

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

May 22, 2025

[REDACTED]
STATE COLLEGE OPERATIONS LLC
[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 03/26/2025 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:** 08/11/2025

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: **Total Daily Staff:** 221 **Waking Staff:** 166

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident, Fine **Exit Conference Date:** 03/31/2025

Inspection Dates and Department Representative

03/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 183

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 30 **Residents Served:** 22

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 83

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 38 **Have Physical Disability:** 0

Inspections / Reviews

03/26/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/28/2025

Inspections / Reviews (*continued*)

04/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/06/2025

05/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/14/2025

05/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

181e - Capable to Self Administer

1. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

Description of Violation

Resident [redacted] is assessed to self-administer their medications, but was unable to distinguish medications or recognize when medications were to be taken

Plan of Correction

Accept [redacted] - 05/07/2025)

Resident [redacted] was re-assessed for self-administering medications properly.

On 4/28/25 the Executive Director education the HCD and AHCD to the requirements of self-medication.

The week of 5/5/25 the HCD or designee will educate the Med Tech staff to the requirement of resident self-medication and abilities to properly meet the regulatory compliance.

Beginning 4/28/25 the HCD or designee will complete an initial audit of all self-medicating residents for compliance and understanding to determine resident's capabilities to comply. Weekly audits will then be established as oversight to proper self-medication practices. Weekly audits will continue for 4 weeks, then monthly for 2 months.

Resident [redacted] was assessed on 3/22/25.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] - 05/14/2025)

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], resident [redacted] patch that was discontinued on [redacted] was still located on the medication cart.

Plan of Correction

Accept ([redacted] - 04/29/2025)

The facility cannot retroactively correct the medication error for Resident [redacted]

The HCD and AHCD educated the Med Tech staff at the staff meeting of 4/17/25 to the process of disposing of discontinued medications according to the resident's current prescriptions.

Beginning 4/21/25 the HCD or designee will complete an audit of resident current prescriptions on a weekly basis to determine compliance of regulation. Any discontinued medication will be disposed of using facility policy.

Audits will continue for weekly for 4 weeks then monthly for 2 months. The results will be reviewed at the monthly QA meeting.

183d Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] - 05/14/2025)

185a - Implement Storage Procedures

3. 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 [redacted] has an order for [redacted] take 2 tablets [redacted] by mouth every 6 hours as needed for pain, that was not in the medication cart and unable to be given if requested on 3/26/2025.

Resident [redacted] has an order for [redacted] daily as needed for pain, that was not available to be given if requested on [redacted]

Plan of Correction

Accept [redacted] - 05/07/2025)

The facility cannot retroactively correct the medication error for Residents [redacted] & [redacted]

The HCD educated the direct care staff on 4/17/25 to the proper procedure of safe storage, access and distribution of medications.

Beginning 4/21/25 the HCD or designee will complete cart audits of resident medications for compliance and availability. The audits will be completed for weekly for 4 weeks, then monthly for 2 months. The results will be reviewed at the monthly QA meetings.

A review of resident [redacted] and [redacted] medications will be conducted utilizing the weekly cart audits for clarification, completeness and accuracy.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] 05/22/2025)