

Department of Human Services
Bureau of Human Service Licensing

October 24, 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 08/16/2022, 08/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *08/05/2023*
Address: *121 HAVERSHIRE BOULEVARD, STATE COLLEGE, PA 16803*
County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *STATE COLLEGE OPERATIONS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/19/2019* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]
08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *82*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *38* Residents Served: *29*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/12/2022*

09/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2022*

10/24/2022 - Document Submission

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

Resident #1 moved in on [redacted]/20. The contract in the record for resident #6 was not signed by the resident.

Plan of Correction

Accept

The contract was only signed by POA for admission to memory care. Going forward, the Executive Director will ensure that the resident signs the contract or documents refusal to sign. The Executive Director will audit resident files to make sure all contracts are signed correctly by 10/1/22.

Completion Date: 10/01/2022

Update: 09/28/2022

Please send proof of signed contract for Resident 1.

Document Submission

Implemented

The contract was only signed by POA for admission to memory care. Going forward, the Executive Director will ensure that the resident signs the contract or documents refusal to sign. The Executive Director will audit resident files to make sure all contracts are signed correctly by 10/1/22.

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

On 8/17/22, at 11:30am, the walk-in freezer had a sheet of ice on the floor which caused a fall hazard for staff.

Plan of Correction

Accept

The ice was cleaned immediately from the freezer floor. The Director of Dining will check the floors in the walk in freezer daily to ensure that they are free of ice and any slipping hazard. [redacted] will maintain a log of the daily checks and times the checks were completed.

Completion Date: 09/11/2022

Update: 09/29/2022

Please include in your plan of correction:

Who will monitor ongoing compliance?

Document Submission

Implemented

The ice was cleaned immediately from the freezer floor. The Director of Dining will check the floors in the walk in freezer daily to ensure that they are free of ice and any slipping hazard. [redacted] will maintain a log of the daily checks and times the checks were completed. The Executive Director will review the daily logs weekly to ensure compliance.

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.

185a - Implement Storage Procedures (continued)

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #3 - At [redacted] the reading on the glucometer was 238 but was incorrectly transcribed as 258, at [redacted] the reading on the glucometer was 239 but was incorrectly transcribed as 293, at [redacted] the reading on the glucometer was 219 but was incorrectly transcribed as 215, and at [redacted] the reading on the glucometer was 268 but was incorrectly transcribed as 238
Resident #4 - At [redacted] the reading on the glucometer was 157 but was incorrectly transcribed as 156 and at [redacted] there was not a reading on the glucometer but was transcribed as 177. Resident #5 - [redacted] the reading on the glucometer was 128 but was incorrectly transcribed as 161.

Plan of Correction

Accept

All Med Techs will have a mandatory training regarding the proper way to transcribe the blood sugar glucose tests into the MAR. The Health Care Director will complete an audit weekly of the MAR's to ensure that the glucometer readings are accurate and recorded properly. The training will be scheduled for September 28th.

Completion Date: 09/28/2022

Update: 09/29/2022

Please send proof of staff training.

Please include in your plan of correction:
Who will monitor ongoing compliance?

Document Submission

Implemented

All Med Techs will have a mandatory training regarding the proper way to transcribe the blood sugar glucose tests into the MAR. The Health Care Director will complete an audit weekly of the MAR's to ensure that the glucometer readings are accurate and recorded properly. The training will be scheduled for September 28th. Health Care Director will submit the weekly audits to the Executive Director to ensure compliance.

225c - Additional Assessment

1. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 - 1. Annually.

Description of Violation

Resident #6's most recent assessment was completed on [redacted]/22. The resident's previous assessment was completed on [redacted]/21.

Plan of Correction

Accept

The Health Care Director is new to [redacted] position and this occurred prior to [redacted] starting. Moving forward, the Health Care Director has a system in the electronic health care record to ensure that assessments are completed within the time frame that is in regulation 2600.225.c

Completion Date: 09/11/2022

225c - Additional Assessment (*continued*)

Update: 09/29/2022

Please include in your plan of correction:
Who will monitor ongoing compliance?

Document Submission**Implemented**

The Health Care Director is [REDACTED] to [REDACTED] position and this occurred prior to [REDACTED] starting. Moving forward, the Health Care Director has a system in the electronic health care record to ensure that assessments are completed within the time frame that is in regulation 2600.225.c

The Executive Director and the Health Care Director will review monthly to ensure that assessments are scheduled and completed within the time frame.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the secure dementia unit of the home on [REDACTED] 20. The home did not have documentation that Resident #1 did not object to their admission to the secure dementia care unit.

Plan of Correction**Accept**

The POA signed the document and the resident refused to sign. This was not documented on the secure dementia form. The Harmony Square Director will audit all files to ensure that they are all correct. In the future, the Executive Director will make sure that the documentation reflects the resident's signature or refusal to sign.

Completion Date: 09/11/2022

Update: 09/29/2022

Document Submission**Implemented**

The POA signed the document and the resident refused to sign. This was not documented on the secure dementia form. The Harmony Square Director will audit all files to ensure that they are all correct. In the future, the Executive Director will make sure that the documentation reflects the resident's signature or refusal to sign.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The record of resident #7 did not contain the resident's hair color.

