



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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.

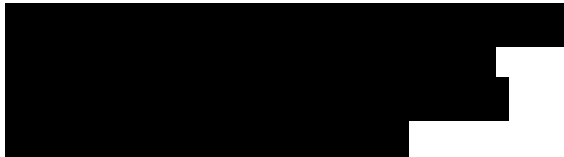
Sincerely,



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]
[REDACTED] Email: [REDACTED]m

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *133* Waking Staff: *100*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/31/2023*

Inspection Dates and Department Representative

05/30/2023 - On-Site: [REDACTED]
05/31/2023 - On-Site: [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: *28*

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: *33* Have Physical Disability: *1*

Inspections / Reviews

05/30/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2023*

06/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/29/2023

07/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/11/2023

08/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct Staff Member B, hired [REDACTED]/2020 did not receive annual training in following topics during training year 2022:

1. Medication self-administration
2. Instruction on meeting the needs (DME & RASP)
3. Care for residents w/dementia & cognitive impair.
4. Infection control/cleanliness/immobility concerns
5. Personal care service needs of the resident
6. Safe management techniques
7. Care for residents with MH or ID, if served

Plan of Correction

Accept [REDACTED] - 07/03/2023)

Immediately the Healthcare Director and Executive Director gave required trainings to staff member B to complete [REDACTED] training calendar for 2022 on 6/5/23. Healthcare director will complete training on Medication self-administration, Instruction on meeting the needs (DME & RASP), Care for residents w/Dementia &cognitive Impairment, Infection control/cleanliness/Immobility concerns, Personal care service needs of the resident, safe management techniques, and care of residents with MH or ID, if served to all current staff members by 6/30/23 and will begin training all new staff members immediately upon new hire. Healthcare Director and/or Executive Director will complete training annually at "All Staff Inservice Meetings" for all staff members and track completion through signature sheets at "All Staff Inservice Meetings" ongoing through 5/31/24.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 07/27/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Ancillary Staff Member A, hired [REDACTED]/21 and Direct Care Staff Member B, hired [REDACTED]/2020 did not receive annual training in the following topics during training year 2022:

1. Fire safety by a fire safety expert or staff trained by FSE
2. Emergency preparedness procedures
3. Resident rights
4. Older Adult Protective Services Act (OAPSA)
5. Falls and accident prevention
6. New population groups (if applicable)

Plan of Correction

Accept [REDACTED] - 07/03/2023)

Immediately the Healthcare Director and Maintenance Director gave required trainings to staff member A & B to complete [REDACTED] training calendar for 2022 on 6/5/23. Maintenance Director will complete fire safety training for all staff members by 6/30/23. Maintenance Director will complete fire safety training for all new staff members upon orientation beginning 6/12/23. The Healthcare director and/or Maintenance Director will complete Emergency

65g - Annual Training Content (continued)

preparedness training, Resident Rights, Older Adult Protective Services Act, Falls and accident prevention and new population (if applicable) to all staff members by 6/30/23 and will implement in new hire orientation immediately and ongoing through 5/31/24. Healthcare Director and Maintenance Director will complete training annually at "All Staff Inservice Meetings" for all staff members and track completion through signature sheets at "All Staff Inservice Meetings" ongoing through 5/31/24.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (█) - 07/27/2023)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 5/30/23 at 10:50 am, Resident 1 had an uncovered enabler bar installed on the left side of the bed. The opening of the enabler bar was 5 ½ inches high and 18 inches wide, posing an entrapment risk.

On 5/30/23 at 11:11 am, Resident 2 had an uncovered enabler bar installed on the left bottom corner of the bed. The opening of the enabler bar was 12 inches high and 13 inches wide, posing an entrapment risk.

