


Department of Human Services
Bureau of Human Service Licensing

September 12, 2022


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 Mr. Neal Harrison,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021, 07/08/2021 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: *05/09/2022*
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

Type: *C-2 LP* Date: *10/25/1994* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/12/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]
07/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

07/07/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2021*

Inspections / Reviews (*continued*)

07/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2022*

08/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/10/2022*

09/12/2022 - Document Submission

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

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 1 pm on 7/8/21, Resident 1 was being changed as [REDACTED] was sitting on a bed in Room 7. The resident was undressed except for an undergarment. A male and a female resident stood at the open doorway and watched while the resident was being assisted by Staff A. The [REDACTED] resident, Resident 2, entered and wandered through the bedroom, coming within two feet of Resident 1 before being redirected by staff.

Plan of Correction

Accept

The administrator/assistant administrator will do routine checks to demonstrate compliance (see attached). Staff were educated on the violation and importance of following the regulation.

Completion Date: 08/03/2021

Document Submission

Implemented

The administrator/assistant administrator will do routine checks to demonstrate compliance (see attached). Staff were educated on the violation and importance of following the regulation.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/7/21 at 10:15 am, there was a partially full, uncovered trash can in the kitchen.

Plan of Correction

Accept

The administrator/assistant administrator and dietary manager will do routine checks to demonstrate compliance (see attached checklists which began on July 10, 2021. New trash can with lid attached purchased on August 4, 2021.

Completion Date: 08/04/2021

Document Submission

Implemented

The administrator/assistant administrator and dietary manager will do routine checks to demonstrate compliance (see attached checklists which began on July 10, 2021. New trash can with lid attached purchased on August 4, 2021.

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

The ramp leading from the dining room to the rear exit of the home poses a fall hazard because it is steep and upholstered with a thin layer of worn, slick carpet.

88a - Surfaces (continued)

Plan of Correction**Accept**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist). The carpeting will be replaced by 09/30/21.

Completion Date: 09/30/2021

Document Submission**Implemented**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist). The carpeting will be replaced by 09/30/21.

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Windows in Bedrooms 112, 104 and 6 were open and had no screens.

Plan of Correction**Accept**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist).

Screens were put into the windows immediately on 07/08/21 in Rooms 6, 104 and 112 (see attached pictures).

Completion Date: 08/02/2022

Document Submission**Implemented**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist).

Screens were put into the windows immediately on 07/08/21 in Rooms 6, 104 and 112 (see attached pictures).

125b - Combustible Restrictions

1. Requirements

2600.

- 125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 7/7/21 at 10:25 am, a 10 oz. aerosol can of "Powerhouse Lemon Furniture Polish" marked, "Extremely flammable Keep Away From Sources of Ignition. No Smoking" was unlocked and accessible to residents in the top drawer of the filing cabinet, next to the main floor medication carts.

Plan of Correction**Accept**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist).

During inspection 07/8/21 furniture polish was locked in chemical closet.

Completion Date: 08/02/2022

Document Submission**Implemented**

The administrator/assistant administrator will do routine building checks to demonstrate compliance (see attached checklist).

125b - Combustible Restrictions (continued)

During inspection 07/8/21 furniture polish was locked in chemical closet.

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 Violation

The secure dementia care unit (SDCU) is divided into two parts: one is a common area where residents lounge, eat their meals and where the medication carts are stored. The resident bedrooms and bathrooms are on a separate level accessed by going up a ramp and down a hallway. On 7/8/21 at 1 pm, nine residents were unattended and unsupervised in the common area while the only staff person in the SDCU was changing a resident in Room 7. Room 7 is located around a corner and down a hallway approximately 60 feet away from the common area.

Repeated Violation - 8/3/20

Plan of Correction

Accept

The administrator/assistant administrator will ensure that there are sufficient staff hours to meet the requirements of 2600.60a. The home will submit three weeks of schedules along with the staffing calculations (three weeks attached) to demonstrate compliance.

Attached are 3 weeks of staff schedules (07/17/22-08/16/22) along with the staff hour calculation worksheet to show compliance. The latest schedule shows staff who is available/on-call when needed.

Completion Date: 08/02/2022

Document Submission

Implemented

The administrator/assistant administrator will ensure that there are sufficient staff hours to meet the requirements of 2600.60a. The home will submit three weeks of schedules along with the staffing calculations (three weeks attached) to demonstrate compliance.

Attached are 3 weeks of staff schedules (07/17/22-08/16/22) along with the staff hour calculation worksheet to show compliance. The latest schedule shows staff who is available/on-call when needed.