

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

January 16, 2026

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

RE: THE VILLAGES OF HARMAR, LLC
715 FREEPORT ROAD
CHESWICK, PA, 15024
LICENSE/COC#: 45666

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2025 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, LLC* License #: *45666* License Expiration: *01/16/2026*
 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: *10/24/2006* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *11/13/2025*

Inspection Dates and Department Representative

10/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *23* Residents Served: *17*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire home* Capacity: *23* Residents Served: *17*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

10/29/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2025*

12/01/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/15/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/05/2025*

Inspections / Reviews *(continued)*

12/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2026

01/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The resident-home contracts for residents [redacted] and [redacted] indicate "Assisted Living Residence Agreement"; however, the home is licensed as a personal care home secured dementia care unit (SDCU) in accordance with 55 Pa. Code Chapter 2600 (related to personal care homes).

Plan of Correction

Accept [redacted] 12/05/2025)

Due to the nature of this violation the facility is consulting contracting for an updated contract that reflects the appropriate verbiage for the personal care unit. Resident 1 and Resident 3 will both have new contracts signed once approved, no later than 12/31/25. Due to reviews needed with contracting. The facility is conducting a baseline of all SCU resident contracts which will be completed by 12/17/25. Once revised personal care contract is received, current SCU residents will sign the revised contract by 01/15/2026. Moving forward the Executive Director or designee will ensure the correct contract is being signed based on the unit an individual is admitting to.

Proposed Overall Completion Date: 01/15/2026

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ([redacted] - 01/16/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:45am, a one-gallon bottle of [redacted] liquid laundry detergent, which was approximately 3/4 full and contained a manufacture's label indicating, "Danger, causes serious eye damage, causes mild skin irritation. First Aid, if in eyes, rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continuing rinsing. Immediately call a Poison Center or physician. If skin irritation occurs, get medical attention", was unlocked, unattended, and accessible in the laundry room. The entire home is licensed as a SDCU and not all the residents of the home, including residents # [redacted] and [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 12/05/2025)

At the time of inspection, the door to the laundry door was locked immediately. Education to be provided to staff working in the SCU, including laundry/housekeeping staff, of the importance in keeping all doors in the unit locked that contain or could possibly contain poisonous materials. Education to be completed no later than 12/12/2025 and will be conducted by current Executive Director/designee. Documentation of this education will be maintained in

82c - Locking Poisonous Materials (continued)

accordance with 2600.65i. During the week of 11/17/25-11/21/25 the door handle of the laundry room was removed by maintenance staff and replaced with a coded door that requires a passcode to enter. Exact date of this change is unknown due to turnover in the Executive Director role. Moving forward daily rounding of the SCU will be conducted by the Executive Director/Designee ensuring the door remains locked and poisons remain stored safely. These rounds begin the week of 12/8/25 and will last indefinitely as a best practice.

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

Implemented [redacted] 01/16/2026)

103f - Refrigerator/Freezer Temps

3. 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

At 10:14am, the thermometer in the home's dairy and juice reach-in cooler was broken and inoperable.

Plan of Correction

Accept [redacted] - 12/05/2025)

Upon identification a new thermometer was placed in the reach in cooler. Education of 2800.103 will be given to Dietary Staff on refrigerator/freezer temps by the Executive Director or designee no later than 12/17/25.

Documentation of this education will be maintained in accordance with 2600.65i. Audits of the kitchen will begin the week of 12/1/25 in order to remain compliant with food storage and will be completed by the Executive Director/Kitchen staff/or a designee. Audits will be conducted weekly to monitor that all refrigerators/freezers in the kitchen have thermometers are present, operable and are maintaining proper food handling temperatures.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [redacted] - 01/16/2026)

103g - Storing Food

4. Requirements

2600.

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

Description of Violation

At 10:23am, there was an uncovered tray containing 10 pre-assembled grilled cheese sandwiches present in the Traulsen cooler, located in the home's kitchen.

Plan of Correction

Accept [redacted] - 12/05/2025)

Upon identification food was properly stored away by kitchen staff the day of inspection. Education of 2800.103 will be given to Dietary staff on food storage/safety by the Executive Director or designee no later than 12/17/25.

Documentation of this education will be maintained in accordance with 2600.65i. Audits of the kitchen will be conducted weekly and begin the week of 12/1/2025. Audit will monitor food storage areas in the kitchen and will be completed by the ED/Kitchen staff/or a designee.

