

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

April 19, 2024

[REDACTED]
STATE COLLEGE OPERATIONS LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024 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 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: *0* Total Daily Staff: *117* Waking Staff: *88*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/06/2024*

Inspection Dates and Department Representative

03/06/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *125* Residents Served: *87*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Harmony Square* Capacity: *38* Residents Served: *24*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

03/06/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2024*

Inspections / Reviews *(continued)*

04/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/16/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2024

04/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/16/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/17/2024

04/19/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/16/2024
Reviewer: [REDACTED] Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Resident records were requested at [redacted] and not provided by the home until [redacted].

Plan of Correction

Accept [redacted] - 04/09/2024)

2600.5.a.

Immediate: On [redacted], Regional Director of Operations provided education to Executive Director regarding immediate access to resident records and reports upon request.

Completed: [redacted] Exhibit # 1a.

On [redacted] ED provided training to leadership team members regarding immediate access to resident records and reports.

Completed: [redacted] Exhibit # 1b.

Ongoing: Beginning [redacted] immediate and ongoing access to resident records and reports will be granted immediately upon request.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented [redacted] - 04/17/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During med pass observation, staff A was observed walking away from computer, with resident medication information on the screen, leaving residents confidential information accessible.

Plan of Correction

Accept [redacted] - 04/02/2024)

On [redacted] ED provided education to Medication Technicians regarding resident records confidentiality.

Beginning [redacted], the ED or designee will conduct an audit on Medication Technician laptops 3 times a day, starting [redacted] for four weeks; and weekly thereafter for the course of 4 weeks to ensure resident records confidentiality.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented [redacted] 04/19/2024)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

23a - Activities of Daily Living Assistance (continued)

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Residents in the facility require 1-2 hours of assistance per day with Activities of Daily Living. RESIDENT [redacted] states around mealtimes [redacted] waits over an hour when [redacted] rings the call bell. STAFF B states residents wait because they have multiple residents that are 2-person assist, and there are only 2 people scheduled on the floor at a time. RESIDENT [redacted] states [redacted] and [redacted] wife typically take care of things themselves, but when [redacted] fell, he waited a long time for assistance. The Call bell report was reviewed from 2-15-24 through 2-28-24. Every day during that period the call bell report shows over 45 occurrences per 24 hour period where call bells are going unanswered for over 90 minutes, resulting in the facility not meeting the needs of the residents.

Plan of Correction

Accept [redacted] - 04/11/2024)

2600.23.a.

Immediate: Log developed on [redacted] and audit ongoing; Log of Response times exceeding 15 minutes reviewed at daily standup meeting by MD or designee, logged and addressed with appropriate floors/shifts.

Log Completed: [redacted] Exhibit # 4.

Immediate: On [redacted], ED provided education to Direct Care staff on Nurses call Bell System relative to Response time expectations to meet resident's needs.

Completed: [redacted] Exhibit # 5.

[redacted], Nurse Call Bell system response expectations added to new hire orientation for direct care staff.

Completed: [redacted] Exhibit # 6.

On [redacted], ED or designee provided initial training to all staff on Nurse Call Bell response time. Follow up training to be completed by [redacted] for any staff not present at the 3/27/24 in-service.

On [redacted], MD to perform inspection of devices to ensure they are all in good working order.

[redacted] Ongoing Call Bell Log Response Times objective expanded beginning [redacted], Maintenance Director or Designee will print the Nurse Call Bell Response Report daily Monday-Friday, and for a 72-hour period each Monday. The report is to be reviewed at the daily standup meeting. A Call Bell audit will be conducted daily with notes added to the printed report to identify trends relating to shift, personnel, resident or specific resident's needs. Staff identified on both the a) Daily Response Time Log reports and the b) Call Bell Audit Reports will be retrained on proper response times and tracked. Both a) Daily Response Time Log reports and the b) Call Bell Audit Reports and associated Training Rosters will be housed in a separate binder maintained in the ED office.

Completion Date 4/30/2024

***Note: 2600.17 Above Please provide verification of education provided to Med Techs [redacted] and verification of audits completed on laptops. WOULD NOT ALLOW ME TO UPLOAD PROOF UNDER THIS TAG. Therefore, we are uploading Exhibit #2 and Exhibit #3 for Tag 2600.17 as proof of completion that staff were in serviced re: confidentiality of records under this location. Thank you.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] - 04/17/2024)

60a - Staff/Support Plan

4. 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.

60a - Staff/Support Plan (continued)

Description of Violation

The home currently serves 87 residents with 24 residents in the SDCU and a total of 30 residents with mobility needs. 6 residents require an assist of 2 to evacuate during an emergency including 2 residents in the PCH section and 4 residents in the SDU. On [REDACTED], 4 staff persons were scheduled from 10:00 pm to 6:00am. In the event of an emergency the home does not have enough staff to meet the needs of the residents.

Plan of Correction

Accept [REDACTED] - 04/11/2024)

2600.60.a.

Immediate: On [REDACTED], ED verified existing contracts in place for Agency Labor to assist in increasing staffing. In addition, ED reached out to PA CareerLink, local technical/business schools to assist in recruitment efforts.

Completed: [REDACTED] Exhibit # 7.

On [REDACTED] RDO provided training to ED on staffing patterns to meet the needs of the residents based on census and support plans.

