Residents Served: *16*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

08/03/2020 - Partial

Lead Inspector: *Laura Heemer* Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2020*

Inspections / Reviews (*continued*)

9/3/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *10/16/2020*

10/9/2020 - Document Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Sufficient staffing was not provided to meet the needs of the residents as specified in the resident's assessment and support plans as evidenced by the following:

On 7/26/2020, there were 31 residents in the home. 17 of these residents had identified mobility needs and were incapable of evacuating the home without assistance. 36 hours of direct care staffing hours were required during waking hours, however 34 hours were provided.

On 7/26/2020 and 7/27/2020, there were 31 residents in the home. 17 of these residents had identified mobility needs and were incapable of evacuating the home without assistance with 16 of these residents in placement in the home's Secure Dementia Care Unit (SDCU). During the time periods of 2am to 3am and 9pm to 12am (of the following day), only one direct care staff person was on duty for the entire building. In the event that an emergency evacuation of the home needed to occur, one staff member alone would not be available to ensure the evacuation of all residents while providing the required assistance and supervision to the residents of the Secure Dementia Unit.

Plan of Correction

Accept

The Administrator will review the current staff schedule and ensure that at all times there are at least two staff members on duty. The Home will submit the subsequent four weeks staff schedule for Department review, to be completed by 10/9/20.

The Administrator will complete a review of all current RASPs to identify the care needs of the residents in the Home, to be completed by 10/9/20. The Administrator will use the information from this review and adjust the staffing levels to ensure sufficient staff is scheduled to meet the care needs of the residents. The Home will provide the Department with documentation for the completion of the review. On a quarterly basis, the Home will complete a comparison of the RASPs for all residents with the staffing structure. Adjustments will be made accordingly to meet the care needs of the residents.

Completion Date: 10/09/2020

Document Submission

Implemented

The Administrator reviewed staff schedules to ensure two staff members are on duty at all times (see attached). The Administrator reviewed all RASPs to ensure sufficient staff is scheduled to meet the care needs of the residents (see attached) and the Home will complete a quarterly review of the RASPS to ensure compliance.