

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

November 30, 2023

[REDACTED], OWNER/ADMINISTRATOR
EJ MARK PROPERTIES LLC
1399 MERCHANT STREET
AMBRIDGE, PA, 15003

RE: HARMONY HAUS SENIOR LIVING
1329-1339 MERCHANT STREET
AMBRIDGE, PA, 15003
LICENSE/COC#: 45018

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2023 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 HAUS SENIOR LIVING* License #: *45018* License Expiration: *05/18/2024*
 Address: *1329 1339 MERCHANT STREET, AMBRIDGE, PA 15003*
 County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED] *ta* Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *EJ MARK PROPERTIES LLC*
 Address: *1399 MERCHANT STREET, AMBRIDGE, PA, 15003*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *02/22/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/12/2023*

Inspection Dates and Department Representative

09/12/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *43* Residents Served: *40*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

09/12/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/01/2023*

Inspections / Reviews *(continued)*

09/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/12/2023

11/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's September 2023 medication administration record does not include the initials of the staff person who administered the medications on the following dates and times:

On [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

The Medical Technician who administered the medications on [REDACTED] recorded [REDACTED] initials in the Medications Administration Record under the administrator's supervision on [REDACTED] at 5:30pm.

The administrator conducted a verbal training regarding DHS regulations and Harmony Haus policies concerning documentation in the Medication Administration Record. The focus of the training revolved around documenting immediately after administration of medications to each individual resident. In addition to the training, Harmony Haus implemented mandatory, bi-weekly "MARs Compliance Checks" by the Administrator Assistant. This training took place at 6:00pm on 09/14/23. The bi-weekly checks are documented in the office on Monday's beginning 09/18/2023, by the Administrator Assistant.

Licensee's Proposed Overall Completion Date: 09/26/2023

[REDACTED] - 11/30/2023)