

Department of Human Services  
Bureau of Human Service Licensing

December 7, 2020

HUNTER SMITH, VICE CHAIRMAN MANAGER  
HAMPDEN OPERATIONS LLC  
4423 PHEASANT RIDGE RD,STE 301  
ROANOKE, VA 24014

RE: HARMONY AT WEST SHORE  
1910 TECHNOLOGY PARKWAY  
MECHANICSBURG, PA, 17050  
LICENSE/COC#: 33381

Dear Mr. Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/13/2020 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 AT WEST SHORE* License #: *33381* License Expiration Date: *05/03/2021*  
 Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*  
 County: *CUMBERLAND* Region: *CENTRAL*

**Administrator**

Name: *Samantha Sipe* Phone: *7174021102* Email: *ssipe@harmonyathershey.com*

**Legal Entity**

Name: *HAMPDEN OPERATIONS LLC*  
 Address: *4423 PHEASANT RIDGE RD, STE 301, ROANOKE, VA, 24014*  
 Phone: *7174021200* Email: *ssipe@harmonyathershey.com*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/24/2016* Issued By: *Hampden Twp.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/16/2020*

**Inspection Dates and Department Representative**

*10/13/2020 - On-Site: Cybil Bomberger*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *115* Residents Served: *70*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Harmony Square* Capacity: *35* Residents Served: *16*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

**Inspections / Reviews**

**10/13/2020 - Partial**

Lead Inspector: *Cybil Bomberger* Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2020*

Inspections / Reviews (*continued*)

## 11/2/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *POC Submission*Follow-Up Date: *11/09/2020*

## 11/4/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *12/01/2020*

## 12/7/2020 - Document Submission

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

## 42p - Restraints

### 1. Requirements

2600.

42.p. A resident shall be free from restraints.

### Description of Violation

*Resident #1, who was not a resident in the home's Secured Dementia Care Unit (SDCU), was taken into the SDCU for breakfast each morning by staff. The resident remained locked in the SDCU until after the evening meal each day, Resident #1 was restrained in this manner on a daily basis beginning in early August 2020 and continuing until October 7, 2020.*

### Plan of Correction

Accept

- On October 19, 2020 staff was educated on the importance of resident rights (resident shall be free from restraints).

- On November 3, 2020 all resident charts in SDCU were reviewed for necessary paperwork for placement in SDCU including; DMEs, prescreens, RASPS, and SDCU placement agreement with resident and responsible party.

- Effective immediately and ongoing, no resident who resides in personal care will be placed in the SDCU for an extended period of time.

Completion Date: 11/03/2020

### Document Submission

Implemented

*On October 19, 2020 staff was educated on the importance of resident rights (resident shall be free from restraints).*

- On November 3, 2020 all resident charts in SDCU were reviewed for necessary paperwork for placement in SDCU including; DMEs, prescreens, RASPS, and SDCU placement agreement with resident and responsible party.

- Effective immediately and ongoing, no resident who resides in personal care will be placed in the SDCU for an extended period of time.

## 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

*The home is not routinely staffed to meet the medication administration needs of the residents. On 10/11/2020, Resident's #2,#3 and #4 were not administered their prescribed 6:00 AM medications until 11:09 AM and 12:51 PM. The medication records for these residents indicate there was no med tech present in the home to pass medications on the 11pm to 7am shift. On 10/11/2020 Resident #5 was not administered fourteen medications prescribed for 8:00 AM until 11:32 AM and 11:33 AM. The medication records indicate "Short of staff" as the reason.*

60a - Staff/Support Plan (continued)

**Plan of Correction**

**Accept**

- Effective immediately, new staffing matrix has been developed and implemented to meet the regulatory guidelines as it relates to the needs of the residents.
- Effective immediately and ongoing the overnight shift is now staffed with either an LPN or Medication Technician.
- On October 23, 2020 a mandatory medication technician meeting was held to discuss proper procedures for documentation of missed medications.
- Effective immediately, the Administrator will review all staffing schedules prior to distribution to be sure there are adequate staffing to meet the needs of the residents.
- A copy of the last 4 week schedule will be provided to the Department of Human Services by November 20, 2020 to show the increase in staffing that has occurred since the survey date.

