



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEPTEMBER 26, 2023

[REDACTED]
Hampden Operations LLC
[REDACTED]

RE: Harmony at West Shore
1910 Technology Parkway
Mechanicsburg, Pennsylvania
17050 License #: 33381


Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 8-9, 2023, April 26, 2023, May 30-31, 2023 and July 20, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333810) dated June 8, 2023 to June 8, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible

regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:


Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

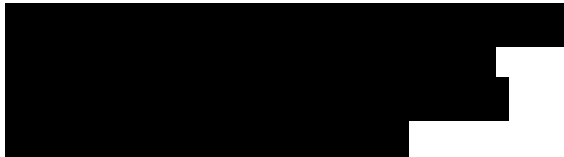
Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc:



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

Facility Information

Name: *HARMONY AT WEST SHORE* License #: *33381* License Expiration: *06/08/2023*
Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HAMPDEN OPERATIONS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/01/2016* Issued By: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *134* Waking Staff: *101*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *04/26/2023*

Inspection Dates and Department Representative

04/26/2023 - On-[REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *100*

Secured Dementia Care Unit

In Home: *Yes* Area: *Harmony Square* Capacity: *35* Residents Served: *29*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *100*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *34* Have Physical Disability: *1*

Inspections / Reviews

04/26/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/11/2023*

Inspections / Reviews (*continued*)

05/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/24/2023

05/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/05/2023

08/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 4/26/23 at 9:24 AM, the bathroom in the SDCU which was unlocked, unattended, and accessible and there was 5oz can of Barbasol Shaving Cream sitting on top of the hand dryer. The safety data sheet indicates if product is ingested to call a physician immediately. The residents in the SDCU have been deemed unable to safely use and avoid poisonous materials.

On 4/26/23 at 9:35 AM, in Resident 1's room, there was a 11.25Fl oz bottle of Softsoap Fresh Citrus Hand Soap and a 2.3 oz Lady Speed Stick Deodorant, unlocked, unattended, and accessible in resident's upper left-hand cabinet above the sink. The product labels for both products state to get medical help or call poison control right away if swallowed. Per resident's current medical evaluation dated 6/20/22 and current support plan dated 6/20/22, resident is unable to safely use and avoid poisonous materials.

On 4/26/23 at 9:42 AM in Resident 2's room, there was 7Fl oz of DG Spice After Shave and a 2.7 oz container of Degree Cool Rush stick deodorant. DG Spice After Shave label says to keep out of reach of children, and the Degree Cool Rush label states if swallowed, to get medical help or call poison control right away. Per resident's current medical evaluation dated 2/7/23 and current support plan dated 3/8/23, resident is unable to safely use and avoid poisonous materials.

Plan of Correction

Accept (████ - 05/15/2023)

On 4/27/23 Harmony Square director and Healthcare Director removed all poisonous materials from resident's rooms. On 4/28/23 Toolboxes with locks were received and each resident's items were placed in the toolboxes and locked with a combination lock. Harmony square director will conduct weekly audits of resident's toolboxes and make sure that all poisonous materials are locked up through 4/30/24.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (████ - 06/09/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/26/23 at approximately 9:24 AM, there was a strong urine smell in the public bathroom in the SDCU and there was a liquid substance on the floor near the toilet. There was also a strong smell of urine in the main SDCU area and near the furniture.

On 4/26/23 at approximately 9:35 AM, there was a strong urine smell in the SDCU in the Hallway outside of Resident 3's room.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept (████) - 05/24/2023)

Immediately the common area bathroom in SDCU was cleaned by the housekeeper. Maintenance Director used the inhouse carpet extractor outside of resident #3 room to remove urine smell on 4/27/23. An audit form was created 04/26/23 that the Harmony Square Director and or housekeeper will complete to ensure that the common area bathroom is clean at all times and there are no urine odors in the hallways daily. Audits to be reviewed starting 04/27/23 by Harmony Square Director and or Executive Director daily. Daily audits to be completed through 4/26/24. Maintenance Director also getting quotes to have carpets cleaned professionally in SDCU by 6/01/23.

Licensee's Proposed Overall Completion Date: 06/01/2023

Not Implemented (████) - 06/09/2023)

88a - Surfaces

3. 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 4/26/23 at approximately 9:240 AM the Floor in the public bathroom in the SDCU was sticky.

On 4/26/23 at 10:09 AM, the carpet outside of the 2nd floor laundry room was loose creating a tripping hazard.

In Resident 4's bedroom there was pieces of a broken lightbulb glass on the floor near the head of the resident's bed and near the resident's nightstand.

In Resident 5's bedroom there was a hole observed in the ceiling measuring approximately 3 inches.

In Resident 6's bedroom the carpet observed in the living room area of the Resident's Room was extremely stained.

In Resident 7s bedroom there was a liquid Substance observed on the floor at the entrance of room, and tracked into the room, posing a slipping hazard.

Plan of Correction

Accept (████) - 05/24/2023)

Immediately on 4/26/23 the bathroom floor and resident # 7's floor in the SDCU was cleaned by the housekeeper. Immediately Resident # 3's floor was cleaned of the broken glass. On 4/27/23 Resident # 5's ceiling was repaired by Maintenance Director. An audit form was created on 4/26/23 for the housekeeper and or Harmony Square Director to complete daily and hand in to the Executive Director for review. Compliance with audit will be done daily through 4/26/24. Immediately after the carpet was found to be a tripping hazard on 4/26/23 outside of the 2nd floor laundry room it was repaired by the Maintenance Director. Carpet in Resident #6 living room was cleaned on 4/27/23 by Maintenance assistant. A daily audit sheet was created 4/26/23 for med techs to report any peeling and or soiled carpet to the Health Care Director. The same audit will ask Med Techs to check rooms for broken glass, drywall in need of repair or any other hazard in a resident's room and report findings to the Health Care Director. Audit to be reviewed by Health Care Director and or Executive Director daily so that repairs can be made. Audit to be ongoing until 4/26/24.

Licensee's Proposed Overall Completion Date: 05/23/2023

88a - Surfaces (continued)

Not Implemented [REDACTED] - 07/27/2023)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/26/23 at 10:08 AM, approximately 1/4 inch accumulation of lint found in the lint trap of the 1st dryer closest to the entrance of the 2nd floor laundry room. There were no clothes in the dryer at the time and the dryer was cold to the touch.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

on 4/27/23 the healthcare director completed a walk through to ensure each dryer was free of lint. A check off was added to the Med Tech daily assignment sheet on 04/27/23 to check and remove lint from dryers each shift. This audit began to be completed on 4/28/23 by the med tech and or Health Care Director each shift and reviewed by the Executive Director weekly to ensure compliance through 4/26/24.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 06/09/2023)

254a - Records Discharge/Active

5. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 4/26/23 at 10:00 AM, a laptop was observed on top of the Medication Cart in the SDCU and was unlocked, unattended and accessible. There were 16 resident records observed visible and accessible on the laptop screen.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Healthcare director reviewed the HIPAA guidelines with the med techs on 4/27/23 and the policy relating to maintaining resident's confidential information by 5/26/23. The Healthcare director and or Executive Director will review this policy with all new team members upon hire and will review annually in scheduled staff meetings with all team members. Daily walk throughs to be completed by Health Care Director and or Harmony Square Director ongoing through 4/26/24.

Licensee's Proposed Overall Completion Date: 05/26/2023

Not Implemented [REDACTED] - 06/09/2023)