



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.

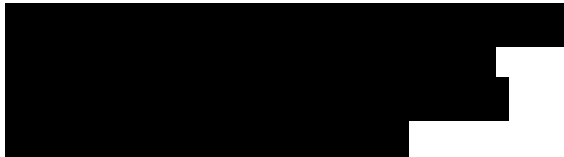
Sincerely,



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: *06/08/2024*
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: *125* Waking Staff: *94*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/20/2023*

Inspection Dates and Department Representative

07/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *93*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *35* Residents Served: *27*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *93*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

07/20/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2023*

Inspections / Reviews *(continued)*

08/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/18/2023

08/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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

The home sent a reportable incident form to the Department on 7/17/23 that describes an injury of Resident 1 in the secured courtyard on 7/16/23. The incident report form read, in part: "[Resident 1] was outside in our secured courtyard and had a fall. [redacted] was found by the care associate [Staff Person A] in the mulched (sic) area of the courtyard with minor cuts to [redacted] feet and hands." The incident report fails to accurately describe the event, which includes the fact that the resident had eloped from the building between approximately 2:30 p.m. and 2:40 p.m. Resident 1 was not found by Staff Person A until approximately 4:30 p.m. Furthermore, the resident suffered a multitude of injuries, including heat stroke, dehydration, second degree burns to both feet and had an internal body temperature of 102.5 degrees Fahrenheit when [redacted] arrived at the hospital on 7/16/23 at 5:34 p.m.

Plan of Correction

Directed [redacted] - 08/14/2023)

upon exit conference 07/20/2023 the Healthcare Director and Executive Director will send initial state reportable to DHS within 24 hours. Healthcare Director and/or Executive Director will send a follow up report with additional pertinent information related to the event in a timely manner.

[Directed]

- On 7/20/23, the Executive Director, the Healthcare Director and the Harmony Square Healthcare Director were educated on this violation by Inspectors during the exit conference.

- Starting 8/18/23, the Executive Director will collect as many details as possible about the incident within 24 hours of the incident occurring. Details will include extent of injuries and timeline of the incident. Executive Director will obtain these details by obtaining and reviewing documentation as well as completing interviews. Then the Executive Director will complete an incident reporting form, including the details obtained through investigation, and send it to DHS within 24 hours of the incident occurring.

- Starting 8/18/23, incident reports will be reviewed at the Quality Management meetings to ensure details of an incident are accurately reported on the incident report.

Directed Completion Date: 08/18/2023

Not Implemented [redacted] - 08/25/2023)

42b - Abuse

2. 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

On 07/16/2023, Resident 1 fell in the secured courtyard of the Secure Dementia Care Unit (SDCU). It is estimated that the resident entered the secured courtyard between 2:30 p.m. and 2:40 p.m. and was found by Staff Person A at approximately 4:30 p.m. The average high temperature for that day was 87 degrees Fahrenheit.

42b - Abuse (continued)

Resident 1 was transported to the hospital due to multiple injuries, including cuts, scrapes, abrasions and 2nd degree burns on [REDACTED] lower extremities as documented in the hospital care notes. Upon admission to the hospital, it was also noted that the resident had a rectal temperature of 102.5 degrees Fahrenheit and was diagnosed with heat exhaustion and dehydration.

Plan of Correction**Directed [REDACTED] - 08/14/2023)**

Immediately on 7/17/23 the Healthcare Director and Executive Director implemented an audit of all exterior doors to ensure locking mechanisms are working and codes are posted. On 07/17/2023 door check audit form was implemented to ensure all exteriors are secure. Also, on 07/17/2023 a head count of residents was implemented at the beginning and end of each shift. Abuse and Neglect in-service and training held by Health Care Director with all staff on 7/27/23. Audits will continue through 07/20/2024.

[Directed]

- On 7/17/23, the Healthcare Director and Executive Director completed an audit of all Secure Dementia Care Unit (SDCU) exterior doors to ensure locking mechanisms are working and codes are posted.
- On 07/17/23, a door check audit form was implemented to ensure all exteriors of the SDCU are secure. Starting 7/17/23, an audit of all the exteriors of the SDCU will be conducted weekly by the Maintenance Director or designee to ensure all exits from the SDCU have working locking mechanisms and codes are posted. Door check audit forms will be completed and kept.
- Abuse and Neglect in-service and training held by Health Care Director with all staff on 7/27/23.
- Starting 07/17/23, SDCU staff will take a head count of all SDCU residents at the beginning and end of each shift.
- All SDCU residents will be assessed for wandering behavior by the Harmony Square Director and/or Healthcare Director. Those residents identified as having wandering behaviors will have a written supervision plan put in place and their support plans will be updated by 8/18/23.
- Starting 8/18/23, SDCU courtyard checks will be completed by staff every 30 minutes.

Directed Completion Date: 08/18/2023

Not Implemented [REDACTED] - 08/25/2023)**234b - Support Plan Needs Elements****3. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Staff reported Resident 1 has "manic episodes" which include the following behaviors: constantly moving [REDACTED] body, exit seeking, not sleeping, not eating and attempting to take off [REDACTED] clothing. Resident's current support plan, dated 04/24/2023, does not include these behaviors or identify the services required to address them.

234b - Support Plan Needs Elements (continued)

Plan of Correction

Directed [redacted] - 08/14/2023)

On 07/24/2023 the Harmony Square Director updated Resident 1's support plan to include [redacted] behaviors and the services required to address them . Moving forward all support plans will include any resident behaviors and the services required to address them to be completed by the Healthcare Director or Harmony Square Director as needed for updates. Harmony square director and/or Healthcare Director will continue to audit rasps for appropriate behavioral expression interventions through 07/20/2024

[Directed]

- On 7/20/23, the Harmony Square Director and the Healthcare Director were educated on this violation by Inspectors during the exit conference.*
- On 7/24/23, the Harmony Square Director updated Resident 1's support plan to include resident's behaviors and the services required to address them.*
- Harmony Square Director will complete an audit of all current Secure Dementia Care Unit (SDCU) resident support plans to ensure all behaviors and services are accurately documented. This audit will be completed by 8/18/23.*
- Starting 8/18/23, the Harmony Square Director will complete a quarterly audit of all SDCU resident support plans to ensure all behaviors and services are accurately documented. Documentation of the audits are to be completed and kept.*

Directed Completion Date: 08/18/2023

Not Implemented [redacted] - 08/25/2023)