

Department of Human Services  
Bureau of Human Service Licensing

February 25, 2021

██████████ OWNER/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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2021, 02/09/2021 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: [REDACTED]      Phone: Pazzanita      Email: [REDACTED]

**Legal Entity**

Name: EJ MARK PROPERTIES LLC  
Address: 1399 MERCHANT STREET, AMBRIDGE, PA, 15003  
Phone: 724-318-8211      Email: [REDACTED]

**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: 24      Working Staff: 18

**Inspection**

Type: Full      Notice: Unannounced      BHA Docket #:  
Reason: Renewal      Exit Conference Date: 02/09/2021

**Inspection Dates and Department Representative**

02/08/2021 - On-Site: [REDACTED]  
02/09/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 43      Residents Served: 21

**Secured Dementia Care Unit**

In Home: No      Area:      Capacity:      Residents Served:

**Hospice**

Current Resident : 1

**Number of Residents Who:**

Receive Supplemental Security Income: 4      Are 60 Years of Age or Older: 20  
Diagnosed with Mental Illness: 12      Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 3      Have Physical Disability: 1

## Inspections / Reviews

02/08/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/27/2021*

2/24/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/01/2021*

2/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

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

Resident #1 was admitted to the home on [REDACTED] and ceased to breathe on the residents date of death. However, the death was not reported to the department until 2/8/2021 at approximately 9:30 a.m.

## Plan of Correction

Accept

The inspector reviewed regulation 1600.16(c) with the administrator during the inspection. The administrator immediately reported the incident to the Department via fax on the morning of the inspection. The following Friday, the administrator reviewed the regulation with the administrative staff in order to clarify any misunderstanding. Documentation was kept in the "Incident Report Log."

Completion Date: 02/09/2021

## Document Submission

Implemented

The inspector reviewed regulation 1600.16(c) with the administrator during the inspection. The administrator immediately reported the incident to the Department via fax on the morning of the inspection. The following Friday, the administrator reviewed the regulation with the administrative staff in order to clarify any misunderstanding. Documentation was kept in the "Incident Report Log."

## 51 - Criminal Background Check

## 1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

## Description of Violation

Clerical Staff person A started working in the home on [REDACTED] However, the home did not request a criminal history background check until 2/8/21.

## Plan of Correction

Accept

The day of the inspection, [REDACTED] was Clerical Staff Peron A's hire date. The administrator mistakenly reported [REDACTED] start date as "2/8/2020," to the inspector. Clerical Staff Person A's criminal history check and DPW competency test were both completed on 2/8/2021, [REDACTED] hire date.

Completion Date: 02/08/2021

## Document Submission

Implemented

The day of the inspection, 2/8/2021, was Clerical Staff Peron A's hire date. The administrator mistakenly reported [REDACTED] start date as "2/8/2020," to the inspector. Clerical Staff Person A's criminal history check and DPW competency test were both completed on 2/8/2021, his hire date.

## 88a - Surfaces

## 1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

**Description of Violation**

The first-floor emergency exit door to the rear parking area, near room [REDACTED] did not close completely and had an opening approximately ¼ inch extending the entire length of the fire rated door permitting cold air to enter the building.

**Plan of Correction**

**Accept**

Harmony Haus' Maintenance Staff was in the process of fixing the described door. The door was successfully fixed before the inspector's departure. The inspector reviewed the repair and confirmed it was in working order before [REDACTED] left. The Maintenance Staff will conduct a monthly "walk-through" on the first Monday of each month, in order to ensure that all floors, walls, ceilings, windows, doors and other surfaces will be in good repair and free of hazards. Documentation will be kept in Maintenance/Quality Control Binder.

Completion Date: 02/09/2021

**Document Submission**

**Implemented**

Harmony Haus' Maintenance Staff was in the process of fixing the described door. The door was successfully fixed before the inspector's departure. The inspector reviewed the repair and confirmed it was in working order before [REDACTED] left. The Maintenance Staff will conduct a monthly "walk-through" on the first Monday of each month, in order to ensure that all floors, walls, ceilings, windows, doors and other surfaces will be in good repair and free of hazards. Documentation will be kept in Maintenance/Quality Control Binder.

130f - Testing Smoke Detectors

**1. Requirements**

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

**Description of Violation**

On 2/9/21 the fire extinguisher mounted on the wall across from room # [REDACTED] was last inspected December 2018.

**Plan of Correction**

**Accept**

All fire extinguishers in Harmony Haus were serviced and inspected on 11/02/2020. The replacing of the inspection sticker of the mentioned fire extinguisher was an oversight on both parties and corrected before the inspector had left.

The administrator called the contracted fire inspecting company immediately after the Department's Inspector noticed the expired fire extinguisher ticket was expired. Upon the Fire Inspector's arrival, he provided the proper inspection ticket for the year 2020-2021. The administrator and the fire inspector both presented the written documentation/receipts from the 11/02/2020 inspection indicating that all twelve of the fire extinguishers that are located throughout the building are in good working condition.

The administrator will double-check all services provided by the contracted company, in order to prevent an oversight like this again.

Completion Date: 02/09/2021

130f - Testing Smoke Detectors *(continued)***Document Submission****Implemented**

All fire extinguishers in Harmony Haus were serviced and inspected on 11/02/2020. The replacing of the inspection sticker of the mentioned fire extinguisher was an oversight on both parties and corrected before the inspector had left.

The administrator called the contracted fire inspecting company immediately after the Department's Inspector noticed the expired fire extinguisher ticket was expired. Upon the Fire Inspector's arrival, [REDACTED] provided the proper inspection ticket for the year 2020-2021. The administrator and the fire inspector both presented the written documentation/receipts from the 11/02/2020 inspection indicating that all twelve of the fire extinguishers that are located throughout the building are in good working condition.

The administrator will double-check all services provided by the contracted company, in order to prevent an oversight like this again.

## 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**

On 2/9/21, the home's menu posted to the left of the first-floor elevator was for 1/10/21 to 1/16/21 and 1/17/21 to 1/23/21. The home had no menu posted for 2/7/21 to 2/13/21 and 2/14/21 to 2/21/21.

**Plan of Correction****Accept**

The administrator corrected the dates on the menu's mentioned in order to reflect the current week.

As of 2-23-2021, the administrator implemented a new menu-changing system. Each week long menu will have its own frame to reflect what week is current, and also the menu's for the following week. This will provide one individual frame per weekly menu for the entire year. The menu's will be placed in the dresser next to the designated and conspicuous area (the left of the first-floor elevator). The menu's will be rotated weekly, and placed appropriately in their designated spots: (1) This Week (2) Next Week, which is clearly displayed on the wall. This will indicate to the resident which menu we are following for the current week. This will be the responsibility of the breakfast cook who is scheduled for Sunday mornings (the start of the week). The Administrator Assistant will be responsible for overseeing the menu rotation.

**Completion Date:** 02/23/2021

**Document Submission****Implemented**

The administrator corrected the dates on the menu's mentioned in order to reflect the current week.

As of 2-23-2021, the administrator implemented a new menu-changing system. Each week long menu will have its own frame to reflect what week is current, and also the menu's for the following week. This will provide one individual frame per weekly menu for the entire year. The menu's will be placed in the dresser next to the designated and conspicuous area (the left of the first-floor elevator). The menu's will be rotated weekly, and placed appropriately in their designated spots: (1) This Week (2) Next Week, which is clearly displayed on the wall. This will indicate to the resident which menu we are following for the current week. This will be the responsibility of the breakfast cook who is scheduled for Sunday mornings (the start of the week). The Administrator Assistant will be responsible for overseeing the menu rotation.