



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HARMONY REHABILITATION & NURSING LLC**  
LEGAL ENTITY

To operate **KADIMA SENIOR LIVING AT HARMONY**  
NAME OF FACILITY OR AGENCY

Located at **191 EVERGREEN MILL ROAD, HARMONY, PA 16037**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **42**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 10, 2025** until **September 10, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456480**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



# Pennsylvania Department of Human Services

Emailing Date: September 10, 2025



RE: Kadima Senior Living at Harmony  
191 Evergreen Mill Road  
Harmony, Pennsylvania 16037  
License #: 456480

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 10, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

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

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *KADIMA SENIOR LIVING AT HARMONY* License #: *45648* License Expiration:  
Address: *191 EVERGREEN MILL ROAD, HARMONY, PA 16037*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *HARMONY REHABILITATION & NURSING LLC*  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/01/1988* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *06/10/2025*

**Inspection Dates and Department Representative**

06/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *42* Residents Served: *17*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *5*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**06/10/2025 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2025*

Inspections / Reviews (*continued*)

## 08/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/08/2025

## 08/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/27/2025

## 09/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/10/2025

## 09/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The left side of the dumpster lid was open, and it was approximately 1/2 full of garbage.

Plan of Correction

Accept [redacted] - 08/18/2025)

Ensure all trash outside the home is immediately placed in covered receptacles. Securely close the lid of the dumpster at all times when not in use. Implement a daily check by designated staff to ensure all outdoor trash receptacles are covered and the dumpster lid is closed. Educate staff on the importance of maintaining covered trash receptacles to prevent pests and rodents.

Designated Staff are responsible for ensuring all trash outside the home is immediately placed in covered Receptacles.

Designated staff are responsible for ensuring the lid of the dumpster is secured at all times when not in use Personal Care Home Administrator implemented a daily Check (Audit) by a Designated staff member to ensure all outdoor trash receptacles are covered and the Dumpster lid is closed.

Personal Care Home Administrator Educated Staff on the importance of maintaining covered trash receptacles to prevent pests and rodents on 7/25/25

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [redacted] - 09/03/2025)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was a large break in the glass panel, measuring approximately 6 inches by 3 inches, on the lower left side of the window in resident room #10.

There was no screen in the operable window of resident room #25.

Plan of Correction

Accept [redacted] 08/18/2025)

Repair or replace the cracked glass panel in resident room #10 immediately to ensure safety and integrity of the window. Install a secure screen in the operable window of resident room #25 to comply with requirements for windows and screens. Conduct a thorough inspection of all windows and screens throughout the facility to identify and address any other potential issues

Maintenance repaired the cracked panel in residents' room #10 on 7/18/25 Maintenance will repair the secure screen in the operable window of resident's room #25 by 8/13/25 Maintenance conducted the thorough inspection

92 - Windows (continued)

of all windows and screens throughout the facility to identify and address potential issues. A designated employee will conduct Monthly inspections of all windows, including those in doors, to ensure they are in good repair and securely screened if operable. Documentation of these monthly inspections will be maintained in the facility's maintenance records. Start Date for Audit 8/7/25

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented [redacted] - 09/04/2025)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There were four ceramic tiles protruding approximately 1/4 inch from the sink back splash in the shared bathroom of resident room #21.

Plan of Correction

Directed [redacted] - 08/18/2025)

Securely re-adhere or replace the protruding ceramic tiles in the shared bathroom of the resident room #21 to eliminate potential hazards. Inspect all furniture in residents' rooms and common areas to ensure they are in good repair, clean, and free of hazards. Establish a routine maintain schedule for checking and addressing any issues with furniture, equipment and fixtures.

Proposed Overall Completion Date: 08/15/2025

Directed:

By 8/25/25, a designated staff person will re-adhere or replace the protruding ceramic tiles in the shared bathroom of resident bedroom #21, to eliminate potential hazards.

[redacted] 8/18/25

Directed:

By 8/25/25 and monthly thereafter, a designated staff person will inspect all furniture and equipment to ensure all are in good repair, clean and free of hazards. Documentation will be kept.

