



pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: JANUARY 14, 2025

[REDACTED]
Harmony Senior Services
[REDACTED]

RE: Harmony at Hershey
75 East Canal Street
Hershey, Pennsylvania 17033
License #: 33741

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 3-5, 2024, of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

December 24, 2024

[REDACTED]
HERSHEY OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: HARMONY AT HERSHEY
75 EAST CANAL STREET
HERSHEY, PA, 17033
LICENSE/COC#: 33741

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2024, 12/04/2024, 12/05/2024 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.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HARMONY AT HERSHEY* License #: *33741* License Expiration: *03/20/2025*
Address: *75 EAST CANAL STREET, HERSHEY, PA 17033*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HERSHEY OPERATIONS LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/02/2021* Issued By: *Department of Labor and Industry*
Type: *I-2* Date: *04/02/2021* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *12/05/2024*

Inspection Dates and Department Representative

12/03/2024 - On-Site: [REDACTED]
12/04/2024 - On-Site: [REDACTED]
12/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>129</i>	Residents Served:	<i>56</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>Harmony Square</i>
Capacity:	<i>29</i>	Residents Served:	<i>26</i>
Hospice			
Current Residents:	<i>15</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>56</i>
Diagnosed with Mental Illness:	<i>1</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>29</i>	Have Physical Disability:	<i>1</i>

Inspections / Reviews

12/03/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/27/2024*

12/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/30/2024*

12/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/27/24 from 11:00 PM to 3:00 AM on 11/28/24, there were 73 residents present in the home and only one staff person present and working in the home who was certified in first aid and CPR.

On 11/28/24 from 3:00 AM to 7:00 AM there were 73 residents present in the home, during this time period no staff persons who were present and working in the home were trained and certified in first aid and CPR.

On 11/29/24 11:00 PM to 7:00 AM on 11/30/24, there 73 residents present in the home and only one staff person present and working in the home who was trained and certified in first aid and CPR.

Plan of Correction

Accept [redacted] - 12/19/2024)

Immediate:

On 12/9/24, Interim Executive Director completed training to the leadership team regarding regulation 63.a. (Attached)

On 12/6/24, Healthcare Director reviewed the upcoming 2 weeks schedule to ensure that each scheduled shift had minimum coverage or CPR and First Aid certified staff to maintain compliance.

Initial:

On 12/9/2024, Business Office Manager complete an initial audit of all community associate CPR/First Aid with Expiration Dates. (Attached)

On 12/18/24, First Aid/CPR training is scheduled to be completed at 4p, 7p and 10p.

Ongoing:

Beginning 12/6/24, Healthcare Director or Designee will review schedules to ensure the community maintains compliance with at least one staff person certified in CPR/First Aid per every 50 residents in the home.

Beginning 1/1/25, Business Office Manager or Designee will review the CPR/First Aid Certification Binder on a monthly basis to ensure ongoing compliance. (Audit Tool Attached)

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed of resident # 1 has an enabler bar installed with an uncovered opening measuring 9 1/2 x 10 1/2 inches.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept () - 12/19/2024

Immediate:

On 12/6/2024, Healthcare Director met with Resident #1. Healthcare Director covered the enabler. (Attached)

On 12/9/2024, Interim Executive Director conducted training of all leadership team members on the regulation. (Attached)

Initial:

On 12/9/2024, Healthcare Director or Designee will complete an initial audit of all resident apartments to identify enablers throughout the community.

Ongoing:

Beginning 1/1/25, Healthcare Director or Designee will complete a weekly audit of all resident apartments for a period of 8 weeks. Audit results will be reviewed during monthly Quality Assurance meeting. (Attached)

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 12/23/2024

105g - Lint Removal and Duct Cleaning

3. 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 12/03/24 at 10:39 AM, There was approximately 1 inch accumulation of lint in the dryer in the laundry room on the 3rd floor. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 12/19/2024

Immediate:

On 12/3/24, Interim Executive Director immediately removed lint from the dryer on the 3rd floor. (Attached)

On 12/4/24, Maintenance Assistance conducted a walk-through of the all community laundry rooms to ensure compliance with 105.g. Maintenance Assistant confirmed that lint log and image posted.

Initial:

On 12/6/2024, Interim Executive Director conducted an initial audit of all community dryers to ensure compliance with 105.g., Lint Poster and Logs are displayed. (Attached)

On 12/13/24, Interim Executive Director completed education to the Leadership Team, Housekeeping and Direct Care Staff on this regulation. (Attached)

Ongoing:

Beginning 1/1/25, Maintenance Director or Designee will complete a weekly audit of all community dryers and lint logs for a period of 8 weeks. Results of this audit will be shared at the monthly QA meeting. (Attached)

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 12/23/2024

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill conducted on 7/29/24 at 10:30 does not indicate if the drill was completed AM or PM, and does not include the number of residents present, the number of residents evacuated, the exit route(s) used, the number of staff participating, problems encountered and whether the fire alarm or smoke detector was operative.

Plan of Correction

Accept [redacted] - 12/19/2024)

Immediate:

On 12/9/24, Interim Executive Director completed training with the leadership team on this regulation. (Attached)

Initial:

On 12/6/2024, Fire Life & Safety Solutions conducted a monthly drill at the request of Executive Director. (Attached)

Ongoing:

Beginning 1/1/25, Maintenance Director or Designee will review fire drill record following each executed drill, to include all reporting details. The MD or Designee will conduct a stand-down meeting following each drill to educate staff on the outcome of the drill. Results of monthly drill will be discussed during monthly Quality Assurance Meeting. (Attached)

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/31/24 at 06:26 AM. The previous sleeping hours fire drill was conducted on 03/27/24 at 11:30 PM.

