

Department of Human Services
Bureau of Human Service Licensing

May 13, 2022

[REDACTED], OWNER

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 HAUS SENIOR LIVING* License #: *45018* License Expiration: *05/18/2022*
Address: *1329-1339 MERCHANT STREET, AMBRIDGE, PA 15003*
County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/22/1999* Issued By: *Dept L & I*
Type: *I-2* Date: *02/25/1999* Issued By: *Borough of Ambridge*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *01/11/2022*

Inspection Dates and Department Representative

01/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

01/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

Inspections / Reviews (*continued*)

02/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2022*

04/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/13/2022*

05/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management review within the last year.

Plan of Correction

Accept

A Quality Management Review was conducted on January 18, 2022. Meetings will continue to be held in compliance with DHS regulations. The administrator will be responsible for the organization, conduction and scheduling of all Quality Control meetings moving forward. Attached is the first meetings Agenda; as well as, projected dates of Quality Control Meetings for the year of 2022. This list will be posted in the Administrative Office and Conference Room for staff and residents to view.

Completion Date: 02/08/2022

Document Submission

Implemented

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 3:30 p.m., the lower door of resident #1's nightstand was split and cracked on the right side, posing a safety hazard.

At approximately 3:30 p.m., the lower door of resident #2's nightstand was missing a knob.

Plan of Correction

Accept

Immediately following the exit interview, the Administrator [redacted] replaced the lower door of resident #1's nightstand; as well as, replaced resident #2's missing knob. Daily inspections will be conducted by the Team Leader, who will record and immediately report to the administrator any and all hazards found. The administrator will then pursue all means necessary, in order to correct the violation. Please, see the attached copy of the Daylights Leadership Form, where these violations will be recorded under, "maintenance."

On 01/13/2022, the Administrator conducted training on Daylight Leadership Inspections and Daily Concentrated Cleaning to all daylights staff persons to check that all furniture and equipment is in good repair, clean and free of hazards. Training also included how and who to report to if any issues were found. Direct Care Staff will report to the Team Leader, who will report to the Administrator if additional assistance is required.

Attached is our training sign-in sheet and a copy of the training material pertinent to the violation. Direct Care Staff are responsible for reporting to the Team Leader.

Completion Date: 03/04/2022

Document Submission

Implemented

See attachment.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 3:30 p.m., resident #2 did not have access to a source of light that could be turned on/off at bedside. The bedside lamp was missing a lightbulb.

Plan of Correction

Accept

Immediately following the exit interview, the administrator had replaced the lightbulb that was missing from Resident #1's lamp; as well as, personally checked and replaced all lightbulbs in resident rooms. Weekly inspections will be conducted by the Care Pairs, who will report any missing lightbulbs to the Team Leader. The Team Leader will record and replace each lightbulb reported. If the issue is not able to be corrected by replacing a lightbulb, the Team leader will report it to the Administrator, who will replace the lamp and rectify the issue. Please, see the attached copy of the Daylights Leadership Form, where these violations will be recorded under "maintenance."

On 01/13/2022, the Administrator conducted training on Daylight Leadership Inspections and Daily Concentrated Cleaning to all daylight staff persons to check that all furniture and equipment is in good repair, clean and free of hazards. Lighting is specifically addressed on Wednesday's when the Concentrated Cleaning is "Bed Side Dressers." Training also included how and who to report to if any issues were found. Direct Care Staff will report to the Team Leader, who will report to the Administrator if additional assistance is required.

Attached is our training sign-in sheet and a copy of the training material pertinent to the violation. Direct Care Staff are responsible for reporting to the Team Leader.

Completion Date: 03/04/2022

Document Submission

Implemented

See attachment.