

Department of Human Services
Bureau of Human Service Licensing

August 23, 2021

██████████ PRESIDENT
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/23/2021, 04/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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: [REDACTED] Phone: *8142661607* Email: [REDACTED]

Legal Entity

Name: *HARMONY HOUSE MANOR INC*
Address: *2888 CARPENTER PARK ROAD, DAVIDSVILLE, PA, 15928*
Phone: *8142661607* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/14/2021*

Inspection Dates and Department Representative

02/23/2021 - Off-Site: [REDACTED]
04/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *32*

Secured Dementia Care Unit

In Home: *Yes* Area: *Touchstones* Capacity: *26* Residents Served: *17*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

02/23/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2021*

Inspections / Reviews (*continued*)

7/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/13/2021*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/28/2021*

8/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per the Order of the Secretary of the Pennsylvania Dept. of Health Requiring Universal Face Coverings, updated November 18, 2020.

Section 2

Face Coverings Required

Except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when: A. Indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.

On 4/14/2021, Staff Members A and D were observed in the secured dementia care unit of the home at 11:45 am wearing masks that did not cover their noses. Staff Member C was observed not wearing a mask in the lounge area by the nurses' station at 4 pm.

Plan of Correction

Accept

The administrator will ensure the home is in compliance to meet the requirements of 2600.18. Staff were educated on the violation and importance of following ordinances and regulations. The home put 'masks are required' signs (as attached) on entry doors and at staff sign in.

Completion Date: 06/08/2021

Document Submission

Implemented

See attachments that were submitted with plan of correction.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (continued)

Description of Repeat Violation

On 4/11/2021, the home had a total of 32 residents including 17 with mobility needs. The home required a total of 49 hours of direct care staffing of which 36.75 hours were required during waking hours. On that day, the home provided 25 hours of direct care staffing during waking hours.

On 4/12/2021, the home had a total of 32 residents including 17 who have mobility needs. The home required 49 total hours of direct care with 36.75 of those hours to be available during waking hours. On that day, only 29 hours were provided during waking hours.

Repeated Violation - 2/12/20

Plan of Correction

Accept

The administrator will ensure there are sufficient staff persons on duty each day to meet the requirements of 2600.57d. The home will submit three weeks of schedules along with the staffing calculations (one week attached) to demonstrate compliance. The administrator will conduct a review of all current resident care needs and required assistance with transfers and mobility by August 30, 2021. The administrator will utilize the results of this review to develop an appropriate staffing schedule to meet the needs of the residents at all times. The results will be reviewed and updated on a quarterly basis to ensure on-going compliance, and will be included in the home's next quality management review scheduled for September 30, 2021.

Completion Date: 07/14/2021

Document Submission

Implemented

Attaching three weeks of schedules to show compliance.

58a - Awake Staff 16 or More

1. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On 4/11/2021 through 4/13/2021, there were 32 residents in the home, 17 of whom have mobility needs and would require staff assistance to evacuate in an emergency. Staffing included the following:

On 4/11/2021 one direct care staff worked in the building from 8 pm until 5 am.

On 4/12/2021 one direct care staff member worked in the building from 8 pm until 4 am.

On 4/13/2021 one direct care staff member worked in the building from 8 pm until 5 am.

58a - Awake Staff 16 or More (continued)

Plan of Correction

Accept

The administrator will ensure that there are staff persons on duty each night to meet the requirements of 2600.58a. The home will submit three weeks of schedules along with the staffing calculations(one week attached) to demonstrate compliance. Staff training was conducted on 06/08/21 to review the staffing requirements and to ensure that staff are alert and prepared in the event of an emergency, and to provide care for residents during sleeping hours. The administrator will include staffing requirements during the home's next quality management review, scheduled for September 30, 2021.

Completion Date: 07/14/2021

Document Submission

Implemented

Attached are three weeks of schedules to show compliance. Other attachments were submitted with POC.

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 Repeat Violation

On 4/11/202, there were 32 residents in the home. Of the 32 residents, 17 reside in Touchstones, the secured dementia care unit. From 5 am until 7 am and from 1 pm until 2 pm, there was only 1 staff member that was scheduled and worked in the home during those hours.