Plan of Correction

Accept (█) - 07/03/2023)

Resident 1 has since moved out of the community on 6/11/23. The enabler bar was removed on 5/30/23 by the maintenance director. The enabler bar on resident 2 bed was removed by maintenance director on 5/30/23. To Begin on 5/31/23 the maintenance director will measure enabler bars and report the measurements to the Executive Director and / or Health Care Director. Communication to be sent to families by Executive Director by 6/30/23 informing them of the requirements for enabler bars and that they must bring in any device to be inspected by Maintenance Director prior to being installed. The Maintenance Director will maintain, and update as needed a list of all Personal Care residents possessing enabler bars ongoing through 05/31/24.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (█) - 07/27/2023)

82c - Locking Poisonous Materials

4. 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 5/30/23 at 9:48 am there was a 100 count package of Aloe FitRight Cleansing Cloths found unlocked, unattended, and accessible on the back of the resident toilet in Resident 3's room. Per the safety data sheet for this product, if ingested, it states to get immediate medical help or call poison control. Per the resident's current medical evaluation (DME) dated 9/18/22, the resident is unable to safely use or avoid poisonous materials.

On 5/30/23 at 9:56 am there was an 18fl oz container of Aveeno Skin Relief Moisturizing Lotion found unlocked, unattended, and accessible on the nightstand by Resident 4's chair. The product label states to get immediate medical

82c - Locking Poisonous Materials (continued)

help or call poison control if swallowed. Per the resident's current DME dated 5/11/23, the resident is unable to safely use or avoid poisonous materials.

On 5/30/23 at 10:06 am there was a 100 count package of Aloe FitRight Cleansing Cloths found unlocked, unattended and accessible on the back of resident 5's toilet. Per the safety data sheet for FitRight Cleansing Cloths, if ingested, to get immediate medical help or call poison control. Per the resident's current DME dated 12/14/22, the resident is unable to safely use and avoid poisonous materials.

Plan of Correction

Accept (redacted) - 07/03/2023)

On 5/30/23 Resident 3, 4 and 5 had poisonous materials removed by the Harmony Square Director immediately and placed in locked toolbox in above resident's rooms. Harmony Square Director to hold Inservice by 6/30/23 with all staff that work in the memory care area to educate staff on poisonous materials and how to keep them locked up. Harmony Square Director on 5/30/23 implemented weekly audits of resident's toolboxes and will make sure that all poisonous materials are locked up through 5/30/24

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (redacted) - 07/27/2023)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/30/23 at approximately 10:47am, the Continuous Positive Airway Pressure (CPAP) mask for Resident 6 was observed to have a yellow/brownish discoloration.

On 5/30/23 at approximately 10:55 am, soiled "Depends" Undergarments were observed in the uncovered trash can in the Resident 1's and Resident 6's shared bedroom.

Plan of Correction

Accept (redacted) - 07/03/2023)

Resident # 6 moved out of the community on (redacted)/23. Immediately the Healthcare Director changed out the CPAP mask on 6/1/23. The Healthcare director and/or Executive director to educate all current staff members on 6/22/23 to clean continuous Positive Airway Pressure (CPAP) mask weekly and to replace monthly and as needed. Audits to be created by 6/30/23 and completed by med techs weekly. Audits to be reviewed weekly by Health Care Director and or Executive Director weekly to ensure compliance ongoing through 5/30/24. Immediately the Healthcare Director emptied the trash in resident # 6's room on 5/30/23. Health Care Director will educate all current staff to remove trash from resident rooms every shift and as needed by 6/30/23. Healthcare director and/or executive director will educate all new staff members upon orientation effective immediately ongoing through 5/30/24

Licensee's Proposed Overall Completion Date: 06/30/2023

Not Implemented (redacted) 07/27/2023)

88a - Surfaces

6. Requirements

88a - Surfaces (continued)

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 5/30/23 at approximately 10:36 am blue X's were observed taped on the carpeting throughout the hallway on the 2nd floor in Personal Care. These X's were used to identify areas where the floor has settled creating low spots under the carpet and posing a potential tripping hazard.

On 5/30/23 at approximately 11:24 am a large crack in the dry wall was observed in the wall toward the ceiling in the 4th floor hallway in personal care.

On 5/30/23 at approximately 9:33 am there were bird's nests observed outside obstructing two dryer vents on the independent living side of the building, posing a potential safety hazard.

On 5/31/23 at 2:31pm, in Resident 8's bedroom the carpet observed in the living room area of the resident's room was extremely stained.