Completed: [REDACTED] Exhibit # 8.

By [REDACTED], ED or Designee to fully implement OnShift as a scheduling platform to ensure all staffing patterns are met to ensure safe care of our residents.

Ongoing: To ensure community is staffed appropriately to meet resident needs, beginning [REDACTED], ED will conduct review of weekly clinical schedule with RDO, CNO or Designee for a period of 8 weeks; followed by monthly reviews for the following 3 months. before posting to ensure community is staffed appropriately. In the event of staff shortages, as of [REDACTED], contracts in place for contract labor for a period not to end before [REDACTED]

Completion Date [REDACTED]

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/17/2024)

85d - Trash Receptacles

5. 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

In the main kitchen there were two trash cans not in current use that were uncovered.

Repeat Violation 11/15/23

Plan of Correction

Accept [REDACTED] - 04/09/2024)

85.d.

Immediate: On [REDACTED], DSD located trash lids and appropriately placed on open trash receptacles. ED provided education to all dining associates on proper procedures for securing trash can lids at all times. In addition, audit of lids was added to the kitchen opening and closing checklist.

Completed: [REDACTED] Exhibit # 9 (2pgs.) & Exhibit # 12 (2pgs.)

On [REDACTED], ED provided follow-up training to Dietary Team regarding covered trash receptacles.

85d - Trash Receptacles (continued)

Ongoing: Beginning [REDACTED], ED or Designee to conduct audit of trash receptacles in the kitchens and dining rooms daily for 4 weeks; and weekly thereafter for a period of 8 weeks to ensure trash receptacles coverage is maintained.
Completion Date 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/17/2024)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

In the walk in refrigerator there were 2 bowls of salad, an opened bag of chicken tenders, and 2 trays with fruit bowls not labeled and undated.

Plan of Correction

Accept [REDACTED] 04/09/2024)

103.e.

Immediate: On [REDACTED] ED removed uncovered, unlabel food and disposed of accordingly, and provided training on proper labeling and storage of food items. In addition, audit of lids was added to the kitchen opening and closing checklist.

Completed: [REDACTED] Exhibit # 10 (2pgs.) & Exhibit # 12 (2pgs.)

On [REDACTED] ED provided follow-up training to Dietary Team regarding proper labeling and storage of food items.

Ongoing: Beginning [REDACTED], ED or Designee will conduct audit of kitchen storage areas daily for 4 weeks; and weekly thereafter for a period of 8 weeks to ensure proper labeling and storage.

Completion Date: 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/17/2024)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage area, there was a dented can of applesauce on the can rack ready for use.

Plan of Correction

Accept [REDACTED] - 04/09/2024)

103.i.

Immediate: On [REDACTED], ED immediately removed dented can from storage and disposed of appropriately. ED provided training to dietary staff regarding the regulation stating dented cans may not be used – dented cans to be returned to food supplier. In addition, audit of lids was added to the kitchen opening and closing checklist.

Completed: [REDACTED] Exhibit # 11 (4pgs.) & Exhibit # 12 (2pgs.)

Ongoing: Beginning 4/1/2024, ED or Designee will conduct audit of kitchen dry storage area daily for 4 weeks; and

103i - Outdated Food (continued)

weekly thereafter for a period of 8 weeks to ensure resident food safety.

Completion Date: 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] - 04/17/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most current RASP for Resident [redacted] was completed on [redacted]

Plan of Correction

Accept [redacted] - 04/11/2024)

141.b.1.

Immediate: On [redacted], RASP for Resident [redacted] was redone and physician notified.

UNABLE TO COMPLETE: Resident [redacted] was hospitalized from [redacted] through [redacted]. Resident returned late on [redacted] on hospice and expired on [redacted]. Reportable dated [redacted] submitted as Exhibit #13.

Complete: [redacted] Exhibit # 13 and Death Certificate for Resident #1 Exhibit #13a.

On [redacted], RDO provided training to ED regarding regulation 141. Resident medical evaluation and health care.

Complete: [redacted] Exhibit # 14.

Ongoing: Beginning [redacted], ED or Designee will utilize the RASP Audit Tool to complete audit of all resident charts to ensure RASP's are complete and up to date. Moving forward will utilize the RASP audit tool to ensure RASP's are current and completed on time. Initial audit of all resident files to be completed by [redacted]; ongoing thereafter.

Completion Date 5/15/24

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented [redacted] 04/17/2024)

182b - Prescription Medication

9. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted], Staff Member C was passing medications to residents. Staff member C's Med Tech training was the modified version, which has not been valid since [redacted]

Plan of Correction

Accept [redacted] 04/11/2024)

182.b.

182b - Prescription Medication (continued)

Immediate: On [REDACTED], Staff Member C was pulled from administering medications.

Complete: [REDACTED] Exhibit # 15.

On [REDACTED], Regional Operations Specialist (Certified Medication Administration Trainer) conducted training and observation of Medication Technicians with "Modified Certificates". Med Tech Binder updated with new tests.

Ongoing: Beginning [REDACTED], a tickler file has been created to monitor Certification Dates and Renewal Dates. The tickler file will be audited by the ED or Designee monthly to ensure all MT are up to date with trainings and certifications.

Completed: 4/30/2024 and monthly

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ([REDACTED] - 04/17/2024)