Completion Date: 11/20/2020

**Document Submission**

**Implemented**

- Effective immediately, new staffing matrix has been developed and implemented to meet the regulatory guidelines as it relates to the needs of the residents.
- Effective immediately and ongoing the overnight shift is now staffed with either an LPN or Medication Technician.
- On October 23, 2020 a mandatory medication technician meeting was held to discuss proper procedures for documentation of missed medications.
- Effective immediately, the Administrator will review all staffing schedules prior to distribution to be sure there are adequate staffing to meet the needs of the residents.
- A copy of the last 4 week schedule will be provided to the Department of Human Services by November 20, 2020 to show the increase in staffing that has occurred since the survey date.

187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

The home has failed administer the following medications at the times directed by the prescriber on the following dates:

Resident #	Medication	Date	Prescribed time	Administered time
2	Hydralazine	10/11/2020	6:00 AM	12:51 PM
3	Levothroxine	10/11/2020	6:00 AM	11:09 AM
4	Levothyroxine	10/11/2020	6:00 AM	12:51 PM
5	14 medications	10/11/2020	8:00 AM	11:32, 11:33 AM

187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

**Accept**

- Effective immediately and ongoing, weekly medication cart audits will be completed by the Healthcare Director or designee to ensure medications are being administered per physician's orders.
- A copy of the first 4 weeks of MAR audits since the time of survey on October 16, 2020, will be sent to the Department of Human Services by November 20, 2020.
- On October 23, 2020 a mandatory medication technician meeting was held to address medication administration per physician's orders.
- Effective immediately, new staffing matrix has been developed and implemented to meet the regulatory guidelines as it relates to the needs of the residents.
- A copy of the last 4 week schedule will be provided to the Department of Human Services by November 20, 2020 to show the increase in staffing; including Medication Technicians and LPNs that has occurred since the survey date.

**Completion Date:** 11/20/2020

**Document Submission**

**Implemented**

- Effective immediately and ongoing, weekly medication cart audits will be completed by the Healthcare Director or designee to ensure medications are being administered per physician's orders.
- A copy of the first 4 weeks of MAR audits since the time of survey on October 16, 2020, will be sent to the Department of Human Services by November 20, 2020.
- On October 23, 2020 a mandatory medication technician meeting was held to address medication administration per physician's orders.
- Effective immediately, new staffing matrix has been developed and implemented to meet the regulatory guidelines as it relates to the needs of the residents.
- A copy of the last 4 week schedule will be provided to the Department of Human Services by November 20, 2020 to show the increase in staffing; including Medication Technicians and LPNs that has occurred since the survey date.

233c - Key-Locking Devices

**1. Requirements**

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 keypad locking mechanism are not conspicuously posted near any of the doors that exit the Secure Dementia Care Unit (SDCU).

**Plan of Correction**

**Accept**

- On 10/13/2020 the code to exit the SDCU was immediately posted upon finding.
- On 10/23/2020 staff were educated on the importance of posting the code at the entrance and exit of the SDCU.
- Effective immediately, the Administrator will complete daily audits to ensure the SDCU code is posted properly on exit doors. The daily audits will be performed for one week and then will be completed weekly thereafter.

**Completion Date:** 11/02/2020

233c - Key-Locking Devices *(continued)***Document Submission****Implemented**

- *On 10/13/2020 the code to exit the SDCU was immediately posted upon finding.*
- *On 10/23/2020 staff were educated on the importance of posting the code at the entrance and exit of the SDCU.*
- *Effective immediately, the Administrator will complete daily audits to ensure the SDCU code is posted properly on exit doors. The daily audits will be performed for one week and then will be completed weekly thereafter.*