

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

March 6, 2023

[REDACTED], ADMINISTRATOR
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 02/16/2023 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: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 04/02/2021 Issued By: L&I
 Type: I-2 Date: 04/02/2021 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 103 Waking Staff: 77

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/17/2023

Inspection Dates and Department Representative

02/16/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 129 Residents Served: 63
 Secured Dementia Care Unit
 In Home: Yes Area: MC Capacity: 39 Residents Served: 24
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 40 Have Physical Disability: 1

Inspections / Reviews

02/16/2023 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/03/2023

03/02/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 03/02/2023
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2023

Inspections / Reviews *(continued)*

03/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/09/2023

03/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident #1 was pushed by another resident in the home. Resident #1 received a skin tear on his/her right elbow as a result of the incident. This incident was not reported to the Department.

On [REDACTED], resident #1 fell in the home. On [REDACTED], resident was taken to the hospital and diagnosed with a subdural hematoma. This incident was not reported to the Department.

Repeat Violation - 9/29/22

Plan of Correction

Directed ([REDACTED]) - 03/02/2023)

Executive Director will report all incident reports to the department within 24 hours immediately on 2/16/2023. Executive Director will educate the staff on reportable incidents on 2/20/2023 and to notify the Executive Director as soon as possible to so to can be reported to the department. When residents are sent to the emergency room the Executive Director or Healthcare Director will call and communicate with the hospital starting on 2/16/2023 to make sure it is not a reportable incident within 12 hours of being sent out.

[Directed]

- Starting on 2/16/2023, the Executive Director will report all incident reports to the department within 24 hours.
- Executive Director will educate direct care staff on reportable incidents on 2/20/2023. This will include notifying Executive Director of all incidents immediately.
- Starting on 2/16/23, when residents are sent to the emergency room the Executive Director or Healthcare Director will call and communicate with the hospital to ensure all incidents needing to be reported to the Department per regulation are reported within 24 hours.
- Starting on 2/16/23, all incident reports will be reviewed by Executive Director during quality management plan reviews.

Directed Completion Date: 03/02/2023

Implemented ([REDACTED]) - 03/06/2023)

183e - Storing Medications

2. 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

Resident #2’s [REDACTED] bubble pack had a tear on the back of the packaging which was taped with scotch tape behind the Day 14 pill.

183e Storing Medications (continued)

Resident #2 [REDACTED] bubble pack had a tear in the back of the packaging for Day 24 pill, leaving the pill exposed.

Plan of Correction

Accepted [REDACTED] - 03/02/2023)

The two medications were immediately removed from the med cart on 2/16/2023 and removed by the Executive Director on 2/16/2023. The medications were removed and returned to the pharmacy for disposal on 2/16/2023. The Executive Director will do an audit of all med carts on 2/20/2023 to ensure that there are no bubble packs that are torn or taped. Initial audit was completed on 2/20/2023. Med cart audits will be done every Monday starting on 2/27/2023 by lead medication technician or healthcare director. Executive Director will review all med cart audits to ensure accuracy for 3 months starting on 2/27/2023.

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [REDACTED] - 03/06/2023)

183f - Discontinued Medications**3. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On [REDACTED] at approximately [REDACTED], resident's #3's [REDACTED] (170 count) had an expiration date of 10/22.

Plan of Correction

Directed [REDACTED] - 03/02/2023)

The expired the medications were removed immediately on 2/16/2023. The Executive Director did initial cart audit on 2/20/2023 to ensure there is no expired medications. Lead medication technician or healthcare director will do weekly cart audits on a Monday starting 2/27/2023 and give to Executive Director for review for 3 months starting on 2/27/2023.

[Directed]

The expired the medications were removed immediately on 2/16/2023 by the Healthcare Director. The Executive Director did initial cart audit on 2/20/2023 to ensure there is no expired medications. Starting on 2/27/2023, the lead medication technician or healthcare director will do weekly cart audits every Monday. Starting on 2/27/2023, Executive Director will review weekly audits for 3 months.

Directed Completion Date: 03/02/2023

Implemented [REDACTED] - 03/06/2023)

234d - Support Plan Revision

4. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's current support plan dated [REDACTED] does not reflect the resident's falls on [REDACTED] and [REDACTED], the resident's hospital visit on [REDACTED], the resident utilizing a Broda chair, or the resident's diet change to nectar thick liquids on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 03/02/2023)

Going forward the Executive Director and Healthcare director will monitor change in conditions on all residents and work with the MD and Hospice to ensure resident's rasp is updated starting immediately on 2/16/2023. The Executive Director will audit all support plans for any change of conditions on 2/20/2023. Executive Director will educate the Healthcare Director on change of conditions, so the rasp is updated immediately on 2/20/2023. The Executive Director and Healthcare director will immediately on 2/16/2023 make sure all rasps in change in conditions are identified and completed within 12 hours of any change.

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented [REDACTED] - 03/06/2023)