Plan of Correction**Accept**

All resident records are being reviewed to make sure that the required information is on the resident record. New photos will be taken and the information will be documented on each photo. In the future, the Executive Director and/or the Business Office Manager will review the file upon completion to ensure the information is included.

Completion Date: 10/31/2022

252 - Record Content (continued)

Document Submission**Implemented**

All resident records are being reviewed to make sure that the required information is on the resident record. New photos will be taken and the information will be documented on each photo. In the future, the Executive Director and/or the Business Office Manager will review the file upon completion to ensure the information is included.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED]/21, did not complete training on staff duties and responsibilities during fire drills, designated meeting place, smoking safety procedures/policy, location & use of fire extinguishers, smoke detectors & fire alarms, telephone use & notification of emergency services.

repeat violation - 7/20/21

Plan of Correction**Accept**

The training was completed but the documentation was not completed. The staff member was contacted and the information was reviewed with [REDACTED] again. Going forward, the BOM/ED will complete the orientation check list and make sure the documentation is completed. The BOM will audit employee files quarterly to ensure compliance.

Completion Date: 09/11/2022

Update: 09/29/2022

Please send proof of staff person A's training.

Document Submission**Implemented**

The training was completed but the documentation was not completed. The staff member was contacted and the information was reviewed with [REDACTED] again. Going forward, the BOM/ED will complete the orientation check list and make sure the documentation is completed. The BOM will audit employee files quarterly to ensure compliance.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed their 40th scheduled work hour on [REDACTED]/21. However, this staff person did not complete training in the following topics: Emergency Medical Plan, Mandatory reporting of abuse, and reporting reportable incidents and conditions.

Repeat violation - 7/20/21

Plan of Correction**Accept**

The required training was reviewed with the staff person immediately. [REDACTED] was hired before prior to the implementation of the new hire checklist. All employee files will be audited to ensure that employees hired prior to the checklist are in compliance. The ED/BOM will complete the audit by 10/31/22. Going forward, the new hire orientation and checklist will be followed.

Completion Date: 10/31/2022

65b - Rights/Abuse 40 Hours (continued)

Update: 09/29/2022

Please send proof of staff person A's training.

Document Submission**Implemented**

The required training was reviewed with the staff person immediately. [REDACTED] was hired before prior to the implementation of the new hire checklist. All employee files will be audited to ensure that employees hired prior to the checklist are in compliance. The ED/BOM will complete the audit by 10/31/22. Going forward, the new hire orientation and checklist will be followed.

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Located in the walk-in refrigerator was a bag of pepper jack cubes, a tray of fruit cups, and half a box of peas that was opened, uncovered, and unprotected from air.

repeat violation - 7/20/21

Plan of Correction**Accept**

The Dining Services Director and Lead Cook will do a daily check in the coolers and freezers. They will log their check daily. Dining Services Director will reeducate her team about storing food in closed or sealed containers.

Completion Date: 09/11/2022

Update: 09/29/2022

Please send proof of staff training.

Document Submission**Implemented**

The Dining Services Director and Lead Cook will do a daily check in the coolers and freezers. They will log their check daily. Dining Services Director will reeducate her team about storing food in closed or sealed containers.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]/22. The resident's previous medical evaluation was completed on [REDACTED]/21.

repeat violation 7/20/21

Plan of Correction**Accept**

The resident was not able to get an appointment with their PCP causing the medical evaluation to be late. Going forward, we have a medical director in the community that will be able to complete the medical evaluations within the given timeframe. The electronic health care record system will notify the Health Care Director when medical evaluations are due.

Completion Date: 09/11/2022

Update: 09/29/2022

Please include in your plan of correction:

141b1 - Annual Medical Evaluation (continued)

Who will monitor ongoing compliance?

Document Submission

Implemented

The resident was not able to get an appointment with their PCP causing the medical evaluation to be late. Going forward, we have a medical director in the community that will be able to complete the medical evaluations within the given timeframe. The electronic health care record system will notify the Health Care Director when medical evaluations are due. Executive Director will review monthly with Health Care Director to review the medical evaluation that are due.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B completed the initial MedTech training on [redacted]/21. The annual re-certification does not indicate a date the re-certification was completed. Staff person C completed the initial MedTech training on [redacted]/15. The annual re-certification does not indicate a date the re-certification was completed.

repeat violation - 7/20/21

Plan of Correction

Accept

The trainer for the med tech inadvertently missed putting the date on the re-certification. Moving forward, the ED/Health Care Director will review the completed training documents to ensure that the dates are not missed on the training forms.

Completion Date: 09/11/2022

Update: 09/29/2022

Please send current medication training documents for staff person B and C.

Document Submission

Implemented

The trainer for the med tech inadvertently missed putting the date on the re-certification. Moving forward, the ED/Health Care Director will review the completed training documents to ensure that the dates are not missed on the training forms.