[redacted] 8/18/25

Directed Completion Date: 08/25/2025

Implemented [redacted] - 09/04/2025)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the office does not include thermometer and gloves.

96a - First Aid Kit (continued)

The first aid kit in the 2nd floor closet does not include gloves.

Plan of Correction

Accept [redacted] - 08/18/2025)

Procure and add functioning Thermometer and adequate supply of nonporous disposable gloves to the First Aid Kit located in the office. Procure and add an adequate supply of nonporous disposable gloves to the First Aid kit located in the 2nd-floor closet.

A functioning Thermometer and adequate supply of nonporous disposable gloves were procured and added to the first Aid kit located in the office by the Personal Care Home Administrator on 7/20/25

An adequate supply of nonporous disposable gloves was procured and added to the first aid kit located in the 2nd floor closet by the Personal Care Home Administrator on 7/20/25

A weekly monitoring step (Audit) will be implemented to ensure compliance. A designated staff member will inventory the first aid kits to ensure all items are present in accordance with 2600.964. Any missing items discovered will be immediately replaced, and documentation of these checks will be kept. Starting Date 8/4/25

Implemented: 06/20/25

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [redacted] - 09/04/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar for the toilet in the shared bathroom of resident room #21.

Plan of Correction

Directed [redacted] - 08/18/2025)

Install a suitable grab bar or assist bar adjacent to the toilet in the shared bathroom of resident room #21 to ensure resident safety and compliance with grab bar requirements in toilet and bath areas.

Proposed Overall Completion Date: 08/15/2025

Directed:

By 8/25/25, a designated staff person will install a suitable grab bar or assist bar adjacent to the toilet in the shared bathroom of resident bedroom #21

[redacted] 8/18/25

Directed:

By 8/25/25 and monthly thereafter, a designated staff person will inspect all toilets and bath areas to ensure they have grab bars, hand rails or assist bars and bathtubs and showers must have slip-resistant surfaces. Documentation will be kept. Please indicate begin date.

[redacted] 8/18/25

Directed Completion Date: 08/25/2025

Implemented [redacted] - 09/04/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (*continued*)

## 103g - Storing Food

**6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation***The following food items were open and unsealed in the pantry:**5-pound bag of sweet corn bread and muffin mix**10-pound bag of pasta macaroni**The following food items were open and unsealed in the kitchen:**5-pound bag of pepperoni in the walk-in cooler**Bag of approximately 8 meat patties in the walk-in freezer***Plan of Correction****Accept** [REDACTED] - 08/18/2025)*Kitchen staff will be retrained on proper food storage procedures, emphasizing the requirement for all items to be stored in closed or sealed containers. A designated staff member will conduct daily checks of all food storage areas (pantry, kitchen, walk-in cooler, walk in freezer) to ensure compliance with food storage regulations.**Immediately upon identification of the violation, all food items found not stored in closed or sealed containers were inspected. Any items deemed unsafe or potentially compromised due to improper storage were immediately discarded by Kitchen Management on 6/10/25. Kitchen staff will be comprehensively retrained on proper food storage procedures by New Kitchen Management on 8/11/25. The training specifically emphasized the critical requirement for all food items to be stored in closed or sealed containers to prevent contamination and maintain freshness. Daily checks of all food storage areas, including the pantry, kitchen, walk in cooler, and walk in freezer, to ensure compliance with food storage regulations begin date will be on 8/11/25. These checks are now a routine part of our food safety protocols to ensure ongoing compliance.***Licensee's Proposed Overall Completion Date:** 08/06/2025**Implemented** [REDACTED] - 09/03/2025)

## 105g - Lint Removal and Duct Cleaning

**7. 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***There was an approximate 12-inch circumference accumulation of lint in the lint trap of left sided commercial dryer.*

105g - Lint Removal and Duct Cleaning (continued)

**Plan of Correction**

**Directed** [redacted] - 08/18/2025)

Staff will be retrained on the importance of lint removal after each use of the dryer and proper procedure for cleaning lint traps and ducts according to the manufacturer's instructions. A schedule for regular cleaning of dryer vent ducts and internal/external ductwork will be established and implemented. A sign will be posted near the commercial dryers reminding staff to clean the lint trap after each use. Regular inspections of dryer lint traps and ducts will be incorporated into routine checks.

