

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

April 29, 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 04/10/2024 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: *121* Waking Staff: *91*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/10/2024*

Inspection Dates and Department Representative

04/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *125* Residents Served: *82*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Harmony Square* Capacity: *38* Residents Served: *26*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

04/10/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2024*

Inspections / Reviews (*continued*)

04/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

04/29/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2024

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

Resident [redacted] reported to home's staff member A that they were missing money from their room in the amount of [redacted]. The home did not report this incident to DHS.

Plan of Correction

Accept [redacted] - 04/29/2024)

Immediate Action(s):

On 4/10/2024 Regional Director of Operations provided training to Staff Member A, Catherine Williamson, Operations Specialist and [redacted], ED to ensure required training on their responsibility to immediately report all incidents of abuse within 24 hours in a manner designated by Harmony Senior Services and the Department of Human Services; guidelines 2600.15.

Completed: 4/10/2024 Exhibit # 1

On 4/11/2024 Executive Director, [redacted] provided training to leadership re: the responsibility of all employees to promptly report to the Executive Director, Health Care Coordinator, or any designee, any incident or suspected incident of neglect or resident abuse from other residents, staff, family, or visitors including injuries of an unknown source and theft or misappropriation of resident property.

Completed: 4/11/2024 Exhibit # 2

On 4/12/2024 Staff Member A; [redacted], Corporate Operations Specialist formally completed the BHSL Incident Reporting Form relating to an incident reported 1/31/ 2024 by a Harmony at State College Resident [redacted] regarding the theft of [redacted]. Current Executive Director, [redacted] submitted the reportable to [redacted] at 3:37pm on 4/12/24.

Completed: 4/12/2024 Exhibit # 3 (3 pgs.) Reportable Incident

Despite Resident [redacted] declining the opportunity to notify the police; it was advised that [redacted], ED formally file a report with the State College Ferguson Township Police Department. Officer Chambers, [redacted] returned the call to the program at approximately 5:25pm on [redacted]. Details were taken and Incident ID [redacted] was provided for the record.

Completed: 4/15/2024 Exhibit # 4 (4 pgs.)

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented [redacted] 04/29/2024)