Plan of Correction

Accept [redacted] - 12/19/2024)

Immediate:

On 12/13/24, Interim Executive Director educated the leadership team on Regulation 132.

Initial:

On 12/17/24, Maintenance Director created a fire drill schedule for 12 months, to ensure drills conducted during sleeping hours occur once every 6 months. (Attached)

Ongoing:

Beginning 1/1/25, Maintenance Director or Designee will report on Fire Drills at monthly QA Meeting.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

185a - Implement Storage Procedures

6. 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

Resident #4 is prescribed Senna 8.6mg take one tablet by mouth at bedtime as needed if no bowel movement in 24 hours. However, the medication was not found in the medication cart or otherwise in the home.

Resident #5's blood sugar is prescribed to be checked 3 times daily. The resident's glucometer was cross-referenced with the MAR and shows the following:

- *On 11/07/24 the glucometer shows a reading of 210 at 1:09 PM; the MAR is documented as 214 at 12:00 PM*
- *On 11/19/24 the glucometer shows a reading of 206 at 5:31 PM; the MAR is documented as 204 at 5:00 PM*
- *On 11/28/24 the glucometer shows a reading of 107 at 5:55 PM; the MAR does not show a reading for the 5:00 PM timeframe but shows "Ø NR." No explanation was documented on the MAR.*

Plan of Correction

Accept [REDACTED] - 12/19/2024)

Immediate:

On 12/4/24, Healthcare Director followed-up with pharmacy to obtain Resident #4 Senna 8.mg. Medication arrived onsite on 12/10/24. (Attached)

On 12/4/24, Healthcare Director conducted training of all Medication Technicians regarding accuracy in recording glucometer readings in the MAR. (Attached)

Immediate:

On 12/13/24, Interim Executive Director conducted a training with HCD, AHCD and Medication Technicians on the regulation. (Attached)

Ongoing:

Beginning 1/1/24, Healthcare Director or Designee will conduct a weekly audit of all glucometer readings to the MAR for a period of 8 weeks. (Attached)

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 12/23/2024)

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A completed the initial Department-approved medication administration course on 6/2/23. Staff Member A has not completed the two required Medication Record Reviews as part of the annual practicum recertification in 2024. Staff Member A's Summary and Requalification form for the 2024 Annual medication administration training is not signed by the student or the trainer, and therefore is not valid. Staff Member A administered medications to Resident #4 as follows:

On 11/26/24, 11/27/24 and 11/29/24 at 12:00pm, Hydromorphone 2mg Tablet

190a - Completion Medication Course (continued)

On 11/01/24, 11/08/24 to 11/13/24 at 9:00am, Omeprazole DR 40mg Capsule
On 12/02/24 to 12/04/24 at 9:00am, Amlodipine 5mg Tablet

Staff Member B completed the initial Department-approved medications administration course on 10/26/23. Staff Member B has not completed any of the required annual practicum requirements as outlined by the medication administration training in the 2024 training year. Staff Member B administered medications to Resident #7 as follows: On 11/03/24, 11/08/24, 11/11/24, 11/16/24 and 11/17/24, 11/22/24, 11/25/24, 11/30/24 and 12/01/24 at 8:00pm, Atorvastatin 40mg Tablet

Plan of Correction

Accept (█) - 12/19/2024)

Immediate:

On 12/13/24, Interim Executive Director completed an education with all leadership team members on this regulation.

Initial:

On 12/13/24, Healthcare Director scheduled Medication Administration Observations to take place by 12/20/24. By 12/20/24, Healthcare Director or Designee will complete an initial audit of all Medication Technician's to ensure certifications, trainings and observations are current as per the regulation.

Ongoing:

Beginning 1/1/2025 and ongoing, Healthcare Director or Designee will complete quarterly Medication Administration Observations of each certified Medication Technician on the associate roster and maintain observation documentation in the Medication Technician Training Binder.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented (█) - 12/23/2024)

190b - Insulin Injections

8. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 11/22/24 at 8:00 AM, staff member A, who last completed diabetic education 6/14/24, administered insulin to resident #5.

Staff Member C's diabetic education was last completed (█)/14/23.

Plan of Correction

Accept (█) - 12/19/2024)

Immediate:

On 12/5/2024, Staff Member A and Staff Member C completed the approved Diabetes Education Program.

On 12/13/24, Interim Executive Director provided training to the Leadership Team regarding the requirement of this regulation.

Initial:

By 12/20/24, Healthcare Director or Designee will complete an initial audit of all Medication Technician Training to ensure all trainings are up-to-date and within compliance.

190b - Insulin Injections (continued)

Ongoing:

Beginning 1/1/25 and ongoing, Healthcare Director or Designee will complete a monthly review of all Medication Technician Staff documentation to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 moved into the home on [redacted]/24, however the initial assessment was not completed until 10/22/24.

Resident #8 moved into the home on [redacted]/24. At the time of the inspection, an initial assessment was not completed for Resident #8.

Plan of Correction

Accept [redacted] - 12/19/2024)

Immediate:

On 12/13/24, Interim Executive Director conducted education to HCD and AHCD on the regulation.

Initial:

By 12/19/24, Healthcare Director or Designee will complete an initial assessment of Resident #8.

By 12/20/24, Healthcare Director or Designee will complete an initial audit of all resident assessments with a move-in date on or after August 1, 2024.

Ongoing:

Beginning 1/1/25, Healthcare Director or Designee will complete a weekly audit of all new residents for a period of 8 weeks.

Beginning 12/16/2025, Executive Director implemented a Move In Checklist for all new residents, to ensure an assessment is completed prior to a residents admission to the community.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 12/23/2024)