

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

November 20, 2023

[REDACTED], OWNER
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 09/13/2023, 09/21/2023, 09/28/2023 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]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/24/1994 Issued By: DL&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/13/2023

Inspection Dates and Department Representative

09/13/2023 - On-Site: [REDACTED]
 09/21/2023 - Off-Site: [REDACTED]
 09/28/2023 - 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: 7
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 0
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

09/13/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/15/2023

Inspections / Reviews *(continued)*

10/13/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/15/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/20/2023

11/15/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/15/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/22/2023

11/20/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/15/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

42b - Abuse

1. 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 [REDACTED] during the daytime shift, the Secure Dementia Care Unit (SDCU) contained 7 residents. During this shift, there were 3 staff working: staff person B, staff person C and staff person D. Staff person B was a 15-year-old ancillary staff person. Staff person C, who was scheduled as direct care staff, however, staff person C does not have direct care certification. Therefore, staff person D was the only direct care certified staff for the 23 residents in the home.

On [REDACTED] at approximately [REDACTED], staff person D requested staff person C leave the SDCU to come upstairs to the main personal care unit to assist with another resident, leaving staff person B alone in the SDCU. After staff person C left the unit, staff person B was going into the restroom when Resident #1 exposed themselves and grabbed staff person B. Staff person B called staff person D on the phone. Staff person D reported hearing screaming and the call was dropped. Staff person B then began to throw shampoo bottles at Resident #1 to get the resident to retreat. When staff person D arrived on the SDCU unit, Resident #1 was in his/her room and shampoo bottles were observed on the floor in the hallway.

Resident #1 was admitted on [REDACTED] with a history of exposing his/her genitals, asking staff for sex, and had exposed themselves to staff at this home prior to the incident on [REDACTED].

Plan of Correction**Accept ([REDACTED] - 11/15/2023)**

Staff were educated on this regulation/violation (see attached) on 10/9/23. Administrator will ensure and check daily that there are trained staff on assigned floors (see attached) beginning 10/13/23. Administrator will ensure staff review support plans to become more familiar with residents needs and behaviors (see attached) beginning 10/13/23. Administrator scheduled training for all staff on abuse/neglect, to be conducted by an outside agency on 11/2/23 which administrator and outside agency will educate staff on reporting abuse, who they are to report as well as what is a reportable incident on 11/2/23.

Licensee's Proposed Overall Completion Date: 11/02/2023

42b Abuse (continued)

Implemented [redacted] - 11/17/2023)

51 Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired on [redacted], did not have a criminal background check completed until [redacted].

Plan of Correction

Accept [redacted] - 11/15/2023)

Staff were educated on this regulation/violation (see attached) 10/9/23. Administrator will utilize attached checkoff list, effective 10/13/23, to ensure timely requests of the criminal background check (see attached).

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/20/2023)

54a Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation - 4/18/23

Plan of Correction

Accept [redacted] - 11/15/2023)

Staff were educated on this regulation/violation (see attached) 10/9/23. Administrator will utilize attached checkoff list, as of 10/13/23, to ensure new staff have required qualifications as high school diploma or GED (see attached).

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/20/2023)

54b Staff Under 18 Years

4. Requirements

2600.

54.b. An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.

Description of Violation

On [redacted], ancillary staff person B, who is [redacted] years of age, was left alone in the SDCU.

Plan of Correction

Accept [redacted] - 10/13/2023)

Staff were educated on this regulation/violation (see attached) 10/9/23. Administrator will ensure during the hiring

54b - Staff Under 18 Years (continued)

process that requirements are met (see attached).

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented [redacted] - 11/20/2023)

60a - Staff/Support Plan

5. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted], the home had a total of 23 residents, 16 residing in personal care and 7 in the SDCU. Of these 23 residents, 9 receive hospice care. Also, a total of 9 residents are considered immobile.

On the [redacted] dayshift, there were 3 total staff working as follows:

- Staff person B, who is a [redacted]-year-old ancillary staff person.
- Staff person C, who was scheduled as direct care staff, however, this staff person does not have direct care certification.
- Staff person D was the only direct care certified staff for 23 residents.

Plan of Correction

Directed ([redacted] - 11/15/2023)

Staff were educated on this regulation/violation (see attached) 10/9/23. Administrator will ensure sufficient trained staff are on each floor (see attached) as of 10/13/23. Administrator has developed a list of staff from tabula to show staff are trained as of 10/13/23. Administrator will ensure all shifts on the schedule are staffed properly, as of 10/13/23.

Proposed Overall Completion Date: 11/15/2023

[Directed]

- Starting 11/15/23, Administrator will review the schedules weekly to ensure compliance.

Directed Completion Date: 11/15/2023

Implemented [redacted] - 11/20/2023)

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], and direct care staff C, hired on [redacted], both provided unsupervised care. However, neither staff persons have completed and passed the Department-approved direct care training

65d - Initial Direct Care Training (continued)

course and passed the competency test.

Plan of Correction**Accept** [REDACTED] - 11/15/2023)

Staff were educated on this regulation/violation (see attached) 10/9/23. Administrator will ensure all new staff have required training prior to ADL services (see attached). Administrator has developed a new hire checklist to ensure staff are trained and trained timely, as of 10/13/23. Administrator will review the schedule weekly to ensure staffing needs are met, as of 10/13/23.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented ([REDACTED] - 11/20/2023)