Repeated Violation - 8/03/20

Plan of Correction

Accept

The administrator will ensure that there are sufficient staff persons to meet the requirements of 2600.60a. The home will submit three weeks of schedules along with the staffing calculations (one week attached) to demonstrate compliance. Staff training was conducted on 06/08/21 to review the staff requirements. The administrator will audit the resident's assessments and support plans (RASPS) by August 30, 2021, to ensure that all needs are identified and staffing hours are sufficient to meet those needs and services. The administrator will include staffing requirements during the home's next quality management review, scheduled for September 30, 2021.

Completion Date: 07/14/2021

Document Submission

Implemented

Attaching three weeks of schedules to show compliance.

60c - Housekeeping/Maintenance

1. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

60c - Housekeeping/Maintenance (continued)

Description of Violation

On 4/14/2021 the following conditions were observed:

- Food debris was found under two dining room tables in the main dining room that remained on the floor during the inspection from 11am until 5pm.
- The kitchen in the secured dementia care unit (SDCU) had a rug on the floor in front of the microwave oven that was wet and sticky. - - The SDCU kitchen counter had visible food particles and sticky puddles of liquid that were not cleaned up by staff after the lunch meal.
- The bathroom shower room on the main floor, located near the steps to the office, had a bathroom stall with no toilet paper and a used band aid was on the floor in front of the shower stall.

Staff of the home state these conditions exist because there is not enough time in their schedule to provide these needed housekeeping services.

Plan of Correction

Accept

The administrator will ensure that there are sufficient staff hours to meet the requirements of 2600.60c. Staff were educated on this violation June 8, 2021 and importance of following regulation (see attachment). New carpets were purchased for the Touchstones area (receipt attached). The administrator will complete a walk-thru each day to ensure compliance. The identified areas of the kitchen, dining room and bathroom were cleaned by staff by July 14, 2021 and will be ongoing. The home implemented an Inspection Tracker and the Dietary Checklist to use during daily walk-throughs to check food services, housekeeping and maintenance needs of the home.

Completion Date: 07/14/2021

Document Submission

Implemented

See previously submitted attachments.

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.

Description of Violation

On 4/14/2021 the following was observed:

- Food debris was observed under two dining room tables in the main dining room that remained on the floor during the inspection from 11am until 5 pm.
- The kitchen of the secured dementia care unit (SDCU) had a rug on the floor in front of the microwave oven that was wet and sticky.
- The SDCU kitchen counter had visible food particles and sticky puddles of liquid that were not cleaned up by staff after the lunch meal.

88a - Surfaces (continued)

Plan of Correction**Accept**

The administrator will ensure that there are sufficient staff persons to meet the requirements of 2600.88a. Staff and dietary staff were educated on this violation June 8, 2021 and the importance of following regulation (see attached). New carpets were purchased for the Touchstones area (see attached receipt). The administrator will complete a walk-thru each day to ensure compliance. The home implemented an Inspection Tracker on 06/8/21 to use during daily walk-throughs to check food services, housekeeping and maintenance needs of the home.

Completion Date: 07/14/2021

Document Submission**Implemented**

See previous submitted attachments. Three weeks of schedules are attached.

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 4/14/2021 at 3 pm, there was no toilet paper for the toilet stall in the bathroom shower room located on the main floor, near the steps to the office.

Plan of Correction**Accept**

The administrator will ensure that there are sufficient staff persons to meet the requirement of 2600.102h. Staff were educated on this violation June 2, 2021 and the importance of following regulation (see attached). The administrator will complete a walk-thru each day to ensure compliance. The home implemented an Inspection Tracker on 06/08/21 to use during daily walk-throughs to check food services, housekeeping and maintenance needs of the home.

Completion Date: 07/14/2021

Document Submission**Implemented**

Three weeks of schedules are attached. See previously submitted attachments.

254b - Policy and Procedures

1. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

A binder containing current physicians' orders for the residents of the home was located on a counter in the unsecured nurses' station on the main floor of the home. Staff Member A stated that this binder is supposed to be stored on the locked medication cart.

254b - Policy and Procedures (continued)**Plan of Correction****Accept**

The administrator re-educated staff on Regulation 2600.254b. Policy and Procedures (see attached sign-in) to ensure compliance. Staff training was conducted on 06/08/21 to review the Policies and Record Access and Security. The training emphasized that records shall be maintained in a confidential manner which prevents unauthorized access in the business office. The administrator will check record confidentially during daily walk throughs.

Completion Date: 07/14/2021

Document Submission**Implemented**

See previously submitted attachments.