

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

January 3, 2024

[REDACTED], VICE CHAIRMAN MANAGER  
STATE COLLEGE OPERATIONS LLC  
[REDACTED]  
[REDACTED]

RE: HARMONY AT STATE COLLEGE  
121 HAVERSHIRE BOULEVARD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 22803

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *HARMONY AT STATE COLLEGE* License #: *22803* License Expiration: *08/05/2024*  
 Address: *121 HAVERSHIRE BOULEVARD, STATE COLLEGE, PA 16803*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *STATE COLLEGE OPERATIONS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/19/2019* Issued By: *Centre Region Code Enforcement*

**Staffing Hours**

Resident Support Staff: *2* Total Daily Staff: *136* Waking Staff: *102*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Monitoring* Exit Conference Date: *11/15/2023*

**Inspection Dates and Department Representative**

11/15/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *95*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Harmony Square* Capacity: *38* Residents Served: *27*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *39* Have Physical Disability: *1*

**Inspections / Reviews**

11/15/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2023*

Inspections / Reviews (*continued*)

## 12/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2023

## 12/18/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/22/2023

## 01/03/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 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 following medication errors noted on Resident #1's MAR were not immediately reported to the Department:

- Hydrocodone-acetaminophen 5-325 mg; 1 tab by mouth 2x daily was not administered on 9/15/23.
- Valtrex 1 gram tab; 3x daily for 7 days for was not administered from 9/1/23 to 9/3/23.
- Valtrex 1 gram tab; 3x daily for 7 days for [REDACTED]. On 9/19/23, the 8:00am dose was not administered.

## Plan of Correction

Accept [REDACTED] - 12/12/2023)

Resident #1 did not suffer any adverse effects related to these missed medications

On 11/15/2023, Violation 2600.16c. The Health Care Director(HCD) notified hospice of medication error.

On 11/29/2023, the Executive Director(ED) in-serviced the HCD and medtechs on the requirements stated within 2600.16.c

(Exhibit A1 – In-service)

Beginning on 12/4/2023, for the duration of 90 days, the HCD and/or designee will audit five mars weekly x4, biweekly x2, monthly x 1.

(Exhibit A2- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] - 12/28/2023)

## 85d - Trash Receptacles

## 2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

The kitchen trash receptacle did not have a lid. The lid was placed on the ground next to the receptacle.

Repeat violation 9/27/23.

## Plan of Correction

Accept [REDACTED] - 12/12/2023)

On 11/15/2023, Violation 2600.85.d Dining Services Director(DSD) corrected violation at time of survey.

(Exhibit B1-picture of lid on trashcan)

On 11/16/2023, the Executive Director(ED) in-serviced the DSD on the requirements stated within 2600.85.d

(Exhibit B2 – In-service)

Beginning 11/20/2023, for the duration of 90 days, the DSD and/or designee will audit trash receptacles weekly x4, biweekly x2, monthly x 1.

(Exhibit B3- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

85d - Trash Receptacles (*continued*)*Implemented* [REDACTED] - 12/28/2023)

## 141a 1-10 Medical Evaluation Information

**3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*The DME for Resident #1, dated [REDACTED]/23, is missing the following information: height, weight, pulse rate, blood pressure, temperature, immunization history and body positioning.*

*The DME for Resident #4, dated [REDACTED] 23, does not include the resident's height, weight, pulse, temperature, or blood pressure.*

**Plan of Correction***Accept* [REDACTED] - 12/18/2023)

*On 11/17/2023, Violation 2600.141a was reviewed with HSD and corrected violation for Resident #4. Resident #1 expired on this date so we were unable to correct.*

*(Exhibit F-2)*

*Beginning 12/04/2023, for the duration of 90 days, the DSD and/or designee will audit 5 resident charts for accuracy weekly x4, biweekly x2, monthly x 1.*

*(Exhibit H1- Audit Tool)*

**Licensee's Proposed Overall Completion Date: 12/15/2023**

*Implemented* [REDACTED] - 12/28/2023)

## 185a - Implement Storage Procedures

**4. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Blood glucose test results were not accurately recorded as follows:*

*Resident #2, 11/13/23 @ 9:22am: 106 in meter; 105 on MAR.*

*Resident #2 11/12/23 @ 9:49pm: 201 in meter; not recorded on MAR.*

*Resident #3 11/12/23 @ 1:21pm: 111 in meter; 113 on MAR.*

185a - Implement Storage Procedures (continued)

Resident #3 11/12/23 @ 4:23pm: 52 in meter; not recorded on MAR.  
Resident #3 11/14/23 @ 9:30am: 142 in meter; 149 on MAR.  
Resident #3 11/14/23 @ 6:24pm: 76 in meter; 78 on MAR.

The glucometer for resident #5 does not include a reading for 11/12/23 at 7:30 AM. The Medication Administration record has a documented reading of 120.

Resident #6's glucometer reading on 11/15/23 at 7:32 AM was 159 but was incorrectly transcribed as 151. Repeat violation 9/27/23.

