

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

January 6, 2023

[REDACTED]  
HERSHEY OPERATIONS LLC  
[REDACTED]  
[REDACTED]

RE: HARMONY AT HERSHEY  
75 EAST CANAL STREET  
HERSHEY, PA, 17033  
LICENSE/COC#: 33741

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *HARMONY AT HERSHEY* License #: *33741* License Expiration: *06/14/2023*  
 Address: *75 EAST CANAL STREET, HERSHEY, PA 17033*  
 County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *HERSHEY OPERATIONS LLC*  
 Address: *4423 PHEASANT RIDGE RD,STE 301, Suite 301, ROANOKE, VA, 24014*  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/02/2021* Issued By: *Labor & Industry*  
 Type: *I-2* Date: *04/02/2021* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Interim* Exit Conference Date: *12/06/2022*

**Inspection Dates and Department Representative**

12/06/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *129* Residents Served: *60*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Memory Care* Capacity: *39* Residents Served: *18*

Hospice  
 Current Residents: *6*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *23* Have Physical Disability: *1*

**Inspections / Reviews**

12/06/2022 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2022*

12/22/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *12/28/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2022*

Inspections / Reviews *(continued)*

12/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/04/2023

01/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 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

Resident #1 was admitted to the home on [REDACTED]. On [REDACTED], the home's physician placed an order for Resident #1 to have speech therapy completed to evaluate for dysphagia and to have a swallow evaluation completed. The home failed to arrange for or provide these services and Resident #1 continued to receive a regular diet. On [REDACTED] Resident #1 was transported to Hershey Medical Center as a result of choking and was diagnosed with aspiration pneumonia.

## Plan of Correction

Directed (AC - 12/27/2022)

[Directed]

Effective immediately on 12/8/2022, all physician orders will be reviewed daily by the HealthCare Director or Executive Director to ensure that they are entered in their electronic health record. Starting on 12/12/22, the Health Care Director will notify the therapy department at daily stand-up meeting and with any new orders or screening that needs to be completed for all residents. The Health Care Director will verbally communicate any diet changes that relate to all residents during daily stand-up meetings. Starting on 12/12/22 these diet changes will also be documented on daily stand-up form. The Executive Director will review all physician and therapy orders to ensure that orders requiring ancillary services are started as soon as possible starting on 12/12/22 and then continuing on a daily basis. The Executive Director will audit all outstanding referrals on 12/22/2022 and to be completed on 12/23/2022.

Directed Completion Date: 12/22/2022

Implemented (AC - 12/29/2022)

## 54a - Direct Care Staff

## 2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

Direct care Staff Person A hired on [REDACTED] and direct care Staff Person B hired on [REDACTED] do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

## Plan of Correction

Directed (AC - 12/27/2022)

[Directed]

Staff person A provided [REDACTED] high school transcript on [REDACTED] and is now compliant. Transcript is attached. Staff member B was terminated on [REDACTED] and was unable to provide the necessary documents. Starting on 12/12/22 staff will need to provide the necessary documents to the business office manager or Executive Director prior to their first day of orientation. Executive Director educated the business office manager on 12/8/2022 regarding the necessary documents needed prior to a staff person's start date. The Executive Director completed audit of all staff records on 12/10/2022.

54a - Direct Care Staff (continued)

Directed Completion Date: 12/22/2022

Implemented (AC - 12/29/2022)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]. Staff person A provided direct care services from [redacted] through [redacted].

Direct care staff person B, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]. Staff person B provided direct care services from [redacted] through [redacted].

Direct care staff person C, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]. Staff person C provided direct care services from [redacted] through [redacted].

Direct care staff person D, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed (AC - 12/27/2022)

[Directed]

Starting on 12/12/22, all direct care staff hired will complete and pass the Department approved direct care training course prior to providing any direct care on their first day of orientation. The Executive Director audited all current files for direct care staff on 12/8/2022 to ensure compliance. The Executive Director re-educated the Business office manager on 12/08/2022 on the completion of the direct care course.

Directed Completion Date: 12/22/2022

Implemented (AC - 12/29/2022)

85d - Trash Receptacles

4. 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 12/6/22, the trash receptacle in the bathroom of room [redacted], which is shared by 2 residents, was not covered.

