pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: June 8, 2022

Hampden Operations LLC

RE: Harmony at West Shore
1910 Technology Parkway
Mechanicsburg, Pennsylvania 17050
Certificate #: 333810

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 8 and 9, 2022 and June 2, 2022, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HARMONY AT WEST SHORE* **License #**: *33381* **License Expiration**: *05/05/2022*

Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: **Phone**: *7174021200* **Email**:

Legal Entity

Name: *HAMPDEN OPERATIONS LLC*

Address:

Phone: *7174021200* **Email**:

Certificate(s) of Occupancy

Type: *I-2* **Date**: *05/01/2016* **Issued By**: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *110* **Waking Staff**: *83*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal, Complaint, Provisional* **Exit Conference Date**: *03/09/2022*

Inspection Dates and Department Representative

03/08/2022 - On-Site:

03/09/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* **Residents Served**: *80*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Harmony Square* **Capacity**: *35* **Residents Served**: *26*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *80*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *30* **Have Physical Disability**: *2*

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/26/2022*

Inspections / Reviews *(continued)*

04/19/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/26/2022*

05/25/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/18/2022*

06/07/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's current inspection report, dated 07/29/21, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

The Homes current inspection report was not posted on the bulletin board however it was available at the front desk for anyone to review. The inspection report was posted by the administrator on the bulletin board on 3/8/22. The Administrator will check the bulletin board weekly to ensure that current inspection report is posted for 3 months. The business office manager will also check the bulletin board monthly for 3 months for compliance 6/18/22.

Completion Date: *03/08/2022*

Document Submission ***Implemented***

All Steps Completed

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

The home's boilers were last inspected on 10/23/19, with an expiration date of 10/23/21.

Plan of Correction ***Accept***

The boiler inspection was expired on 10/23/21. Attempts were made to schedule the inspection in 2021, however the inspection company was behind with inspections due to COVID. The Maintenance Director was able to schedule the inspection and it was completed on 3/9/22. To prevent this from occurring in the future, the Maintenance Director will contact the inspection company at least 6 months prior to the expiration date (3/9/2024) to schedule the inspection. The Executive Director will set up a reminder to ensure that the inspection is completed within the 2 year time frame.

Completion Date: *03/09/2022*

Document Submission ***Implemented***

85e - Trash Outside Home

1. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The lids on the right and left dumpsters were left open exposing the trash inside.

Plan of Correction ***Accept***

Trash can lids were closed 3/9/2022 upon discovering that they were open. All staff were educated on 3/18/2022 in regards when throwing trash away that the lids need to be closed at all times. The Maintenance Director and/or The Dining Director will be responsible for checking the dumpsters in the morning and evening to ensure that the lids are closed and daily checklist to ensure compliance. The checklist will be given to the Executive Director will ensure that this is followed and is in compliance for 3 months on 6/18/22.

Completion Date: *03/18/2022*

Document Submission ***Implemented***

All Steps Completed

91 - Telephone Numbers

1. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers that included the nearest hospital and fire department on or by the telephones located in Resident Bedroom 414 and the nurses' station on second floor.

Plan of Correction ***Accept***

The Maintenance staff on 3/9/2022 secured emergency number to all outgoing lines. Room 414 and the nursing desk. Effective 3/9/2022 the Maintenance Director/housekeeping will complete weekly checklists that emergency telephone card posted on or beside each out going phone and nursing desk. Weekly checklists will be given to the Executive Director to ensure compliance for the next 3 months until June 9th, 2022

Completion Date: *03/09/2022*

Document Submission ***Implemented***

All Steps Completed

132b - Safety Inspection/Fire Drill

1. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill *(continued)*

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 01/06/22. The home did not complete a fire safety inspection and supervised drill in December 2021.

Plan of Correction ***Accept***

The Maintenance Director will schedule the annual fire safety inspection within 3 months (10/22) of our annual fire inspection. The Executive Director will set a reminder to that the annual fire safety inspection is due 12/22 and ensure that is scheduled by the Maintenance Director 3 months prior to annual inspection.

Completion Date: *04/19/2022*

Document Submission ***Implemented***

All Steps Completed

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home does not permit smoking anywhere on the property. However, cigarette butts and two lighters were found in the home's back patio/concrete area.

Plan of Correction ***Accept***

The cigarette butts and lighters were cleaned up on 3/9/2022 upon discovery of the problem. Executive Director address the NO SMOKING POLICY with staff on 3/18/22 and will in future staff. Director of Dining Services and the Maintenance Director will provide weekly checks on the property to ensure that the smoking policy is being adhered too and supply a weekly check list to ensure compliance for the next 3 months 7/9/22

Completion Date: *03/09/2022*

Document Submission ***Implemented***

All Steps Completed

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 menu for the current and future weeks were not posted.