Implemented: 07/24/25

Proposed Overall Completion Date: 08/07/2025

**Directed:**

By 8/25/25, the administrator will retain all staff regarding the importance of lint removal after each use of the dryer and proper procedure for cleaning lint traps and ducts according to the manufacturer's instructions. Documentation will be kept.

[redacted] 8/18/25

**Directed:**

By 8/25/25 and weekly thereafter, a designated staff person will inspect and clean dryer vent ducts and internal/external ductwork. Documentation will be kept.

[redacted] 8/18/25

**Directed:**

By 8/25/25, the administrator will post a sign near the commercial dryers reminding staff to clean the lint trap after each use.

[redacted] 8/18/25

Directed Completion Date: 08/25/2025

Implemented [redacted] - 09/03/2025)

132b - Safety Inspection/Fire Drill

**8. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The home is unaware of when the last fire safety inspection and fire drill by a fire safety expert was conducted.

**Plan of Correction**

**Accept** [redacted] - 08/18/2025)

Schedule a fire safety inspection and fire drill with a qualified fire safety expert as soon as possible to ensure compliance with the annual requirement. Locate any existing documentation of past inspections and drills. If no documentation exists or is insufficient, ensure comprehensive records are created for the upcoming inspection and drill. Establish a system for tracking and maintaining documents of all future fire drills.

A fire safety inspection and fire drill with a qualified fire safety expert was scheduled on 7/24/2025 By the Personal Care Home Administrator

**132b - Safety Inspection/Fire Drill (continued)**

*The Fire Safety inspection and fire drill with a qualified fire safety expert was completed on 7/28/2025*

*Existing documentation of past inspections and drills was located by Maintenance, copies were given to the Personal Care Home Administrator on 7/1/2025*

*Personal Care Home Administrator is responsible for ensuring comprehensive records are created for the upcoming inspection and drill.*

*A system for tracking and maintaining documents of all future fire drills was established by the personal care home administrator on 7/28/2025*

**Licensee's Proposed Overall Completion Date: 08/04/2025**

**Implemented [REDACTED] - 09/03/2025)**

**132c - Fire Drill Records****9. 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**

*For the fire drill conducted on 1/23/25, the fire drill log indicates a start time of 7:05 PM; however, the all clear time and total response time to evacuate sections are blank. Also, the log does not indicate how many staff participated.*

*For the fire drill conducted on 2/5/25, the fire drill log indicates a start time of 10:15 PM and all clear time of 10:20 PM; however, the total response time to evacuate is blank. Also, the log does not indicate how many staff participated.*

*For the fire drill conducted on 3/31/25, the fire drill log indicates a start time of 11:45 PM and all clear time of 11:49 PM; however, the total response time to evacuate indicates 1 minute.*

**Plan of Correction**

**Accept [REDACTED] - 08/18/2025)**

*Review all fire drill records to identify any other instances of missing information. For the drills on 1/23/25, 2/5/25, and 3/31/25, attempt to reconstruct the missing information by interviewing staff who were present during those drills, if feasible and reliable. If reconstruction is not possible, document this attempt and reason for inability to complete the record. Conduct mandatory retaining for all staff responsible for conducting and documenting fire drills. The training will empathize the importance of accurately recording all required information as per 132c fire drill records. Implement a fire drill log form that explicitly includes all required information.*

*The Administrator will be responsible for reviewing all fire drill records to identify any instances of missing information. This review will occur monthly, commencing immediately on 8/5/25 to ensure compliance and timely identification of any missing discrepancies*

