

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

December 17, 2025

[REDACTED]  
THE VILLAGES OF HARMAR, LLC  
[REDACTED]  
[REDACTED]

RE: THE VILLAGES OF HARMAR  
715 FREEPORT ROAD  
CHESWICK, PA, 15024  
LICENSE/COC#: 45456

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2025 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: THE VILLAGES OF HARMAR License #: 45456 License Expiration: 01/22/2026  
 Address: 715 FREEPORT ROAD, CHESWICK, PA 15024  
 County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: THE VILLAGES OF HARMAR, LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/28/2006 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 10/15/2025

**Inspection Dates and Department Representative**

10/15/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 110 Residents Served: 46  
 Special Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 5 Have Physical Disability: 1

**Inspections / Reviews**

10/15/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2025

11/07/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/17/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2025

Inspections / Reviews *(continued)*

11/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/17/2025

12/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65i Training topics

1. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A, hired on [REDACTED] did not receive training on the following topics during the 2024 training year:

- Medication self-administration training
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Plan of Correction

Accept [REDACTED] - 11/17/2025)

Direct care staff person A received reeducation on medication self-administration in addition to reeducation on utilizing the prescreen, ASP, DME, and support plan. These educations were conducted by the Executive director on 10/28/2025. Documentation will kept in accordance with 2800.65L. Moving forward the facility Executive director / designee will ensure self-administration and meeting the needs of residents described in the prescreen, assessment tool, medical eval, and support plan are added to the facility's yearly training topics. These topics will take place throughout the year and will be covered in RELIAS learning where applicable and be held in person every October otherwise. Beginning 11/24/25 the Executive director / designee shall monitor all training records at least quarterly to ensure all direct care staff persons are receive training on topics specified in 2800.65i during each training year.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [REDACTED] 12/17/2025)

65j Annual training content

2. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person A, hired on [REDACTED] did not receive fire safety training completed by a safety expert or by staff person trained by a fire safety expert during the 2024 training year.

Plan of Correction

Directed ([REDACTED] - 11/17/2025)

Direct care staff person A received fire safety training during the 2025 training year and also received reeducation on fire safety by a certified fire safety train the trainer on 10/16/2025. Additionally, fire safety training has been scheduled for all staff on 12/17/25 to ensure all staff receive updated fire safety trainings by the end of the year. Documentation will kept in accordance with 2800.65L. This training will be conducted by a certified fire safety expert. Moving forward the facility will conduct additional fire safety trainings for those that miss the annual fire

65j Annual training content (continued)

safety trainings. This additional training will take place in the month of December and be conducted by either a fire safety expert or a staff person trained by a fire safety expert. Beginning 11/24/25 the Executive director / designee shall monitor all training records at least quarterly to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are receive training on topics specified in 2800.65j during each training year.

Proposed Overall Completion Date: 11/24/2025

Directed Completion Date: 12/17/2025

Implemented [redacted] - 12/17/2025)

224a5 Written initial assessment

3. Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include the diagnosis of unspecified [redacted] as indicated on resident # [redacted] medical evaluation, dated [redacted]

Resident [redacted]'s assessment, dated [redacted], does not include the diagnoses of [redacted] and [redacted], as indicated on resident [redacted]'s medical evaluation, dated [redacted]

Plan of Correction

Accept [redacted] 11/17/2025)

Resident [redacted] and Resident [redacted] will both have their assessments updated by the resident care coordinator / LPN supervisor no later than 11/12/25 to reflect the additional diagnoses that were not originally captured on the assessment. Additional education was provided to the licensed staff that are responsible for keeping assessment's updated with all new changes in condition. This education was part of the facility's POC and took place on 10/22/2025. Moving forward the facility will continue reviewing 10 resident ASPs per month as part of previously accepted plan of corrections to ensure that diagnoses captured on the ADME are reflected on the ASP. These audits are conducted by the executive director / designee and do not have an end date. The audits will continue the week of 11/10/2025. Documentation will be kept in accordance to the 2800 regulations, and audit findings will be reviewed at the facility's next QM meeting scheduled on 11/24/25, documentation of this quality management review will be kept.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 12/17/2025)