Plan of Correction

Accept [redacted] - 12/12/2023)

On 11/29/2023, the ED in-serviced the HSD, and medtechs on the requirements stated within 2600.185.a (Exhibit A1 – In-service)

On 12/08/2023, a new form was implemented to check glucometers for accuracy of correct readings recorded (Exhibit D1- form)

Beginning 12/8/2023, for the duration of 90 days, the HCD and/or designee will audit the glucometer meters to the form to check for accuracy weekly x4, biweekly x2, monthly x 1. (Exhibit D2- audit tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/28/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

- Resident #1 is prescribed Hydrocodone-acetaminophen 5-325 mg; 1 tab by mouth 2x daily for pain. The medication was not administered on 9/15/23 because it was not available.
- Resident #1 is prescribed Valtrex 1 gram tab; 3x daily for 7 days [redacted]. The medication was administered 3x daily on 9/13/23, 9/14/23, 9/15/23, 9/16/23, 9/17/23, 9/18/23, but only twice on 9/19/23. The 8:00am dose was not administered.
- Resident #1 is prescribed Valtrex 1 gram tab; 3x daily for 7 days [redacted]. The medication was administered for only 4 days from 9/4/23 to 9/7/23. It was not administered from 9/1/23 to 9/3/23 because it was not available.

Plan of Correction

Accept [redacted] - 12/12/2023)

Resident #1 did not suffer any adverse effects related to these missed medications as noted above.

On 11/15/2023, Violation 2600.16c. The Health Care Director(HCD) notified hospice of medication error.

On 11/29/2023, the ED in-serviced the HSD and medtechs on the requirements stated within 2600.187.d (Exhibit A1-in-service sheet)

Beginning 12/04/2023, for the duration of 90 days, the HCD and/or designee will audit 5 MARs to check no medications were missed weekly x4, biweekly x4, monthly x 1. (Exhibit E1- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

187d - Follow Prescriber's Orders (*continued*)*Implemented* [REDACTED] - 12/28/2023)

## 188b - Medication Error Reporting

**6. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*The following medication errors noted on Resident #1's MAR were not immediately reported to their family or physician:*

- *Hydrocodone-acetaminophen 5-325 mg; 1 tab by mouth 2x daily was not administered on 9/15/23.*
- *Valtrex 1 gram tab; 3x daily for 7 days for was not administered from 9/1/23 to 9/3/23.*
- *Valtrex 1 gram tab; 3x daily for 7 days for [REDACTED]. On 9/19/23, the 8:00am dose was not administered.*

**Plan of Correction***Accept* [REDACTED] - 12/12/2023)

*Resident #1 did not suffer any adverse effects related to these missed medications as noted above.*

*On 11/29/2023, the ED in-serviced the HSD and medtechs on the requirements stated within 2600. 188.b (Exhibit A1 – In-service)*

*Beginning 12/4/2023, for the duration of 90 days, the HCD and/or designee will audit 5 MARs weekly x4, biweekly x2, monthly x 1 to check for accuracy of medications avail and administered.*

*(Exhibit E1- Audit Tool)*

**Licensee's Proposed Overall Completion Date:** 12/15/2023

*Implemented* [REDACTED] - 12/28/2023)

## 188c - Medication Error Documentation

**7. Requirements**

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**Description of Violation**

*Resident #1's records do not have documentation of the following medication errors or the prescriber's response:*

- *Hydrocodone-acetaminophen 5-325 mg; 1 tab by mouth 2x daily was not administered on 9/15/23.*
- *Valtrex 1 gram tab; 3x daily for 7 days for was not administered from 9/1/23 to 9/3/23.*
- *Valtrex 1 gram tab; 3x daily for 7 days [REDACTED] On 9/19/23, the 8:00am dose was not administered.*

**Plan of Correction***Accept* [REDACTED] - 12/12/2023)

*Resident #1 did not suffer any adverse effects related to these missed medications as noted above.*

*On 11/15/2023, Violation 2600.16c. HCD notified hospice of medication error.*

*On 11/29/2023, the ED in-serviced the HSD and medtechs on the requirements stated within 2600. 188.c (Exhibit A1 – In-service)*

*Beginning 12/4/2023, for the duration of 90 days, the HSD and/or designee will audit 5 MARs weekly x4, biweekly x2, monthly x 1 to ensure all medications were administered or physician/family/resident were contacted if a*

188c - Medication Error Documentation (continued)

medication was missed.  
(Exhibit E1- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/28/2023)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Prescreener form for resident #4, dated [redacted]-23, does not include a determination if the resident meets the criteria for personal care home placement.

Plan of Correction

Accept [redacted] - 12/12/2023)

On 11/16/2023, Violation 2600.224.a Resident #4 prescreen updated to show resident meets criteria of home.  
(Exhibit F1- Resident #4 prescreen)

On 11/16 & 12/4/2023, the ED in-serviced the HCD and HSD on the requirements stated within 2600.224a  
(Exhibit F2 – In-service)

Beginning 12/4/2023, for the duration of 90 days, the HCD and/or designee will audit 10 prescreens weekly x4, biweekly x2, monthly x 1.  
(Exhibit F3- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/28/2023)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

An annual RASP has not been completed for Resident #1. The last RASP completed is dated [redacted]/22.

Plan of Correction

Accept [redacted] - 12/12/2023)

On 11/16 & 12/4/2023, the ED in-serviced the HCD and HSD on the requirements stated within 2600.224a  
(Exhibit F2 – In-service)

Resident #1 Rasp could not be updated due to resident expired [redacted]

Beginning 12/04/2023, for the duration of 90 days, the HCD and/or designee will audit 5 RASP weekly x4, biweekly x2, monthly x 1 to ensure form was completed on time.  
(Exhibit G1- Audit Tool)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 12/28/2023)