

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

January 18, 2024

[REDACTED]  
HARMONY HOUSE MANOR INC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2023, 12/13/2023 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: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *12/13/2023*

**Inspection Dates and Department Representative**

12/12/2023 - On-Site: [REDACTED]  
 12/13/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *84* Residents Served: *25*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Touchstone* Capacity: *26* Residents Served: *9*

**Hospice**  
 Current Residents: [REDACTED]

**Number of Residents Who:**

Receive Supplemental Security Income: [REDACTED]	Are 60 Years of Age or Older: [REDACTED]
Diagnosed with Mental Illness: [REDACTED]	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>11</i>	Have Physical Disability: <i>0</i>

**Inspections / Reviews**

12/12/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2023*

01/02/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/16/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2024*

Inspections / Reviews *(continued)*

01/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/12/2024

01/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] at [redacted] the temperature in the freestanding black and silver freezer located in the storage area of the SDCU was observed having a digital display thermometer reading of 13 degrees Fahrenheit. On [redacted] at [redacted] the digital display temperature was observed having a reading of 12 degrees Fahrenheit and an internal thermometer observed with a measurement of 15 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 01/04/2024)

[redacted], administrator and [redacted], dietary moved the food in the silver freezer to the two chest freezers on 12/14/23 until the silver upright freezer is repaired. [redacted], administrator or [redacted], dietary will check/record refrigerator and freezer temperatures daily, beginning 12/28/23 to ensure compliance (see attached chart) and report any discrepancy. Staff were educated on this violation and POC 12/28/23.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [redacted] - 01/18/2024)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 12/12/23, there was an approximate 1/4-inch accumulation of lint in the lint trap of the dryers labeled #2 and #5 located on the SDCU floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 01/04/2024)

[redacted], maintenance cleaned all dryer vents immediately on 12/12/23 and again on 12/27/23. [redacted] maintenance will clean dryer vents accordingly to ensure compliance (see attached). Staff were educated on this violation and POC 12/28/23.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [redacted] - 01/18/2024)

185a - Implement Storage Procedures

3. 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

On 12/13/23, at 10:05 AM the [redacted] for resident [redacted] was incorrectly calibrated and stated at time of 3:09 AM. On 12/13/23, the [redacted] for resident [redacted] recorded a [redacted] incorrectly on the Medication Administration

185a - Implement Storage Procedures (continued)

Record (MAR). A [redacted] reading of [redacted] was entered for 5:00 PM on 12/13/23, however this was observed at 10:00 AM on 12/13/23. The MAR for resident [redacted] at 7:00 AM on 12/1/23 lacked a [redacted] reading but the [redacted] on this date recorded a [redacted] of [redacted] at 4:05 AM. On 12/1/23 at 3:03 PM the MAR recorded a blood sugar recording of [redacted] at 5:00 PM and the [redacted] recorded this at 3:03 PM. On 12/2/23 the MAR for resident [redacted] recorded a [redacted] of [redacted] at 7:00 AM, however the MAR had a recording of [redacted] at 3:30 AM. On 12/2/23 at 2:47 PM the [redacted] said [redacted] and the MAR recorded a reading of [redacted] at 5:00 PM.

Plan of Correction

Accept [redacted] - 01/04/2024)

The [redacted] was recalibrated on 12/13/23 by [redacted], administrator. A med cart audit, auditing [redacted], times and readings, will be done monthly starting 12/26/23 by administrator to ensure compliance and accuracy (see attached). Staff were educated on this violation and POC 12/28/23.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [redacted] 01/18/2024)