

Department of Human Services
Bureau of Human Service Licensing

November 10, 2022

[REDACTED]
HARMONY HOUSE MANOR INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2021, 12/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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: *05/09/2022*
Address : *601 LAMBERD AVENUE, JOHNSTOWN, PA 15904*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HARMONY HOUSE MANOR INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/11/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *12/15/2021*

Inspection Dates and Department Representative

12/14/2021 - On-Site: [REDACTED]
12/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes* Area: *first floor* Capacity: *26* Residents Served: *13*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

12/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2022*

09/08/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2022

11/03/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/11/2022

11/10/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] 19, for Resident #2 was not signed by the resident.

POC Submission

Directed ([REDACTED] - 11/03/2022)

List will be used to prevent future deficiencies (see attached) and ensure compliance. See attachment "Harmony House Manor Resident File Checkoff List".

A "resident file audit" will be used with every resident upon admission along with a "resident file compliance audit" will be completed monthly by the administrator. Resident [REDACTED] signed [REDACTED] contract on [REDACTED] 21. See attachment #1

Directed

A new resident contract was obtained and signed by Resident #2 on [REDACTED]/21. The Administrator has created a Resident File Checkoff list to be completed for all new resident admissions. The Administrator will train all staff completing new resident admissions on the use of this Checkoff list by 11/30/22. A "resident file audit" will be used and completed by the Administrator for every resident upon admission along with a "resident file compliance audit" will be completed monthly by the Administrator starting on 12/1/22. (Directed AS)

Directed Completion Date: 09/13/2022

Implemented ([REDACTED] - 11/10/2022)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's [REDACTED], which is ordered pro re nata (PRN), expired in 10/2021, however was still in the home's medication cart. There was no replacement available.

POC Submission

Directed ([REDACTED] - 11/03/2022)

Cream was reordered and a "Med Cart Audit" is being completed monthly to prevent a repeated violation. The expired cream was disposed of 12/15/21 and reordered 12/15/21. The administrator or lead aide will conduct monthly med cart audits which will be kept in the business office. See Attachment #2.

Directed

Resident #1's [REDACTED] was disposed of on 12/15/21 and reordered by the home on 12/15/21. Beginning on 12/1/22 a monthly "Med Cart Audit" will be completed by the Administrator or lead aide to prevent similar occurrences of this violation. Copies of the med cart audit sheets will be kept in the home's business office. (Directed AS)

Directed Completion Date: 09/13/2022

183d - Prescription Current (continued)

Implemented (█ - 11/10/2022)

185a - Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's glucometer was not calibrated. The glucometer showed a date and time of 12/15/21 at 12:21 pm. The actual date and time were 12/15/21 at 11:25 pm.

POC Submission

Accept (█ - 11/03/2022)

The glucometer was calibrated during inspection on 12/15/21 and all glucometers will be checked monthly beginning on 12/1/22 by the administrator or lead aide to ensure the accurate date/time to prevent a repeated violation. See attachment "Harmony House Manor-Policies and Procedures". See attachment Monthly Med Cart Audit, a med cart audit will be completed monthly by the Administrator or lead aide beginning 12/1/22 to prevent future occurrences of this violation. Attachment #2.

Licensee's Plan Completion Date: 09/13/2022

Implemented (█ - 11/10/2022)

190a - Completion Medication Course

4. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A, who administers medications, has not had any Medication Administration training, reviews or observations since █/20.

POC Submission

Accept (█ 11/03/2022)

An observation was done within 24 hours, on 12-15-21 by the Administrator. A monthly audit, as well as, using Tabula Pro will be conducted monthly by the administrator to ensure compliance. (See attachment of audit done 9-13-22)

Attachment #3

Licensee's Plan Completion Date: 09/13/2022

Implemented (█ - 11/10/2022)