

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

May 22, 2023

[REDACTED], OWNER/ADMINISTRATOR
EJ MARK PROPERTIES LLC
1399 MERCHANT STREET
AMBRIDGE, PA, 15003

RE: HARMONY HAUS SENIOR LIVING
1329-1339 MERCHANT STREET
AMBRIDGE, PA, 15003
LICENSE/COC#: 45018

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2023, 04/12/2023 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 HAUS SENIOR LIVING License #: 45018 License Expiration: 05/18/2024
 Address: 1329 1339 MERCHANT STREET, AMBRIDGE, PA 15003
 County: BEAVER Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: harmonyhausseiorliving@gmail.com

Legal Entity

Name: EJ MARK PROPERTIES LLC
 Address: 1399 MERCHANT STREET, AMBRIDGE, PA, 15003
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/22/1999 Issued By: Borough of Ambridge

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 04/12/2023

Inspection Dates and Department Representative

04/11/2023 - On-Site: [REDACTED]
 04/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 43 Residents Served: 36
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 3 Have Physical Disability: 2

Inspections / Reviews

04/11/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2023

04/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/16/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2023

Inspections / Reviews *(continued)*

05/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/16/2023

05/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/12/23. an eight-ounce bag of cheese and a sixteen-ounce bag of lunch meat in the kitchen refrigerator was opened and unsealed.

Plan of Correction

Accept (████) - 05/02/2023)

The kitchen staff discarded both the bag of cheese and the bag of lunchmeat when it was brought to their attention that the bags were not properly sealed. Administration conducted a training of all kitchen staff, encompassing the importance of proper food storage, maintenance, and Harmony Haus practice on 04/20/2023. We also incorporated a "weekly check" ensuring that both refrigerators and the freezer will be thoroughly examined on Fridays, ensuring that all items are properly dated, initialed and sealed in air-tight containers or bags. Documentation will be held weekly after the newly implemented routine check is completed by the designated staff. Attached is the attendance sheet of the kitchen staff for training, pictures of supporting signs that were posted in the kitchen the day after the inspection; as well as, the signed check-list ensuring future weekly checks of appliances.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented (████) - 05/22/2023)

132g - Fire Drills Days/Times

2. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely has only 2 staff persons on the 9:30pm.-7:00am. shift. However, the home has not held a sleeping time fire drill in the past 12 months with only 2 staff persons. The fire drill held on 6/19/22 at 11pm involved 4 staff persons. The fire drill held on 9/27/22 at 12am involved 7 staff persons. The fire drill held on 3/11/23 at 11pm involved 3 staff persons.

Plan of Correction

Accept (████) - 05/02/2023)

Per the inspectors suggestion, Harmony Haus conducted a fire drill on 4/21/23 at approximately 3:00am with only two staff members participating in the fire drill. Harmony Haus administrators will no longer participate in the fire drill that they are conducting and will continue to perform monthly fire drills per DHS regulations. Attached is the completed fire drill log; as well as, an updated Fire Prevention Policy that includes reviewing monthly fire drills PRIOR to exercising a physical fire drill, in order to maintain compliance, and ensure that we are imitating a "real-life" scenario. These meetings will be held by leadership only.

132g Fire Drills Days/Times (continued)

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented () - 05/22/2023)

183e - Storing Medications

3. 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 #1 is prescribed (). On (), these medications were opened and not dated when they were first opened. According to the manufacturer's instructions, () expires 3 months after opening and () expires 30 days after opening.

Resident #2 is prescribed (). On (), this medication was opened and not dated when they were first opened. According to the manufacturer's instructions, Trelegy expires six weeks after opening.

Plan of Correction

Accept () - 05/02/2023)

Administration conducted a training with med techs that consisted of the proper receiving, opening, documenting and understanding manufactures instructions on 04/20/2023. After an hour of verbal training, each staff reenacted the motions of receiving medications and thoroughly understanding the manufactures instructions on each medication, which consisted of the second hour of the training. Administration also posted "friendly reminders" on the med cart and in the medication room, to assist in completion of this practice. Administration will monitor this practice quarterly (January, April, July, and October) with routine medication administration training. Attached is the signed training sheet and a picture displaying the posted reminders for this practice.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented () - 05/22/2023)

227h - Support Plan Refuse Sign

4. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3's support plan, dated () was not signed by the resident. The home did not make a notation regarding the resident's inability/refusal to sign.

Plan of Correction

Accept () - 05/02/2023)

Prior to the inspector leaving, the Administrator approached resident three, reviewed the support plan with the resident, and received the residents signature on the RASP. This signature is dated for (). RASPs are completed by either the administrator or the administrators assistance. We will now implement a 2 part system, where the document will not be filed until it is reviewed by the second team of management. For example, when the administrator completes the RASP, it will be placed on the Admin. Assist. desk until they have also reviewed it, ensuring all appropriate sections are accurately completed in their entirety. Then, the Admin. Assist. will file the RASP in the resident's record. This 2 part system will reduce the likeliness of similar mistakes happening in the future. In

227h Support Plan Refuse Sign (continued)

addition, administration will review 2 files per week to monitor resident record maintenance. Records of weekly file maintenance will be kept. Attached are copies of the weekly resident record checks.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented (█ - 05/22/2023)