## 85d - Trash Receptacles (continued)

**Plan of Correction****Accept (AC - 12/27/2022)**

The Trash cans in [REDACTED] one was immediately replaced on 12/06/22 with a lid by the Harmony Square Director and staff was re-educated on 12/08/22 by the Executive Director, that shared apartments that trash cans in kitchens and bathrooms must be covered. The Maintenance Director will perform daily checks of shared rooms to ensure compliance ongoing on 12/8/2022. The Executive Director will educate the residents in regard to the importance of lids on trash cans on 12/22/2022.

Licensee's Proposed Overall Completion Date: 12/22/2022

**Implemented (AC - 12/29/2022)**

## 96a - First Aid Kit

**5. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

The first aid kit labeled "8" in the SDCU did not contain eye coverings and first aid kit labeled "MC" in the SDCU did not contain eye coverings, tweezers or a CPR shield.

**Plan of Correction****Directed (AC - 12/27/2022)***[Directed]*

On 12/7/22, Harmony Square Director replaced eye coverings in the first aid kit labeled "8". On 12/7/22, Harmony Square Director replaced first aid kit labeled "MC" with tweezers, eye coverings and a CPR shield. The Harmony Square Director will continue to do weekly audits of first aid kits to ensure compliance starting on 12/12/22. The Executive Director did re-educate staff on 12/8/2022 to ensure that the first aid kit contains the necessary items.

Directed Completion Date: 12/22/2022

**Implemented (AC - 12/29/2022)**

## 162c - Menus Posted

**6. 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**

During the inspection on 12/6/22, the only menus posted in the home were dated 11/20-12/3/22.

**Plan of Correction****Accept (AC - 12/27/2022)**

The menus were immediately posted on 12/7/2022 by the Dining Service Director. The Dining Service Director will continue daily audits and ensure compliance on 12/12/2022. The Executive Director re-educated the Dining Director and staff on 12/8/2022 to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/22/2022

**Implemented (AC - 12/29/2022)**

162c - Menus Posted (*continued*)

## 190a - Completion Medication Course

**7. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person E, who has not successfully completed the Department-approved medication administration course, administered medications to residents on the following dates and times:*

*On 11/16/22 at 8 AM*

*On 11/17/22 at 8 AM*

*On 11/23/22 at 8 AM*

**Plan of Correction****Accept (AC - 12/27/2022)**

*Staff Person E has completed the Medication Administration course on [REDACTED]. Audit of all Medication Technicians done by the Executive Director to ensure that all are in compliance and successfully passed the administration course on 12/8/2022.*

*The Executive Director educated the Business office manager on the documentation that is needed prior to any hire of anyone wanting to be medication technician on 12/8/2022. The Executive Director will monitor all medication administration training and observations on a weekly basis starting on 12/10/2022. The Executive Director will review the Medication Technician binder on a weekly basis on 12/10/2022.*

**Licensee's Proposed Overall Completion Date: 12/22/2022**

**Implemented (AC - 12/29/2022)**

## 190b - Insulin Injections

**8. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*On [REDACTED] at 8 AM, staff person E, who has not completed a department-approved diabetes patient education program within the past 12 months, administered insulin to resident #2.*

*On [REDACTED] at 8 AM, staff person E, who has not completed a department-approved diabetes patient education program within the past 12 months, administered insulin to resident #2.*

*On [REDACTED] 2 at 8 AM, staff person E, who has not completed a department-approved diabetes patient education program within the past 12 months, administered insulin to resident #2.*

**190b - Insulin Injections (continued)****Plan of Correction****Accept (AC - 12/27/2022)**

Staff person E has completed the approved diabetic training course on [REDACTED]. Executive Director did audit Medication technicians to ensure anyone administering are diabetic trained on 12/10/22. The Executive Director educated all medication technicians on 12/8/2022 that if you administer insulin you need to have been in Diabetic training by a certified Diabetes Educator. The Executive Director will do weekly audits for all new hired medication technicians starting on 12/12/2022 to ensure proper training for providing insulin and blood sugars.

**Licensee's Proposed Overall Completion Date:** 12/22/2022

**Implemented (AC - 12/29/2022)**