*The Administrator, in collaboration with relevant staff who participated in or witnessed drills on 1/23/25, 2/5/25, and 3/31/25, will attempt to reconstruct the missing information. This reconstruction occurred on 7/1/25*

*If reconstruction is not possible, the administrator will document the attempt and specific reasons for the inability to complete the record by 7/20/25*

132c - Fire Drill Records (continued)

Mandatory retraining for all staff responsible for conducting and documenting fire drills will be conducted by 8/13/25. This training will cover proper procedures for conducting drills, documenting all required information, and utilizing the new fire drill log form. A new fire drill log, explicitly including all required information as per regulations, was implemented on 7/28/25. This form ensures that all critical details of each drill, including date, time, evacuation duration, exit rout, participation, problems encountered, and alarm/detector operability, are consistently documented.

A monthly auditing step will be added to the fire drill process. The Administrator will audit the home's fire drill records immediately after each fire drill to ensure all required information is documented. This proactive auditing measures immediate verification of completeness and accuracy, addressing the identified deficiency of missing information by ensuring real-time compliance.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [redacted] - 09/03/2025)

132d - Evacuation

10. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills: On 4/11/25, at 8:20 p.m. with a drill time of 3 minutes.

Plan of Correction

Accept [redacted] - 08/18/2025)

Engage a certified fire safety expert, external to the home staff, to conduct an assessment and provide a written statement specifying the maximum safe evacuation time for the entire building, ensuring it is dated within the last year. Based on the fire safety expert's assessment, and specified safe evacuate time, review and revise the existing evacuation plan to ensure all residents can evacuate to a public thoroughfare or designated area within the established timeframe. Implement a series of remedial drills evacuation drills, focusing on improving the efficiency and speed of evacuation

The Personal Care Home Administrator engaged a certified fire expert, external to the home staff, to conduct the assessment and provide a written statement on 7/25/2025

The fire safety expert conducted the assessment and provided the written statement specifying the maximum safe evacuation time for the entire building on 7/28/2025

The Personal Care Home Administrator will implement a series of remedial evacuation drills. Theses drills will commence on 8/13/2025 and will be conducted bi-weekly for the first Month, then monthly thereafter until proficiency in evacuation efficiency and speed is consistently demonstrated and maintained. Documents of these drills will include evacuation times and any identified areas for improvement.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [redacted] - 09/03/2025)

## 132h - Designated Meeting Place

**11. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

*During the following fire drills, all residents did not evacuate to a designated meeting place away from the building or within the fire-safe area:*

*On 3/31/25, at 11:45 p.m., the log indicates that 0 residents evacuated.*

*On 4/11/25, at 8:20 a.m., the log indicates that 1 resident evacuated.*

**Plan of Correction****Accept** [REDACTED] **08/18/2025)**

*Provide individual and small group training sessions to the residents and staff, emphasizing the importance of evacuation, the location of the designated meeting place, and the proper evacuation procedures during a fire drill or actual emergency. Ensure that residents understand the safety implications of non-compliance and are equipped with the knowledge to evaluate properly in the future. Retain staff on their roles and responsibilities during fire drills particularly in ensuring resident evacuation and accounting.*

*The Personal Care Home Administrator is the designate trainer emphasizing the importance of evacuation, the location of the designated meeting place, and the proper evacuation procedures during fire drill and actual emergency Training was implemented and completed on 7/28/25 The Personal Care Home Administrator will be ensuring resident understanding of safety implication by incorporating comprehension checks during training sessions and follow-up discussions to confirm residents are equipped with the knowledge to evacuate properly on 8/13/25 The Personal Care Home along with the Fire safety expert Retained staff on fire drill roles and responsibilities during fire drills, particularly in ensuring resident evacuation and accounting on 7/28/25 . The Administrator will review the monthly fire drill log monthly to ensure that all residents evacuate to a designated meeting place away from the building or within fire safe area during each fire drill. Start date for the Monthly monitoring will begin on 8/13/25*

**Licensee's Proposed Overall Completion Date: 08/06/2025**

**Implemented** [REDACTED] **- 09/03/2025)**