

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

April 26, 2024

[REDACTED]
HARMONY HOUSE MANOR INC
[REDACTED]
[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 03/20/2024 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 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: [REDACTED] Issued By: [REDACTED]

Staffing Hours

Resident Support Staff: [REDACTED] Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *03/20/2024*

Inspection Dates and Department Representative

03/20/2024 - 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: *Transitions* Capacity: *10* Residents Served: *6*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

03/20/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2024*

04/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/26/2024*

Inspections / Reviews *(continued)*

04/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/29/2024

04/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. 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

The home had no certified medication technicians available during overnight shifts from 11:00pm to 7:00am on [redacted], and [redacted]. As a result, the home was unable to provide medication administration services during this time. The following residents have medications scheduled pro re nata (PRN):

Resident [redacted] : [redacted] PRN for [redacted]

Resident [redacted] : [redacted] PRN for [redacted]

Repeated Violation - 9/13/23, et al

Plan of Correction

Accept [redacted] - 04/25/2024)

The administrator will ensure that each schedule posted will include the required number of staff, to include a trained medication technician on each shift. All staff were re-educated on violation/POC 4/24/24, see attached. During each shift change, staff and administrator will sign off on report to ensure required staffing is present at all times, see attached. All training needs will be addressed at the next quality management meeting on 6/1/24.

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

Implemented [redacted] - 04/26/2024)

85b - Infestation

2. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The home has been treating for [redacted] since September 2023. However, room [redacted] was observed to have bed bug carcasses in between the cushions of the leather couch, and black [redacted] feces marks were observed on the couch.

Plan of Correction

Accept [redacted] - 04/25/2024)

Room [redacted] was thoroughly cleaned and scrubbed [redacted] by staff. Staff are to document on shift change report any insect findings so the area can be treated, see attached. The entire building was treated 4/3/24 & 4/4/24 as precautionary measures, see attached. All staff were educated on violation/POA 4/4/24, see attached. Any infestations will be addressed at the next quality management meeting on 6/1/24. Staff were educated, to be included with new hires, on [redacted], a treatment plan, such as what to look for, how to treat and prevent, etc. on 4/24/24, see attached.

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

Implemented [redacted] - 04/26/2024)