

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

June 17, 2025

[REDACTED]
HERSHEY OPERATIONS LLC
[REDACTED]

Suite 301
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2025 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 HERSHEY License #: 33741 License Expiration: 01/14/2026
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/02/2021 Issued By: Labor & Industry
 Type: I-2 Date: 04/02/2021 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0
 Reason: Complaint Exit Conference Date: 04/16/2025

Inspection Dates and Department Representative

04/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 129 Residents Served: 70
 Secured Dementia Care Unit
 In Home: Yes Area: Harmony Square Capacity: 29 Residents Served: 28
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 40 Have Physical Disability: 0

Inspections / Reviews

04/16/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2025

05/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/09/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2025

Inspections / Reviews (*continued*)

05/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2025

06/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 9:40 AM, the toilet in the bathroom of resident rooms [redacted] and [redacted] were observed to be soiled with [redacted] on the seat and inside the toilet.

Plan of Correction

Accept [redacted] - 05/21/2025)

Immediate Action: ED informed Maintenance Director to have Housekeeper clean both areas immediately. ED informed Healthcare Director and Assistant Healthcare Director that the caregivers need to clean areas immediately when an unsanitary condition occurs. Completed 4/16/2025

Training: Maintenance Director educated Housekeeping Team on 2600. 85.a. and to check rooms daily to ensure sanitary conditions are maintained. Completed 4/21/2025. Nursing Team educated on 2600.85.a. Completed 4/22/2025.

Ongoing: ED, Maintenance Director, Healthcare Director, and Asst. Healthcare Director will audit daily while conducting community walk-through. Audits started 4/23/2025. Will continue documenting on audit through 5/31/2025. Daily walk-through will continue to be conducted.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 06/10/2025)

141b1 Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] current medical evaluation, dated [redacted], did not include special health or dietary needs of the resident.

Resident [redacted] current medical evaluation, dated [redacted] did not include special health or dietary needs of the resident.

Plan of Correction

Directed [redacted] - 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/20205.

Training: ED educated HCD and AHCD on 2600.141.b.1. Completed on 4/23/2025.

Ongoing: HCD/AHCD will coordinate with PCP to ensure medical evaluations are current and completed entirely based on audits. ED/HCD/AHCD will review tickler monthly on the 1st of each month or closest business day to ensure compliance.

Proposed Overall Completion Date: 05/31/2025

141b1 Annual Medical Evaluation (continued)

[Directed]

- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will audit at least 10% of all current resident medical evaluations. Documentation of this education will be kept and available for review by the Department.

Directed Completion Date: 06/01/2025

Implemented [redacted] - 06/17/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] dietary needs were assessed and changed by the physician to a [redacted] on [redacted]. However, the resident's current assessment, dated [redacted], was not updated to reflect this significant change.

Resident [redacted] dietary needs were assessed and changed by the physician to a [redacted] on [redacted]. However, the resident's current assessment, dated [redacted], was not updated to reflect this significant change.

Resident [redacted] current assessment and support plan, dated [redacted], does not include the following diagnoses: [redacted] [redacted] and [redacted]

Resident [redacted] most recent assessment was completed on [redacted] and does not include the resident's need for a [redacted].

Resident [redacted] current assessment and support plan, dated [redacted] does not include the following diagnoses: [redacted] and [redacted] diagnoses.

Plan of Correction

Directed [redacted] - 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/20205.

Training: ED educated HCD and AHCD on 2600.141.b.1. Completed on 4/23/2025.

Ongoing: HCD/AHCD will coordinate with PCP to ensure medical evaluations are current and completed entirely based on audits. ED/HCD/AHCD will review tickler monthly to ensure compliance. Resident #1 is deceased. Residents #2 and #3 will have updated assessments by 5/18/2025 completed by HCD.

Proposed Overall Completion Date: 05/31/2025

225c Additional Assessment (continued)

[Directed]

- The Executive Director or designee will educate the Healthcare Director and Assistant Healthcare Director on regulation 2600.225(c) by 6/6/25. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will audit at least 10% of all current resident assessments. Documentation of this education will be kept and available for review by the Department.

Directed Completion Date: 06/06/2025

Implemented [REDACTED] - 06/17/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] current assessment and support plan, dated [REDACTED] identifies the resident needs assistance with transferring in/out of bed/chair and ambulating. However, the resident's support plan does not document how these needs will be met.

