

Department of Human Services
Bureau of Human Service Licensing

November 6, 2020

CORTNEY PAZZANITA, ADMINISTRATOR
EJ MARK PROPERTIES LLC
1399 MERCHANT STREET
AMBRIDGE, PA 15003

RE: HARMONY HAUS SENIOR LIVING
1329-1339 MERCHANT STREET
AMBRIDGE, PA, 15003
LICENSE/COC#: 45018

Dear Ms. Pazzanita,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *HARMONY HAUS SENIOR LIVING* License #: *45018* License Expiration Date: *05/18/2021*
 Address: *1329-1339 MERCHANT STREET, AMBRIDGE, PA 15003*
 County: *BEAVER* Region: *WESTERN*

Administrator

Name: *Cortney Pazzanita* Phone: *724-318-8211* Email: *harmonyhausseiorliving@gmail.com*

Legal Entity

Name: *EJ MARK PROPERTIES LLC*
 Address: *1399 MERCHANT STREET, AMBRIDGE, PA, 15003*
 Phone: *7246505764* Email: *CPAZZANITA13@GMAIL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/22/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/14/2020*

Inspection Dates and Department Representative

10/14/2020 - On-Site: Trish Bartlett, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* Residents Served: *14*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

10/14/2020 - Full

Lead Inspector: *Trish Bartlett* Follow-Up Type: *POC Submission* Follow-Up Date: *11/12/2020*

Inspections / Reviews *(continued)*

11/6/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *11/10/2020*

11/6/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an undated, unsealed five-pound paper bag of flour on the spice and baking metal shelving unit near the stove in the pantry.

Plan of Correction

Accept

On-site, our kitchen staff sealed and dated the bag of flour in question. On 10-14-2020, kitchen staff was instructed to go through all food storage areas and ensure proper storing and dating policies were up to regulation. Administrator will conduct a training on 11-03-2020 reiterating the importance of this regulation; as well as, other requirements regarding nutrition, food handling and sanitation as written in Chapter 2600. It is our policy that all food shall be stored and dated in closed or sealed containers. We will additionally add to the kitchen's "Concentrated Cleaning Schedule," Every Friday, before the morning cook leaves, he/she is to do a "sweep" of all food storage units (pantry, refrigerator, shelving, etc.) and date/close any unsealed or undated food containers or bags. The Daylight Leader will check the kitchen's concentrated cleanings daily, and record the completion in the Leadership Book. Failure to complete the concentrated cleaning will be determined by our disciplinary policy, in order to meet the standards of the Department of Human Services and Harmony Haus Senior Living.

I have attached a copy of the adjusted job description, leadership report, and leadership checklist. The changes are marked with a "*" for the convenience of the Department.

Completion Date: 11/04/2020

Document Submission

Implemented

See Attachment

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:30 a.m. the path measuring approximately 21 feet from bedroom #104 and bedroom #106, to the first-floor emergency exit at the back parking lot was obstructed as follows:

- * A large black trash receptacle labeled, "dirty laundry" measuring approximately three feet tall was against the left wall in the path to the exit.
- * A large white plastic vertical laundry hamper, measuring approximately two feet tall and filled with clothes was under the mounted fire extinguisher in the path to the exit.
- * A full large black plastic trash bag was covering the threshold at the exit door to the back parking lot near bedroom #105.

121a - Unobstructed Egress (continued)

Plan of Correction

Accept

On site, I (Administrator) carried the trash bag to the dumpster in order to clear the emergency exit. With the help of the Department, we determined that the best storage place for dirty laundry and linen hampers was inside of the linen closet, across from room 106. This way, the laundry baskets are contained in a closed closet, unable to cause an obstruction in the hallways or exits. Both hampers were relocated to their new locations in front of the inspectors. That evening, I typed and laminated a reminder that the new policy is for the hampers to remain in the closet until they are moved to the laundry room. I secured the laminated document inside of the linen closet, directly above where the hampers will be located from here on out. On this day, I typed an agreement to the new policy and every staff member has signed it to ensure that they understand the significance of this regulation. The agreement and the laminated reminder are also attached in this Plan of Correction. Myself and the Team Leader will be the responsible parties for ensuring all the above named areas are free and clear of clutter or obstructions. We will monitor the regulation daily through our natural work steps.

Completion Date: 11/04/2020

Document Submission

Implemented

See Attachment

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for resident #1, dated 6/17/2020, did not indicate the resident’s pulse or temperature. The sections were blank.

The medical evaluation for resident #3, dated 10/7/2020 did not indicate the resident’s pulse rate. The area was blank.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

I contacted the Doctor who signed both of the DME's. He agreed that upon his next visit, which will be the week of November 9th, he will fill in the required pulse rates and temperature for both Resident #1 and Resident #3, and date accordingly. To ensure this does not happen again, the Administrator will double-check all of the DME's after the doctor completes them. The administrator will use a yellow highlighter and mark an "X" in the lower right-hand corner of every page of the DME once he/she confirms it is completed in its entirety. No DME is to be filed unless the yellow "X" is on each page. This ensures three separate checks: 1. The Doctor 2. The Administrator 3. The Administrator's Assistant. All resident files will be audited by the Administrators or their assistant 6 months from the day of their admission to ensure on-going and measurable monitoring.

