

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

February 6, 2026

[REDACTED]  
HARMONY REHABILITATION & NURSING LLC  
[REDACTED]  
[REDACTED]

RE: KADIMA SENIOR LIVING AT  
HARMONY  
191 EVERGREEN MILL ROAD  
HARMONY, PA, 16037  
LICENSE/COC#: 45648

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2025 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: KADIMA SENIOR LIVING AT HARMONY License #: 45648 License Expiration: 09/10/2026  
 Address: 191 EVERGREEN MILL ROAD, HARMONY, PA 16037  
 County: BUTLER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: HARMONY REHABILITATION & NURSING LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 11/16/1988 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]  
 Reason: Renewal Exit Conference Date: 12/09/2025

**Inspection Dates and Department Representative**

12/09/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 42 Residents Served: 14

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 12  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 4  
 Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

12/09/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2025

01/08/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/31/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2026

Inspections / Reviews (*continued*)

## 01/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2026

## 01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/01/2026

## 02/06/2026 Document Submission

Submitted By: Maria DeJesus

Date Submitted: 01/31/2026

Reviewer: Belinda Graziano

Follow Up Type: Not Required

25b Contract Signatures

1. 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

Resident [redacted] was admitted to the home on [redacted]. However, the resident's resident/home contract is undated and unsigned by the resident, payer and a representative of the home. Additionally, the contract does not indicate who is the responsible payer.

Plan of Correction

Accept [redacted] - 01/08/2026)

The resident/home contract for resident# [redacted] will be immediately updated to include the date of admission and the responsible payer's information. Signature will be obtained from the resident, the responsible payer information. Signatures will be obtained from the resident, the responsible payer, and the administrator for Kadima Senior Living at Harmony Personal Care. The resident designated person will also sign the contract, as applicable. A Monthly audit will be implemented by the Personal Care Home Administrator to ensure all required fields are completed and all necessary signatures are obtained and dated before a resident is admitted to the home. The administrator will review all new resident contracts for compliance with regulation 2600 as part of the final admission process. Effective 12/30/25

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented [redacted] - 01/20/2026)

103f Refrigerator/Freezer Temps

2. 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

The walk-in freezer in the kitchen measured 14 degrees Fahrenheit at 9:56 a.m. and 14 degrees Fahrenheit at 10:32 a.m.

Plan of Correction

Accept [redacted] - 01/08/2026)

Effective immediately, all frozen food items currently in the walk-in freezer will be checked for temperature and discard if found to be above 0°F to ensure food safety. The maintenance team has been immediately contacted to inspect and repair the walk-in freezer unit. Upon repair and temperature stabilization below 0°F, the freezer will be restocked with new product. A new digital thermometer will be installed in the freezer to provide more accurate and easily readable temperature monitoring. Staff will be retained on proper temperature monitoring procedures and log keeping.

Person responsible and completion Date:

Immediate action: Kitchen Manager, Effective Date: 12/22/25

Preventative actions (repair and restocking): Maintenance Supervisor and kitchen Manager. proposed completion date 12/30/25

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented [redacted] - 02/06/2026)

141a - Medical Evaluation

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. However, the resident’s initial medical evaluation, was completed on [redacted]

Plan of Correction

Accept [redacted] - 01/08/2026)

I was not the current Administrator at the time Resident [redacted] was admitted to the facility. The resident medical evolution had been completed as of 09/29/25

The personal care home administrator will retrain all staff responsible for admissions and medical evaluations on the requirements of regulation 141.a regarding the timing and initial medical evaluations. A bi-weekly audit will be implemented to ensure all required medical evolutions are scheduled and completed within the 30-day window.

Completion Date: which all actions will take place (retaining and audit) 01/05/2026

Licensee's Proposed Overall Completion Date: 01/05/2026

Implemented [redacted] - 01/20/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] annual medical evaluation was completed on [redacted]. However, the previous evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] - 01/08/2026)

The administrator will review resident [redacted] medical evolution dates to ensure compliance. The proposed completion date is 12/20/25. The Health Service Coordinator will implement a tracking system for all resident annual medical evaluation to ensure they are scheduled and completed within the annual requirement. Completion Date: 01/05/2026

The administrator will react a Monthly Audit (the new tracking system) for three Months to ensure compliance and effectiveness. The proposed completion date for the final Audit report is 04/05/2026

Licensee's Proposed Overall Completion Date: 01/05/2026

Implemented [redacted] - 01/20/2026)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

183e - Storing Medications (continued)

Description of Violation

There was a 10ml vial of Lispro Injection 100 units/ml for resident [REDACTED] labeled with an open date of [REDACTED] According to manufacturer's instructions, this medication expires 28 days after opening.

