

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

October 13, 2023

[REDACTED]
HARMONY HOUSE MANOR INC
[REDACTED]

RE: HARMONY HOUSE MANOR
601 LAMBERD AVENUE
JOHNSTOWN, PA, 15904
LICENSE/COC#: 31439

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2023 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 HOUSE MANOR* License #: *31439* License Expiration: *05/09/2024*
 Address: *601 LAMBERD AVENUE, JOHNSTOWN, PA 15904*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HARMONY HOUSE MANOR INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/25/1994* Issued By: *DL&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/29/2023*

Inspection Dates and Department Representative

08/29/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *23*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Touchstones* Capacity: *26* Residents Served: *6*

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

08/29/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2023*

09/25/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/12/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2023*

Inspections / Reviews *(continued)*

10/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/13/2023

10/13/2023 - Document Submission

Submitted By: [REDACTED]ker

Date Submitted: 10/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/24/23 and 8/26/23, from 8:00 pm to 5:00 am, 23 residents were present in the home. During this time, there were no staff persons present in the home who are certified in CPR and first aid.

Plan of Correction

Accept (████) - 09/29/2023)

Administrator will use a new hire checklist (see attached). Administrator will also use a staff list, compiled from tabula, effective 9/25/23, to show if staff are trained/not trained which this list will be updated regularly to reflect the ability of staff to work together. Staff were trained on this regulation 9/15/23. The Administrator audited all staff files 9/25/23 (see attached) to ensure required staff have both CPR/First Aid. Staff education needs were addressed at the Quality Management meeting on 9/25/23.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (████) - 10/13/2023)

162e - Menu Changes

2. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 8/29/23, French toast was listed on the menu for the breakfast meal. However, pancakes were served instead. No notice was provided to the residents in advance of the meal.

On 8/29/23, hamburgers were listed on the menu for the lunch meal in the Secure Dementia Care Unit (SDCU). However, chicken patty sandwiches were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept (████) - 09/29/2023)

All staff were educated on this violation / POC 9/15/23. Administrator will conduct regular daily audits, beginning 9/25/23 thru 11/30/23, to ensure the menus reflect what is being served and that menu changes are posted on both floors.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (████) - 10/13/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed 40mg pantoprazole every 12 hours. However, Resident #1 was administered this medication at 7:00 am and 5:00 pm from August 1 through August 28.

Plan of Correction

Accepted (████) 09/29/2023)

Administrator and med techs will do a monthly med cart audit beginning 9/18/23 to ensure the home is following the directions of the prescriber. All staff were trained on this violation / POC 9/15/23.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (████) - 10/13/2023)

221a - Program Activities**4. Requirements**

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

On 8/29/23, the home's activity calendar for the main personal care unit listed the following activities: 9:00 am horoscopes and 9:30 am devotional. Neither of these activities occurred.

Plan of Correction

Accepted (████) - 09/29/2023)

The administrator compiled a new activities schedule for both PC/SDU floors effective 9/18/23. Administrator will observe/audit staff, from now thru 11/18/23 to ensure activities on both floors are being conducted as scheduled. All staff were trained on this violation / POC 9/15/23.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (████) 10/13/2023)

237a - Activities**5. Requirements**

2600.

237.a. The following types of activities shall be offered at least weekly:

1. Gross motor activities, such as dancing, stretching and other exercise.
3. Social activities, such as games, music and holiday and seasonal celebrations.
4. Crafts, such as sewing, decorations and pictures.
5. Sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing.
6. Outdoor activities, as weather permits, such as walking, gardening and field trips.

Description of Violation

On 8/29/23, the home's activity calendar for the Secured Dementia Care Unit (SDCU) listed the following activities: 9:15 am horoscopes, 9:30 am devotional, and 10:00 am "hit the bucket". None of these activities occurred.

During the month of August 2023, no outdoor activities were offered.

237a - Activities (continued)

During the week of 8/6-8/12/23, no crafts or sensory and memory enhancement activities were offered.

Repeat violation - 4/18/23

Plan of Correction**Accept** [REDACTED] - 09/29/2023)

Administrator compiled a new activities schedule for the SDU effective 9/18/23. Administrator will observe/audit staff, from now thru 11/18/23 to ensure activities in the SDU are being conducted as scheduled. All staff were trained on this violation / POC 9/15/23.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented [REDACTED] - 10/13/2023)