

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

May 13, 2024

[REDACTED]
HAMPDEN OPERATIONS LLC
[REDACTED]

Attn: Regulatory Correspondence
[REDACTED]

RE: HARMONY AT WEST SHORE
1910 TECHNOLOGY PARKWAY
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33381

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/17/2024 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 WEST SHORE* License #: *33381* License Expiration: *09/26/2024*
 Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*
 County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] 0 Email: [REDACTED]

Legal Entity

Name: *HAMPDEN OPERATIONS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/01/2016* Issued By: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Fine* Exit Conference Date: *04/17/2024*

Inspection Dates and Department Representative

04/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *115* Residents Served: *78*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Harmony square* Capacity: *35* Residents Served: *18*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

04/17/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2024*

Inspections / Reviews *(continued)*

04/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/07/2024

05/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers the prescribed medication [redacted] as needed; however, Resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer.

Plan of Correction

Accept [redacted] - 04/30/2024)

On 4/17/24, Healthcare Director immediately removed the medication from the resident apartment. Executive Director educated resident 1 and the responsible party that all medications must be administered to the residents as per the support plan dated 8/5/23. On 4/18/24, ED sent communication to all PC and MC resident/responsible parties regarding safe administration. On 4/25/24 ED conducted training of all direct care associates relating to safe medication administration as directed by the resident's support plan. Beginning 4/18/24, ED, HCD or designee to conduct medication audit of 5 PC resident apartments daily x 4 weeks; weekly thereafter for a period of 4 weeks.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [redacted] - 05/09/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] a bottle of [redacted] memory support dietary supplements prescribed for Resident [redacted] was in the home's medication cart; however, this medication was discontinued when the resident moved from the home's secured dementia care unit (SDCU) to personal care.

Repeated Violation - 12/20/23, et al

Plan of Correction

Accept [redacted] - 04/30/2024)

On [redacted], the HCD removed resident [redacted] discontinued medication from the med cart and disposed of appropriately. On 4/25/24 Executive Director conducted a training of all medication technicians regarding how to conduct a proper med cart audit. Beginning 4/18/24, ED, HCD or designee to conduct daily cart audit/MAR audit for a period of 4 weeks; then weekly audits ongoing.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [redacted] - 05/13/2024)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], [REDACTED] loose pill was observed in the Secure Dementia Care Unit (SDCU) med cart, [REDACTED] loose pill was observed in the second-floor med cart and [REDACTED] loose pills were observed in the fourth-floor med cart.

Repeated Violation - 2/22/24, et al and 12/20/23, et al

Plan of Correction

Accept [REDACTED] - 04/30/2024)

On [REDACTED], HCD removed loose pills and destroyed appropriately. On [REDACTED] HCD ordered drug buster to be housed on each medication cart, for immediate disposal of refused medications, loose pills, ect. In addition, HCD/ED ordered pharmacy approved reinforcement stickers to be placed on the back of the medication card. On 4/15/24, Executive Director conducted training of all Medication Technicians regarding how to conduct a proper med cart audit. Beginning 4/18/24, ED, HCD or designee to conduct daily cart audit for a period of weeks; weekly audits to continue ongoing.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] - 05/13/2024)