Completion Date: 11/04/2020

Document Submission

Implemented

See Attachment

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's two weeks of menus posted next to the first-floor elevator, did not indicate the date of the menus.

Plan of Correction

Accept

The day of the inspection, the Administrator's Assistant took a dry-erase marker, and was able to specify the exact dates on the glass of both menus (they are framed on the wall). This enables the residents to clearly see what meal is on the menu for each day for the following two weeks.

We also ordered a 6"x8" chalkboard and a 26"x38" chalkboard to display in the dining room. The smaller chalkboard's purpose is to clearly convey the date of the menu. Although, the date is already written on the picture frame, the chalkboard will be posted above both menu frames with the appropriate dates written on them. This will be the responsibility of the kitchen cook. Our week starts on "Sunday." Every Sunday, it will be the responsibility of the morning cook to update the chalkboard next to the menu display. The Administrator's Assistant will be responsible for ensuring the job is being completed weekly as discussed.

Furthermore, the larger chalkboard that we purchased will serve its purpose in our dining room. Every morning, it will be the responsibility of the breakfast/lunch cook to update the "daily menu." The morning cook will be responsible for changing the date daily; as well as, updating the chalkboard with the corresponding lunch and dinner items. The Team Leader will ensure in his/her routine checks that the task has been fulfilled.

The attachment titled "Kitchen Checklist" has been modified and updating both chalkboards has been added to the breakfast cooks checklist. This will serve as a reminder to the kitchen cook of their new responsibilities.

Completion Date: 11/05/2020

Document Submission

Implemented

See Attachment

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/12/2020, Resident #1 was prescribed and administered Latanoprost 0.005% eyedrops, take one drop in both eyes daily at bedtime for glaucoma. According to the manufacturer, the medication must be discarded once opened after four weeks. However, the medication was not dated when opened.

Plan of Correction

Accept

The Administrator properly dated the eye drops based on the refill date. It is in our policy and procedures to date all medication once it is opened. These policies have been reviewed with staff who have properly completed the Medication Administration Training. Furthermore, we have adjusted the Daylight Leaders, "Daily Tasks" schedule to revolve around the maintenance pertaining to medication storage, administration and documentation. The tasks have been divided into days of the week to prevent the Daylight Leader from confusion or being overwhelmed. This ensures that he/she can take their time and really focus on each individual part of the medication administration process. I have attached a list of the "Daily Tasks," that will be completed on a weekly basis. I also attached the leadership form that will be dated and signed daily, ensuring that all individuals are completing their assigned duties.

Completion Date: 11/04/2020

Document Submission

Implemented

See Attachment

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed blood glucose checks once a week. However, the resident's blood glucose was measured on 9/27/2020 and 10/11/2020.

Resident #2 was prescribed blood glucose checks once a week. However, the resident's blood glucose was measured on 9/27/2020 and 10/11/2020.

Plan of Correction

Accept

The Administrator, immediately opened up the recording boxes of the MARs to allow weekly checks instead of bi-weekly checks. This corrected the problem for the remainder of the month. In addition to that, implementing the Medication Log Sheet will keep all staff administering medication accountable for the record keeping of new prescriptions. It is in our policy that each individual Prescribers Orders will be filed in the Physician Order book, in order to confirm that the MARs accurately reflects what the order reads. In addition, the Daily Tasks of the Team Leader requires audits of the MARs, Physician Order book, Medication Information book, Med Cart, and additional storage for medications, such as refrigerated medications, on a weekly basis.

Completion Date: 11/05/2020

187d - Follow Prescriber's Orders *(continued)*

Document Submission

Implemented

See Attachment

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on 9/30/2020. However, the preadmission screening was not dated when completed.

Plan of Correction

Accept

The administrator through text message history with the Resident's Designated Person and a phone call to "Willows Senior Living" confirmed the actual date that the Preadmission Screening took place. She wrote in the proper date and initial and dated, indicating the day she corrected the issue. The pre-admission screenings will go through the same audit that Harmony Haus' DME's are required to do. The person completing the pre-admission screening will use a yellow highlighter in order to indicate that they thoroughly reviewed their screening and filled out the paperwork in it's entirety. The indicating mark will be a yellow "X" on the bottom right-hand side of both pages. The administrator or administrator's assistant that files the preadmission screening will not do so unless the yellow "X" is present on the form. This plan of correction ensures that the person completing the preadmission screening double checked their work, as well as, the person responsible for filing the paperwork had reviewed it, too. All resident files will be audited by the Administrators or their assistant 6 months from the day of their admission to ensure on-going and measurable monitoring.

Completion Date: 11/05/2020

Document Submission

Implemented

See Attachment