

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

December 12, 2025

[REDACTED]  
HAMPDEN OPERATIONS LLC

[REDACTED]  
Suite 200 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 09/30/2025 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		
<b>Name:</b> HARMONY AT WEST SHORE	<b>License #:</b> 33381	<b>License Expiration:</b> 12/16/2025
<b>Address:</b> 1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050		
<b>County:</b> CUMBERLAND	<b>Region:</b> CENTRAL	

Administrator		
<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]

Legal Entity		
<b>Name:</b> HAMPDEN OPERATIONS LLC		
<b>Address:</b> [REDACTED]		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]	

Certificate(s) of Occupancy		
<b>Type:</b> I-2	<b>Date:</b> 05/01/2016	<b>Issued By:</b> Hampden Township

Staffing Hours		
<b>Resident Support Staff:</b> 0	<b>Total Daily Staff:</b> 105	<b>Waking Staff:</b> 79

Inspection Information		
<b>Type:</b> Partial	<b>Notice:</b> Unannounced	<b>BHA Docket #:</b>
<b>Reason:</b> Interim	<b>Exit Conference Date:</b> 09/30/2025	

Inspection Dates and Department Representative	
09/30/2025 - On-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
<b>License Capacity:</b> 115		<b>Residents Served:</b> 71	
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> Harmony Square	<b>Capacity:</b> 35	<b>Residents Served:</b> 14
Hospice			
<b>Current Residents:</b> 1			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 72	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 34		<b>Have Physical Disability:</b> 0	

Inspections / Reviews		
09/30/2025 Partial		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 11/03/2025
11/06/2025 - POC Submission		
<b>Submitted By:</b> [REDACTED]	<b>Date Submitted:</b> 11/21/2025	
<b>Reviewer:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 11/13/2025

Inspections / Reviews *(continued)*

11/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/21/2025

12/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 11:23 AM the nurse's station on the second floor was unlocked and unattended. A 3-tier file holder was observed accessible on the desk which contained residents' confidential information.

Repeated violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 9/30/25, the ED secured the file containing resident information immediately.

On 10/1/25, HCD conducted audit of all nursing stations to locate, and secure accessible resident information. HCD labeled all binders "Please place in locked cabinet after use."

By 10/3/25, HCD conducted training of all clinical staff regarding regulation 2600.17 and the process to secure resident documentation.

By 10/31/25, ED or Designee will conduct training of all community staff regarding regulation 2600.17 to ensure confidential information is secured.

Beginning 10/1/25, HCD or Designee will conduct weekly audits, for a period of 8 weeks, of nursing stations and medication carts to ensure confidential resident information is secured. Audit findings will be reviewed during monthly QA meeting.

Proposed Overall Completion Date: 11/30/2025

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/09/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contracts dated [REDACTED] for resident [REDACTED] and dated [REDACTED] for resident [REDACTED] were not signed by the residents.

Repeated violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] 11/06/2025)

On 10/1/25, ED obtained contract signatures from Resident [REDACTED] and Resident [REDACTED]

On 10/3/25, ED completed initial audit of all resident files to ensure resident signatures were complete.

On 10/1/25, ED provided training to BOM on regulation 2600.25.b, reviewing requirements for business file.

Beginning 10/3/25, BOM or Designee will utilize a chart audit tool for all new admissions to ensure all required

25b - Contract Signatures (continued)

documentation and signatures are obtained. The BOM or designee will complete an audit of all new admissions each month, for a period of 3 months, to ensure files are complete per regulation. Audits will be reviewed at monthly QA Meeting.

Proposed Overall Completion Date: 12/31/2025

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 12/09/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] and [redacted] records did not contain statements signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeated violation - [redacted], et al

Plan of Correction

Accept [redacted] 11/06/2025)

On 10/1/25, ED obtained signatures acknowledging receipt of a copy of Resident Rights and Complaint Procedures from Resident [redacted] and Resident [redacted].

On 10/2/25, ED completed an initial audit of resident files to ensure a signed copy of Resident Rights and Complaint Procedures were in each resident file.

On 10/1/25, ED provided training to BOM on regulation 2600.41.e, reviewing requirements for all residents to sign Resident Rights and Complaint Procedures.

Beginning 10/3/25, BOM or Designee will utilize a chart audit tool for all new admissions to ensure all required documentation and signatures are obtained. The BOM or designee will complete an audit of all new admissions each month, for a period of 3 months, to ensure files are complete per regulation. Audits will be reviewed at monthly QA Meeting.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/12/2025)

81b - Resident Personal Equipment

4. 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

On [redacted] at approximately 10:30 AM the following resident enabler bars were observed improperly installed and having uncovered openings which exceeded the regulatory requirements:

81b - Resident Personal Equipment (continued)

- The enabler bar utilized by resident [REDACTED], located in room [REDACTED], was not securely fastened to the resident's bed.
- The enabler bar utilized by resident [REDACTED] located in room [REDACTED], was observed having an uncovered opening of 7 inches vertically and 14 ¾ inches horizontally.
- The enabler bar utilized by resident [REDACTED], located in room [REDACTED], was observed having an uncovered opening of 6 inches vertically and 14 ¾ inches horizontally.
- The enabler bar utilized by resident [REDACTED] located in room [REDACTED], was observed having an uncovered opening of 16 inches vertically and 15 inches horizontally.