Plan of Correction

Accept (████ - 06/20/2023)

Immediately on 5/31/23 the Executive Director spoke with the Regional Director of Operations about the low points in the flooring on the 2nd floor. Plan being devised to have an independent contractor come out and ensure the community is structurally safe and give recommendations on repairs by 7/15/23. On 6/1/23 the crack in the dry wall in the 4th floor hallway in personal care was repaired by the maintenance director. On 6/1/23 the carpet in resident #8's room deep cleaned by the maintenance director. Immediately on 6/1/23 the Maintenance Director to obtain quotes for scissor lift, and schedule time to have scissor lift delivered to community to remove the two bird nests in the Independent Living Building by 7/1/23. A daily walk-through audit created on 6/1/23 for the maintenance director to walk the interior and exterior of the community looking for cracks in dry wall, dirty carpets, bird nests in exterior dryer vents and checking for low spots in flooring daily. Audit to be reviewed by the Executive Director weekly ongoing until 5/31/24.

Licensee's Proposed Overall Completion Date: 07/15/2023

Not Implemented (████ 07/31/2023)

101j3 - Bed/Linens/Pillows/Blankets

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 5/30/23 at approximately 10:48 am, Resident 1's and Resident 6's blue fitted mattress sheet was observed on the bed, with two dried brownish spots and 4 dried white spots on the left-hand side of the sheet.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction

Accept [REDACTED] - 07/03/2023)

Immediately on 5/30/23 the Health Care Director removed the sheets from resident #1 and #6 bed and laundered them and replaced back on the bed. Healthcare director and/or executive director to educate current staff members to check each resident's bed linens daily, if soiled to launder as needed to ensure all residents linens are clean and in good repair on 6/22/23. Healthcare director and/or executive director to educate new staff members to check each resident's bed linen's daily, if soiled to launder as needed to ensure all residents linens are clean and in good condition daily upon orientation starting 6/5/23. Will continue ongoing through 5/31/2024

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] 07/27/2023)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/30/23 at 10:46 am, a long white oval pill was found unlocked, unattended, and accessible in on the carpet beside Resident 1's nightstand.

Plan of Correction

Accept [REDACTED] - 07/03/2023)

Immediately on 5/30/23 the Healthcare Director removed the pill from the floor in resident #1's room. Healthcare Director and/or Executive director will educate all staff members on prescription medications, OTC medications, CAM and syringes to be kept in a secure area by 6/30/23. Healthcare Director and/or Executive Director will educate each new staff member upon orientation, effective immediately ongoing through 5/31/2024

Licensee's Proposed Overall Completion Date: 06/30/2023

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

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 5/30/23 at approximately 10:40 am, Resident 1 had a bottle of Amlodipine (10 mg) with a prescription label on the dining table in resident's room. However, Resident 1's Medication Administration Record does not list Amlodipine as a current medication.

Plan of Correction

Accept [REDACTED] - 07/03/2023)

Immediately on 5/30/23 the Amlodipine was removed from resident #1's room by health care director. Healthcare director and/or Executive director will educate all current staff members that each resident must have a doctor's order for any and all medications in their possession by 6/30/23 and continue education annually. Med tech audit updated 6/26/23 to include checking the resident's room for non-prescribed medications daily. Healthcare director and/or Executive director will educate each new staff member to begin 06/12/23 and ongoing through 5/31/2024

Licensee's Proposed Overall Completion Date: 06/30/2023

187a - Medication Record (continued)

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

254a - Records Discharge/Active

10. 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 5/30/23 at 10:35 am, Resident 7's record was found were unlocked, unattended, and accessible on the desk at 3rd floor nurse's station. In addition, the 3rd cabinet from the top, labeled "4th floor charts" was unlocked unattended ad accessible.

Plan of Correction

Accept [REDACTED] 06/20/2023)

Immediately on 5/30/23 the Executive Director removed the chart from the desk and placed it back in the chart rack. Healthcare director and/or Executive director will educate each staff member to maintain each resident record in a confidential manner by 6/30/23, and will continue annually, Healthcare director and/or Executive director will educate each new staff member to maintain each resident record is kept in a confidential manner effective immediately. Training to be ongoing through 5/31/2024

Licensee's Proposed Overall Completion Date: 06/30/2023

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