Licensee's Proposed Overall Completion Date: 12/17/2025

103g - Storing Food (continued)

Implemented [REDACTED] - 01/16/2026)

132d - Evacuation

5. 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 is currently licensed as a personal care SDCU, as well as an assisted living residence. The fire drill records for the following fire drills combined the census for both licenses, so it is unable to be determined if all the residents on the SDCU were evacuated to a public thoroughfare or to a fire-safe area during these fire drills:

- On [REDACTED] at 3:15pm
- On [REDACTED] at 11:15am
- On [REDACTED] at 11:30pm
- On [REDACTED] at 1:10pm
- On [REDACTED] at 2:38pm
- On [REDACTED] at 3:50am

Plan of Correction

Directed [REDACTED] - 12/05/2025)

At the time of inspection, inspectors were provided proper documentation showing that each licensed unit has its own fire drill sheet describing which unit and the exits used. This documentation was created based on prior violations at the campus' assisted living unit. Moving forward this documentation will continue to be used, the facility is unable to correct the violation cited as it happened in the past. Education was provided to maintenance staff and the Executive Director by the RVPO in September of 2025 on proper documentation of fire drills. Documentation of this education has been maintained in accordance with 2600.65i. This education will be completed with the new Executive Director by the RVPO no later than 12/17/2025. The facility will continue to use a separate fire drill sheet for the SCU that only accounts for SCU/PC information. The Executive Director/designee is responsible to ensure this plan is in place and followed. The Executive Director/designee will audit on a monthly basis that fire drill documentation is accurate, complete, and separately maintained. (DIRECTED: The monthly fire drill record audits shall begin on 12/8/25. [REDACTED] 12/5/25).

Proposed Overall Completion Date: 12/17/2025

Directed Completion Date: 12/17/2025

Implemented [REDACTED] - 01/16/2026)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a Assessment 15 Days (continued)

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], indicates resident [redacted] cannot safely use or avoid poisonous materials; however, resident [redacted] assessment, dated [redacted], indicates resident [redacted] has no problem with using and avoiding poisonous materials. The entire home is licensed as a SDCU.

Plan of Correction

Accept [redacted] - 12/05/2025)

Resident [redacted] ASP/ADME will be reviewed and updated by the physician no later than 12/17/25 to reflect their ability to avoid poisonous materials. Education to be provided regarding poisonous materials to staff responsible for updating ASPs no later than 12/17/25. Documentation of this education will be maintained in accordance with 2600.65i. A baseline audit of all resident's ASP will be reviewed and completed no later than 12/12/25. Audits will begin 12/12/2025 and will be completed by the Resident Care Coordinator/designee. Audit will be completed within 72 hours of admission to the SCU indefinitely to ensure proper documentation is there.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [redacted] - 01/16/2026)

231b - Medical Evaluation

7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted]'s medical evaluation, dated [redacted], does not indicate the need for resident [redacted] to be served in a SDCU.

Resident # [redacted] was admitted to the SDCU on [redacted]; however, resident [redacted] medical evaluation was not completed until [redacted]. Also, resident [redacted] medical evaluation does not indicate that resident [redacted] needs can be met safely at the home. This section of resident # [redacted] medical evaluation is blank.

Resident [redacted] medical evaluation, dated [redacted] does not indicate the need for resident [redacted] to be served in a SDCU.

Plan of Correction

Accept [redacted] - 12/05/2025)

Resident [redacted] and [redacted] will all have new medical evaluations completed no later than 12/17/2025 with proper information on them. Education will be provided to nursing leadership by the Executive Director/designee to ensure they understand the importance of having the ADME completed in its entirety. This education will take place no later than 12/17/25 and documentation maintained in accordance to 2600.65i. Moving forward the facility Executive Director/designee will conduct a baseline of all resident medical evaluations in the SCU by 12/17/2025. Medical evaluations thereafter will be reviewed within 24 hours of signature to ensure documentation remains up to date.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [redacted] - 01/16/2026)

231c - Preadmission Screening

8. Requirements

2600.

231c - Preadmission Screening (continued)

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.

Description of Violation

Resident [REDACTED] cognitive preadmission screening is undated, so it is unable to be determined if it was completed within 72 prior to admission. Resident [REDACTED] was admitted to the SDCU on [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/05/2025)

The facility is unable to back date a preadmission screening. A new cognitive preadmission screen will be completed for Resident [REDACTED] by 12/10/25. Executive Director/designee will review with leadership team the importance of ensuring the form is properly filled out in its entirety. Documentation of this education will be kept in accordance with 2600.65i and will be completed no later than 12/17/25. A baseline of preadmission screens will be conducted by the Executive Director/designee by 12/17/25 to ensure each resident has a prescreen filled out in its entirety. The Executive Director/designee will audit admissions to the SCU upon referral assessment to ensure the preadmission screening is completed appropriately. This will initiate 12/8/2025 and continue with each admission to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [REDACTED] - 01/16/2026)

233c - Key-Locking Devices**9. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 11:21am, the directions for operating the home's locking mechanism were not conspicuously posted near the exit door leading from the home's SDCU courtyard.

Plan of Correction

Directed [REDACTED] - 12/05/2025)

Directions for the locking mechanism will be placed no later than 12/8/25 by the Executive Director/designee. Education on the requirement will be provided to the Executive Director by the RVPO no later than 12/17/25. Documentation of this education will be kept in accordance with 2600.65i. Moving forward this will be added to daily rounds along with locked doors completed by the Executive Director/designee to ensure compliance. (DIRECTED: The daily rounds shall begin on 12/8/25. [REDACTED] 12/5/25). At least monthly the Executive Director will complete a formal audit of all exits in the SCU to ensure safety.

Proposed Overall Completion Date: 12/17/2025

Directed Completion Date: 12/17/2025

Implemented [REDACTED] 01/16/2026)