Repeated violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 9/30/25, ED lowered enabler bar in Apt # [REDACTED] to prevent entrapment by Resident.

On 9/30/25, MD secured bed enabler in Apt [REDACTED].

On 9/30/25, RDO created letter to be sent to all resident/POA's providing education on 2600.81.b.

On 10/2/25 ED completed an initial audit of all resident apartments to identify enabler bars.

On 10/3/25, ED covered enabler bars in Apt # [REDACTED] [REDACTED] and [REDACTED]. Both residents located in apartment [REDACTED] will discharge to a higher level of care on 11/10/25. Family did not desire to purchase Halo at this time.

By 10/1/25, HCD or Designee will educate all Leadership, Direct Care and Housekeeping staff on the regulation and proper reporting of enabler bars to HCD.

Beginning 10/1/25, ED or Designee will conduct a weekly audit for a period of 8 week, of all PC and MC apartments to ensure enabler bars are appropriate, covered, and secured. Audit results will be reviewed during monthly QA Meeting.

Licensee's Proposed Overall Completion Date: 12/07/2025

Implemented [REDACTED] - 12/12/2025)

82a - Poisonous Materials

5. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [REDACTED] at approximately 10:30 AM an unlabeled spray bottle of an unknown substance was located in a buffet cabinet in the Secure Dementia Care Unit (SDCU).

Repeated violation [REDACTED] al

Plan of Correction

Accept [REDACTED] 11/06/2025)

On 10/30/25, ED immediately removed unlabeled spray bottle from SDCU.

By 10/3/25, ED conducted education of all Leadership, Clinical, Housekeeping and Dietary staff on regulation 2600.82.a, to proper labeling and storage of all poisonous materials.

On 10/3/25, Harmony Square Director (HSD) conducted an initial audit of SDCU to ensure proper labeling and storage of all poisonous materials.

Beginning 10/1/25, HSD or Designee will conduct daily audits, for a period of 30 days, and weekly audits for a period of 8 weeks thereafter, of the SDCU to ensure proper labeling and storage of poisonous materials. Audit results will be reviewed at monthly QA meeting.

## 82a - Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/12/2025)

## 82b - Poisonous Material Storage

## 6. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

## Description of Violation

On [REDACTED] at approximately 11:00 AM the following poisonous material was observed unlocked and unattended in the SDCU:

- [REDACTED] with a label which reads "KEEP OUT OF REACH OF CHILDREN. Wash hands thoroughly after handling. Get medical advice/attention if you feel unwell"
- A 23 fl. Oz. bottle of [REDACTED] located in the buffet cabinet of the dining room with a label which read "If swallowed drink 1-2 glasses of water and call a physician or poison control center".
- An 18 fl. Oz. bottle of [REDACTED]. The label reads "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away".

## Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 10/30/25, ED immediately removed unlabeled spray bottle from SDCU.

By 10/3/25, ED conducted education of all Leadership, Clinical, Housekeeping and Dietary staff on regulation 2600.82.a, to proper labeling and storage of all poisonous materials.

On 10/3/25, Harmony Square Director (HSD) conducted an initial audit of SDCU to ensure proper labeling and storage of all poisonous materials.

Beginning 10/1/25, HSD or Designee will conduct daily audits, for a period of 30 days, and weekly audits for a period of 8 weeks thereafter, of the SDCU to ensure proper labeling and storage of poisonous materials. Audit results will be reviewed at monthly QA meeting.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/12/2025)

## 85d - Trash Receptacles

## 7. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

On [REDACTED] at approximately 11:00 AM a large, uncovered half full trash can in the SDCU kitchen was observed. No staff were present in the kitchen and a lid to the trash can was not observed anywhere close by.

Repeated violation - [REDACTED] et al

85d - Trash Receptacles (continued)

Plan of Correction

Accept [redacted] - 11/06/2025)

On 9/30/25 the Dining Service Director was notified of the garbage can missing the lid as soon as it was observed. The Dining Service Director had a staff member remove the trash can, empty the contents and replace the can with a receptacle with a lid. On 10/1-10/3/25 all dining and nursing staff were re-trained on regulation 2600.85.d. by the ED. Daily audits of the trash receptacles will be conducted by the Harmony Square Director, Dining Service Director, and/or Designee for 4 weeks. A weekly audit will then be implemented for 8 weeks to ensure compliance with the regulation. All audits will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/12/2025)

85e - Trash Outside Home

8. 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

On [redacted] at approximately 11:00 AM, the gates to the enclosed trash dumpsters area was open and trash, cardboard boxes, and other debris were observed around and behind the dumpsters.

