

Department of Human Services
Bureau of Human Service Licensing

July 25, 2022

[REDACTED]
STATE COLLEGE OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: HARMONY AT STATE COLLEGE
121 HAVERSHIRE BOULEVARD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 22803

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2022, 06/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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 AT STATE COLLEGE* License #: *22803* License Expiration: *08/05/2022*
Address: *121 HAVERSHIRE BOULEVARD, STATE COLLEGE, PA 16803*
County: *CENTRE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(814) 826-4706* Email: [REDACTED]

Legal Entity

Name: *STATE COLLEGE OPERATIONS LLC*
Address: *4423 PLEASANT RIDGE RD, STE 301, ROANOKE, VA, 24014*
Phone: *8148264706* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *07/01/2022*

Inspection Dates and Department Representative

06/16/2022 - On-Site: [REDACTED]
06/17/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *38* Residents Served: *26*

Hospice

Current Residents: *4*

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: *26* Have Physical Disability: *0*

Inspections / Reviews

06/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2022*

Inspections / Reviews (*continued*)

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2022*

07/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16b - Incident Policies

1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home became aware of reportable incident involving resident 1 and staff member A on 5/21/2022. The reportable incident was not sent to BHSL until 9pm on 5/23/2022 which is more then the required 24 hour time limit.

Plan of Correction

Accept

Staff member B wrote the statement at the end of [REDACTED] 3 p.m. -11 p.m. shift on 5/21/22. The home did not receive the written statement from staff member B until 2 a.m. on Sunday, 5/22/22. The reportable incident was sent to BHSL at 6 p.m. on 5/23/22. Healthcare Director was reeducated about the policy for reportable incidents and notifying the ED immediately when there is a possible reportable incident due to time sensitivity. The ED was waiting to hear back from Office of Aging Protective Services on 5/23/22 to determine if they suspected abuse or if it was unfounded before notifying BHSL. The ED will ensure that all reportable incidents are sent to BHSL within the 24 hour timeframe.

Completion Date: 06/16/2022

Update: 07/21/2022

Please send proof of staff training.

Document Submission

Implemented

Staff member B wrote the statement at the end of [REDACTED] 3 p.m. -11 p.m. shift on 5/21/22. The home did not receive the written statement from staff member B until 2 a.m. on Sunday, 5/22/22. The reportable incident was sent to BHSL at 6 p.m. on 5/23/22. Healthcare Director was reeducated about the policy for reportable incidents and notifying the ED immediately when there is a possible reportable incident due to time sensitivity. The ED was waiting to hear back from Office of Aging Protective Services on 5/23/22 to determine if they suspected abuse or if it was unfounded before notifying BHSL. The ED will ensure that all reportable incidents are sent to BHSL within the 24 hour timeframe.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff member's A & B were in the room of Resident 1 preparing them for bed on 5/19/2022. Staff Member A unbuttoned resident 1's shirt and went to pull their shirt down from their shoulders. At this point, Resident 1 told staff member A to stop. Staff Member A explained they were just changing the shirt for bed. Resident 1 repeated no to the staff member and Resident 1 appeared to be getting angry according to staff member B. Staff member A continued to attempt to take the shirt off against the resident's wishes. Resident 1 then stood up and began yelling at staff member A but they continued trying to remove the shirt. Resident 1 began swinging their arms and grabbing at staff member A. Staff member A then told the resident that if they grabbed them again that they would break their arm. Staff member B then intervened and was able to calm the resident but noted skin tears from the altercation with staff member A on the resident's arm and wrist.

42b - Abuse (continued)

Plan of Correction**Accept**

Staff member A was suspended immediately pending an investigation. Protective Services from Office of Aging and BHSL were notified. Family and PCP were notified. Staff member A's employment was terminated because [REDACTED] behavior and treatment of the resident was not in keeping with the culture and mission of Harmony. Staff member B was reeducated about reporting suspected abuse immediately to [REDACTED] supervisor or the ED. Staff were reeducated about the abuse and abuse reporting at staff meetings held May 6th and June 29th, 2022. Going forward, we will continue to provide abuse and abuse reporting training to new employees at orientation, throughout the training year with Relius training, and provide each staff member with written documentation found in the employee handbook. BOM or designee will audit employee files quarterly to ensure all employees remain in compliance with the training.

Completion Date: 06/29/2022**Update:** 07/21/2022

Please send proof of staff training.

Document Submission**Implemented**

Staff member A was suspended immediately pending an investigation. Protective Services from Office of Aging and BHSL were notified. Family and PCP were notified. Staff member A's employment was terminated because [REDACTED] behavior and treatment of the resident was not in keeping with the culture and mission of Harmony. Staff member B was reeducated about reporting suspected abuse immediately to [REDACTED] supervisor or the ED. Staff were reeducated about the abuse and abuse reporting at staff meetings held May 6th and June 29th, 2022. Going forward, we will continue to provide abuse and abuse reporting training to new employees at orientation, throughout the training year with Relius training, and provide each staff member with written documentation found in the employee handbook. BOM or designee will audit employee files quarterly to ensure all employees remain in compliance with the training.