Repeated Violation [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/2025.

Training: ED educated HCD and AHCD on 2600.141.b.1. Completed on 4/23/2025.

Ongoing: HCD/AHCD will coordinate with PCP to ensure support plans are current and completed entirely based on audits. ED/HCD/AHCD will review tickler monthly, on the 1st or closest business day, to ensure compliance. Resident #3 will have updated support plan by 5/18/2025.

Proposed Overall Completion Date: 05/31/2025

[Directed]

- The Executive Director or designee will educate the Healthcare Director and Assistant Healthcare Director on

227d - Support Plan Medical/Dental (continued)

regulation 2600.227(d) by 6/6/25. Documentation of this education will be kept and available for review by the Department.

- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will audit at least 10% of all current resident support plans. Documentation of this education will be kept and available for review by the Department.

Directed Completion Date: 06/06/2025

Implemented [redacted] - 06/17/2025)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] and Staff Person A participated in the development of the resident's support plan on [redacted] However, neither the resident nor Staff Person A signed the support plan.

Plan of Correction

Directed [redacted] 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/20205.

Training: ED educated HCD and AHCD on 2600.227(g). Completed on 4/23/2025.

Ongoing: HCD/AHCD will meet with resident or designee to review support plan and obtain signatures.

ED/HCD/AHCD will review tickler monthly, on the 1st or closest business day, to ensure compliance. HCD will have support plan corrected by 5/18/25.

Proposed Overall Completion Date: 05/31/2025

[Directed]

- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will audit at least 10% of all current resident support plans for to ensure signatures are present. Documentation of this education will be kept and available for review by the Department.
- Healthcare Director will have resident #2's support plan corrected by 5/18/25.

Directed Completion Date: 06/01/2025

Implemented [redacted] - 06/17/2025)

231c - Preadmission Screening

6. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (continued)

Description of Violation

Resident [redacted] was admitted to the home's Secure Dementia Care Unit (SDCU) on [redacted]. However, as of [redacted] the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Directed [redacted] - 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/2025. HCD will complete the resident's written cognitive preadmission screening by 5/18/2025.

Training: ED educated HCD and AHCD on 2600.231.c. Completed on 4/23/2025.

Ongoing: HCD/AHCD will ensure all current residents have proper paperwork on file. HCD/AHCD will ensure completion of cognitive preadmission screening within 72 hours of admission. ED will review new admission paperwork using move-in checklist tool. ED/HCD/AHCD will update tickler with each admission and review tickler monthly, on the 1st or closest business day to ensure compliance.

Proposed Overall Completion Date: 05/31/2025

[Directed]

- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will review all new admissions paperwork to ensure preadmission screening is completed prior to a new admission moving into the Secure Dementia Care Unit. ED will review new admission paperwork using move-in checklist tool. ED/HCD/AHCD will update tickler with each admission and review tickler monthly, on the 1st or closest business day to ensure compliance.
- Healthcare Director will complete resident [redacted] preadmission screen and will document a note in the resident's record, reflecting why the preadmission screen was late by 5/28/25.

Directed Completion Date: 06/01/2025

Implemented [redacted] - 06/17/2025)

234a - Admission Support Plan

7. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the home's Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was not completed until [redacted].

Plan of Correction

Directed [redacted] - 05/21/2025)

Immediate Action: ED, HCD, and AHCD conducted an audit on resident charts to ensure proper paperwork in place. Completed on 4/23/2025, 5/2/2025 and 5/5/2025.

Training: ED educated HCD and AHCD on 2600.234.a. Completed on 4/23/2025.

Ongoing: HCD/AHCD will ensure required paperwork is completed timely. ED will review new admission

234a - Admission Support Plan (continued)

paperwork using move-in checklist tool. ED/HCD/AHCD will update tickler with each admission and review tickler monthly, on the 1st or closest business day, to ensure compliance.

Proposed Overall Completion Date: 05/31/2025

[Directed]

- Beginning no later than 6/1/25, the Healthcare Director and/or Assistant Healthcare Director will review all new admissions paperwork to ensure a support plan is completed within 72 hours of a new admission moving into the Secure Dementia Care Unit. ED will review new admission paperwork using move-in checklist tool. ED/HCD/AHCD will update tickler with each admission and review tickler monthly, on the 1st or closest business day to ensure compliance.*

Directed Completion Date: 06/01/2025

Implemented [REDACTED] - 06/17/2025)