Plan of Correction

Accept [REDACTED] 01/08/2026)

The expired vial of lispro injection for resident [REDACTED] was immediately removed from storage and properly disposed of. All staff will receive an immediate re-education on proper medication storage requirements and manufacturers instruction for opened multi-dose vials. A new Monthly Audit will be implemented requiring two staff members to verify and document the 28-day expiration date on all newly opened multi-dose medication. A complete Monthly Audit of all currently opened medications will be conducted to ensure compliance with all expiration dates and storage requirements

Person Responsible: Personal Care Home Administrator

Proposed overall completion date: 01/15/2026

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

Implemented [REDACTED] - 01/20/2026)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] units subcutaneously one time a day. However the resident's medication label indicates, [REDACTED] units subcutaneously one time a day.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

The resident's medication label was immediately corrected to reflect the accurate prescribed dosage of 38 units. The incorrect label (36 units) was removed and properly disposed of. All staff members responsible for administering and labeling the medication was retrained on proper medication labeling procedures and the importance of verifying dosages against the physician's order. A monthly Audit will be implemented requiring two staff members to verify the medication label and dosage against the physician's order.

Person responsible: Personal Care Home Administrator

Proposed overall completion date: 01/20/2026

Licensee's Proposed Overall Completion Date: 01/20/2026

Implemented [REDACTED] 02/06/2026)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home 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

There was a [REDACTED] for resident [REDACTED] in the medication box for the resident's [REDACTED] injection kit.

185a - Implement Storage Procedures (continued)

Resident [REDACTED] is prescribed [REDACTED] – Insert one rectally every 24 hours as needed. However, this medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 01/15/2026)

All staff in medication management will undergo immediate retraining on proper medication storage, access, security and distribution procedures, emphasizing the importance of verifying resident identity and medication labeling at the point of storage and administration. A monthly audit of all medication storage locations will be conducted to ensure all medications are correctly stored for the appropriate resident.

The 10ml of lispro injection 100 units/ml for resident #1 was removed from the Gvoke injection kit box and disposed of, currently in use injectable pen. Lispro was removed by staff member Melissa Heller on 01/05/2026. Resident #3 prescribed Bisacodyl suppositories was Discontinued on 01/12/2026 Physician Samantha Silvis. A Monthly audit of all medication storage locations will specifically include a checklist item to verify that all currently prescribed medications for each resident are physically present in the home and correctly stored.

Person responsible: Personal Care Home Administrator

Proposed completion date: 01/26/26

Licensee's Proposed Overall Completion Date: 01/26/2026

Implemented ([REDACTED] 01/20/2026)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] – take one tablet by mouth daily. However, the resident's December 2025 medication administration record (MAR) indicates [REDACTED] – take one tablet by mouth one time a day.

Plan of Correction

Accept ([REDACTED] - 01/08/2026)

The pharmacy was immediately contacted on updates on the delivery of resident # [REDACTED] as it was increased. The [REDACTED] was removed from the resident's storage and secured appropriately. All staff members responsible for administering medication will be re-trained on medication policies and procedures and the five rights against the physician's order and the medication administration record. A monthly Audit will be implemented with two staff members for errors against the physician's orders and medication administration record.

Person Responsible: Personal Care Home Administrator

Overall completion date: 01/29/26

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented ([REDACTED] - 01/20/2026)

191 - Resident Right to Refuse

9. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 Resident Right to Refuse (continued)

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. However, there is no documentation of the resident being educated regarding their right to refuse medications.

Plan of Correction

Accept [redacted] 01/08/2026)

Educate Resident [redacted] regarding their right to question and refuse medication and document this education in the resident chart. Retain all admission staff on the requirement to educate new residents about the right to refuse medications and the mandatory documents process. A monthly Audit will be implemented of all new residents' admissions to ensure education and documentation compliance.

Person responsible: Personal Care Home Administrator  
overall completion date: 01/15/2026

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

Implemented [redacted] - 01/20/2026)

225a - Assessment 15 Days

10. 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.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. However, the resident's initial assessment and support plan was completed on [redacted]

Plan of Correction

Accept [redacted] - 01/08/2026)

I was not the Personal Care Home Administrator at the time the resident was admitted into the facility. As the current Personal Care Home Administrator, the resident's initial assessment and support plan was completed on 10/06/25, bringing the specific case into compliance. Any staff responsible for admissions and assessments will be retrained on the regulatory requirements for completing initial assessments within 15 days of a resident's admission. The administrator will conduct a weekly Audit of new admissions for the next three Months to verify compliance with the 15 day assessment requirement.

Overall completion date: 01/21/26

Licensee's Proposed Overall Completion Date: 01/21/2026

Implemented [redacted] - 01/20/2026)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted]'s annual assessment and support plan was completed on [redacted]. However, the previous evaluation was completed on [redacted]

225c - Additional Assessment (continued)

**Plan of Correction**

**Accept** [redacted] - 01/15/2026)

*An Immediate, undated annual assessment and support plan has been completed for resident [redacted] on 09/27/25 to correct the overdue status. A monthly Audit will be implemented to ensure compliance with annual assessments and support plans. All staff responsible for completing assessments will receive retraining on the regulatory requirement for annual assessments and support plans to ensure compliance. Personal Care Home Administrator will conduct a Monthly Audit to Review all current resident assessments and support plans for timeliness. Overall completion Date: 01/26/2026*

*Person Responsible: Personal Care Home Administrator*

*Overall completion date: 01/26/26*

**Licensee's Proposed Overall Completion Date: 01/26/2026**

**Implemented** [redacted] - 01/20/2026)