

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

February 18, 2026

[REDACTED]
THE VILLAGES OF HARMON HOUSE, LLC
[REDACTED]
[REDACTED]

RE: THE VILLAGES OF HARMON HOUSE
601 SOUTH CHURCH STREET
MT. PLEASANT, PA, 15666
LICENSE/COC#: 45454

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2025 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 HARMON HOUSE License #: 45454 License Expiration: 12/10/2026
 Address: 601 SOUTH CHURCH STREET, MT. PLEASANT, PA 15666
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/06/1988 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/01/2025

Inspection Dates and Department Representative

12/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 67 Residents Served: 53
 Special Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

12/01/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2026

01/22/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/10/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/29/2026

Inspections / Reviews (*continued*)

01/27/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/09/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/12/2026

02/18/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - 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

At approximately 11:25 a.m., a 24-hour report at the 1st floor nurses' station was unlocked, unattended, and accessible.

The report indicated the following:

Resident [redacted], "5am med given, vitals taken"

Resident [redacted], [redacted] given"

Resident [redacted], [redacted] given, [redacted] given"

Plan of Correction

Accepted [redacted] 01/27/2026)

Upon notification of citation, facility Resident Care Coordinator removed PHI from the first floor nurses station. Moving forward Education to be provided to direct care staff no later than 2/06/2026 by the Executive Director/designee regarding this regulation. The 24 hour report will be kept in a locked closet/cabinet at all times when not in use. To ensure compliance, daily rounding will take place by the Executive Director/designee. This rounding will be considered a best practice and will continue indefinitely. Daily rounding began 12/10/2025.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 02/06/2026)

18 Other laws, regs, ordins.

2. Requirements

2800.

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

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted [redacted], requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." The carbon monoxide alarms near the gas dryer in the laundry room was 6 feet and 8 inches from the dryer.

Plan of Correction

Accepted [redacted] - 01/27/2026)

On the day of the survey a battery-operated CO detector was installed approximately 16ft away from the dryer by director of environmental services with assistance from maintenance staff. Education will be provided to maintenance staff regarding the life safety/CO standards act requirements no later than 2/06/2026 by the Executive Director/designee. Moving forward placement and operation of this device will be audited on a monthly basis indefinitely as part of the campus' life safety rounds. This audit will be conducted by the maintenance staff / designee and began 1/1/2026.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 02/09/2026)

65i Training topics

3. Requirements

65i Training topics (continued)

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.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Description of Violation

Direct care staff persons A & B did not receive training in the following during the training year January 1, 2024 to December 31, 2024:

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.

Plan of Correction

Accept [REDACTED] - 01/27/2026)

Direct care staff persons A and B will receive training on self-administration of medications and Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan no later than 2/06/2026. Education will be provided by the Executive Director/designee. Moving forward quarterly reviews, completed by the Executive Director/designee, of annual trainings will take place for direct care staff. These quarterly reviews will ensure the 2026 staff training plan is being followed and make up educations will take place when needed. Quarterly reviews begin 4/1/2026 to ensure Q1 trainings are reviewed.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/09/2026)

184a Resident meds labeled

4. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [REDACTED] [REDACTED] indicated take 1 tablet by mouth every 6 hours as needed for pain; however, the resident's November 2025 Medication Administration Record indicated take 1 tablet by mouth every 6 hours as needed for headache or pain and take 2 tablets by mouth three times daily as needed for pain or fever.

Plan of Correction

Accept [REDACTED] - 01/27/2026)

On 12/10/2025, LPN Supervisor spoke with the resident's pharmacy and discussed labeling issue that the facility

184a Resident meds labeled (continued)

was cited on. In order to immediately correct this citation, the pharmacy dispensed an additional [REDACTED] order with correct labeling the week of 12/9/2025. No medication changes needed to be made with the provider, as the order was correct. The facility now has medications on hand that have matching labels to the EMAR orders. Education to be provided to all med techs by the Resident Care coordinator / designee by 2/6/2026 on medication labeling standards. A baseline cart audit will be conducted no later than 2/6/2026 by RCC / designee. Once completed, monthly cart audits will begin 2/1/2026 and last indefinitely. This audit will be conducted by RCC / designee

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/18/2026)

185a Storage procedures**5. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] was not calibrated to the correct time. At 2:36 p.m., the glucometer indicated the time was 1:31 p.m.

Plan of Correction

Accepted [REDACTED] - 01/27/2026)

Resident [REDACTED] glucometer was calibrated at the time of inspection to have matching date/time by the Resident Care Coordinator. Education to be provided to all med techs by the Resident Care coordinator / designee by 2/6/2026 on proper storage procedures specific to glucometer date/time adjustments. A baseline cart audit will be conducted no later than 2/6/2026 by RCC / designee to ensure all glucometers have matching dates/times. Once completed, monthly cart audits will begin 2/1/2026 and last indefinitely. This audit will be conducted by RCC / designee and includes glucometer calibration to the correct date/time.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/18/2026)