Repeated violation - [redacted] et al

Plan of Correction

Accept [redacted] - 11/12/2025)

On 9/30/25, MD removed trash and debris around the dumpster area. On 10/1/25, MD contacted a local company to secure a rolling dumpster, scheduled to be at the community on 10/16/25. On 10/16/25, rolling dumpster was on property and clean up completed. 10/1/25, MD contacted trash company to request a dumpster with slider doors to make it easier for associates to discard trash, with a tentative arrival date of 11/5/25-11/7/25. On 10/2/25, MD conducted training of all leadership and community associates on regulation 2600.85.e and proper trash removal and storage. Beginning 10/1/25, MD or Designee will conduct a daily audit, for a period of 8 weeks, of designated outdoor trash area to ensure it is clean and clear of debris. Audits will be reviewed at monthly QA meeting.

Licensee's Proposed Overall Completion Date: 12/06/2025

Implemented [redacted] - 12/12/2025)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [redacted] at approximately 10:30 AM room [redacted] and [redacted] in the SDCU did not have an operable lamp which could be turned on/off at bedside.

101j7 Lighting/Operable Lamp (continued)

Repeated violation [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 10/1/25, Harmony Square Director notified of inoperable lighting by bedside in Apts [REDACTED] and [REDACTED], and issue was rectified.

By 10/3/25, ED provided all leadership team members, and associates training on regulation 2600.101.j.7.

On 10/1/25, HSD conducted an initial audit of all SDCU apartments to ensure each apt had an operable bedside light.

Beginning 10/1/25, HSD or Designee will conduct a weekly audit, for a period of 8 weeks, of all SDCU apartments to ensure an operable light is at bedside. Audits will be reviewed at monthly QA Meeting.

Licensee's Proposed Overall Completion Date: 12/07/2025

Implemented [REDACTED] - 12/12/2025)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [REDACTED] at approximately 10:30 AM a small ice cream freezer located in the SDCU kitchen contained a 3 gallon tub and small plastic container of ice cream. The freezer thermometer had an observed temperature of 22 degrees.

Repeated violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 9/30/25, ED immediately removed ice cream in SDCU kitchen.

On 10/1/25, ED conducted training of all leadership, direct care and dining staff on Regulation 2600.103.f, to ensure that freezer door is completely closed to maintain appropriate temperature and ensure food safety.

Beginning 10/1/25, DSD or Designee will conduct daily audits for a period of 30 days, to ensure temperature logs are being completed timely and accurately. Audit results will be reviewed at monthly QA meeting.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] 12/12/2025)

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 fire drill on [REDACTED] at 4:15 PM, 1 resident refused to evacuate to a designated meeting place away from the building or within the fire safe area.

132h - Designated Meeting Place (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2025)

The community is not in agreement with this violation. The fire drill on 8/5/25 was conducted by a Fire Safety Expert. The Community did, in fact have a woman who was physically ill who did not want to come out of [REDACTED] room. [REDACTED] was already located in a safe area and did make staff aware that [REDACTED] could not be out with other residents because [REDACTED] was sick. The community chose to honestly document this occurrence on the designated form. The fire drill was repeated in the same month, again by the same Fire Safety Expert on 8/26/25. The community passed without incident. The community will continue to run monthly fire drills as per regulation 2600.132.h.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 12/12/2025)

171b5 - First Aid Kit

12. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include tweezers and the first aid kit on the bus did not include tweezers or a thermometer.

Repeated violation - [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 11/06/2025)

On 10/1/25, HCD immediately removed first aid kits in van and placed required items in both kits before returning to designated vehicles.

On 10/1/25, ED conducted training with HCD, HSD, Life Enrichment Team and Van Driver on Regulation 2600.171.b.5 and the expectation to ensure first aid kits are complete at all times.

By 10/31/25, HCD to place a checklist of all required items in each kit and secure with a zip tie to ensure proper inventory.

Beginning 10/1/25, ED or Designee will conduct a weekly audit of First Aid kits on van and bus for a period of 12 weeks to ensure all required items are present in each kit. Audit will be reviewed at monthly QA meeting.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/12/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed blood sugar checks 2 times daily, Latanoprost eye drops at bedtime, and [REDACTED]

187d Follow Prescriber's Orders (continued)

cap at bedtime. However, resident [redacted] was not administered these medications on the following dates and times:

- [redacted] checks on [redacted] and [redacted] at 8:00 PM
- [redacted] on 9/26/25 at 8:00 PM
- [redacted] on [redacted] at 8:00 PM

Repeated violation [redacted], et al

**Plan of Correction**

**Accept ( [redacted] - 11/06/2025)**

On 9/28/25, HCD reported missed medications to PCP and POA upon finding, utilizing the Missed/Refused Medication Report Form. PCP signed on 9/30/25.

By 10/3/25, HCD educated all Medication Technicians on the regulation and proper reporting and documentation for missed and refused medications.

By 10/31/25, and initial audit of all resident medication records for the past 30 days, will be conducted to ensure proper documentation and reporting had been made.

Beginning 10/1/25, HCD or Designee will conduct a daily audit, for a period of 4 weeks and weekly thereafter for a period of 8 weeks, to identify missed and refused medications and ensure proper documentation and reporting.

Audits will be reviewed at monthly QA meeting.

Licensee's Proposed Overall Completion Date: 12/31/2025

**Implemented ( [redacted] - 12/12/2025)**