Plan of Correction ***Accept***

The Director of Dining Services was informed on 3/8/2022 and posted current/Future week menu. The Director of Dining Services will post the current/future week menus as soon as they are available from the dietician. The assistant Director of Dining will do audits once a week to ensure that the menus are posted. The Executive Director will check the menu boards daily to ensure that the menus are posted according to the state regulations. The

162c - Menus Posted (continued)

Executive Director will monitor weekly checklists for next three months 7/19/22 to ensure compliance.

Completion Date: *03/08/2022*

Document Submission ***Implemented***

All Steps Completed

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 2 was admitted to the home on [redacted]/21; however, the resident's preadmission screening form was not completed until [redacted]/21.

Plan of Correction ***Accept***

All pre admission screenings will be checked by the HealthCare Director and Harmony Square Director that they are completed within 30 days prior to admission in personal care and 72 hours prior in our SDCU for the next 3 months to ensure compliance. The Executive Director conducted an audit on 3/18/22 to ensure that all pre screens were dated correctly in the timeframe and will audit all new admissions upon admission to the facility

Completion Date: *03/18/2022*

Document Submission ***Implemented***

All Steps Completed

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessments for Resident #3 and #4 do not indicate that either resident has a need for an enabler bar. The enabler bars were discovered on 03/09/22.

Plan of Correction ***Accept***

Resident 3 enable bar was removed immediately on 3/9/22. Resident 4, the home obtained an order from the residents PCP ordering that the resident can have an enabler bar and addendum to [redacted] RASP. The Healthcare Director upon admission will speak with family in regards to providing any equipment and for staff to make sure that an order is provided if they see enabler bars and report to Healthcare Director and Executive Director to ensure compliance.

An audit of Rasp's was conducted for all current residents to ensure that all medical needs have been identified and

227d - Support Plan Medical/Dental (continued)

addressed. This audit was completed by the Healthcare Director on 3/18/22.

Completion Date: *04/18/2022*

Document Submission ***Implemented***

All Steps Completed

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On 03/08/21, a small, peach-colored pill was found on the floor outside Resident Room #311.

Repeated Violation - 7/29/21, et al, 4/27/21 et al.

Plan of Correction ***Accept***

Healthcare Director will do staff training with medication aides with medications being stored in a container that is locked. Training completed on 3/18/22. Executive Director will ensure all training is completed and additional training at monthly staff meetings.
Healthcare Director will monitor hallways for medications on a daily basis and remove and secure medications over the next 3 months.

Completion Date: *03/18/2022*

Document Submission ***Implemented***

All Steps Completed

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 03/09/22, a loose pill was found in the medication cart of the secured dementia care unit (SDCU).

Repeated Violation - 7/29/21, et al

Plan of Correction ***Accept***

Pill was removed on 3/9/22 and discarded in the proper container. Training on proper storage of medication was completed on 3/18/22 by Healthcare Director. Staff will do audits each shift to ensure there are no loose pills in

183e - Storing Medications (continued)

their cart with shift change and narcotic count. The Harmony Square Director will due weekly med cart audits to ensure compliance for 3 months. The Healthcare Director will monitor carts on weekly basis for 3 months to ensure compliance and report to Executive Director with med cart audits.
The results of the medication audits will be discussed at the home's periodic quality management review every 3 months 7/18/22.
Completion Date: *03/09/2022*

Document Submission ***Implemented***

All Steps Completed

185a - Implement Storage Procedures

1. 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

On 03/09/22, blood sugar readings documented on the medication administration record (MAR) were reviewed for Resident 1 on the resident's glucometer. The following errors were discovered:

02/4- 7pm reading of 217 found in glucometer was incorrectly documented as 221
02/6- a recorded reading of 167 at 8am was not found in any of the glucometers
02/8- 7:38 pm glucometer reading of 203 was incorrectly entered as 205
2/16- 8 pm recorded reading of 292 was not found in glucometer
2/18- 8 am documented reading of 162 was not found in glucometer
2/20- 8:35 am glucometer reading of 205 was incorrectly entered in MAR as 210
2/23- 8 pm documented reading of 101 was not in glucometer.

Repeated Violation - 7/29/21, et al, 4/27/21, et al

Plan of Correction ***Accept***

Blood glucose levels recorded on the MAR will match the recordings on the residents glucometer.
The Healthcare Director or designee will audit the residents glucometer readings to ensure they match the recorded blood glucose levels recorded on the MAR on a weekly basis and address any areas of concern over the next 3 months.
Medication Technicians were trained on the proper procedures for glucometers and recording blood glucose readings on the MAR by the Healthcare Director. Training completed on 3/18/22.
The results of the medication audits will be discussed at the home's periodic quality management review every 3 months 7/18/22.
Completion Date: *03/18/2022*

Document Submission ***Implemented***

All Steps Completed