

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

April 15, 2026

[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 01/21/2026, 01/22/2026 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: *HARMONY AT WEST SHORE* License #: *33381* License Expiration: *12/16/2026*  
 Address: *1910 TECHNOLOGY PARKWAY, MECHANICSBURG, PA 17050*  
 County: *CUMBERLAND* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *HAMPDEN OPERATIONS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/01/2016* Issued By: *Hampden Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *133* Waking Staff: *100*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *01/22/2026*

**Inspection Dates and Department Representative**

01/21/2026 - On-Site [REDACTED]  
 01/22/2026 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *115* Residents Served: *81*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Harmony Square* Capacity: *35* Residents Served: *26*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *52* Have Physical Disability: *2*

**Inspections / Reviews**

01/21/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2026*

03/04/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/13/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/13/2026*

Inspections / Reviews *(continued)*

04/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Residents [redacted] and [redacted] moved into the home [redacted] and shared a room. While the residents lived at the home, Resident [redacted] barricaded the room door with Resident [redacted] in the room, by placing a chair against the door. At other times, Resident [redacted] would block the staff from entering the room, preventing the staff from administering resident # [redacted] medications. Resident [redacted] would also bring Resident [redacted] to the front door of the room to receive [redacted] medications. However, these allegations of abuse were not reported to the local area agency on aging.

Plan of Correction

Accepted [redacted] - 03/04/2026)

On 1/23/26 the Executive Director educated the Health Care Director and the Harmony Square Director on Regulation 2600.15.a. The home does not agree with this violation as there was an active open case with AAA as evidenced by the attached email. This was reported to Ms. Cook on 2/9/25. The AAA did not investigate further. The home will continue to follow Regulation 2600.15.a and report all suspected abuse/neglect to AAA.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [redacted] - 04/15/2026)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident [redacted] reportedly fell out of [redacted] chair in the dining room, and hit [redacted] head, [redacted] blood pressure measured at [redacted] resulting in the resident being transported to the emergency room. The hospital notes state that the resident had a fall, [redacted] blood pressure was on the lower side which may have caused dizziness. The home did not report this incident to the department.

Resident [redacted] was not administered various medications on [redacted] and [redacted]. The home did not report these incidents to the department.

On [redacted], Resident [redacted] was found on the floor in an undetermined location in the home. The resident was determined to have hit [redacted] head on the wall, and an opened wound was observed on the back of the resident's head. The resident was transported to the emergency room and was admitted to the hospital. The home did not report this incident to the Department.

Residents [redacted] and [redacted] moved into the home [redacted] and shared a room. While the residents lived at the home, Resident [redacted] barricaded the room door with Resident [redacted] in the room, by placing a chair against the door. At other times,

16c Written Incident Report (continued)

Resident [redacted] would block the staff from entering the room, preventing the staff from administering resident [redacted] medications. Resident [redacted] would also bring Resident [redacted] to the front door of the room to receive [redacted] medications. However, these allegations of abuse were not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 03/04/2026)

On 1/23/2026 The Executive Director educated both the Harmony Square Director and the Health Care Director on Regulation 2600.16.c. An audit was devised to track the completion of written reports to BHSL within 24 hours of a Reportable Incident. This audit, beginning 1/23/2026, will be completed by ED, HSD, HCD or designee weekly for 4 weeks, then monthly for 2 months to ensure compliance. All audits will be reviewed at monthly QA meeting. Resident [redacted] was out of the community when medication was missed. [redacted] medication was provided to [redacted] and [redacted] did not provide the medication nor did [redacted] report to the community that [redacted] had not administered the medication. The community could not have been aware and therefore report. Resident [redacted] and [redacted] had an active case open with AAA. The case had already been opened, not by the community, however had been cooperating with them to provide needed information. A report to BHSL was not completed because the facility was not the one who initially reported the allegations.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 04/15/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], Resident [redacted] reportedly fell out of [redacted] chair in the dining room, and hit [redacted] head, [redacted] blood pressure measured at [redacted] resulting in the resident being transported to the emergency room. The hospital notes state that the resident had a fall, [redacted] blood pressure was on the lower side which may have caused dizziness. Resident [redacted] was discharged early the following morning [redacted] at approximately 1:00am. The home did not conduct an assessment to determine if the resident was continuing to experience dizziness and low blood pressure, nor was a conversation completed with the resident or observations completed to determine the status of the resident's mobility. On [redacted] at 6:00pm, the resident fell in the common area of the SDCU resulting in the resident being transported to the emergency room and was diagnosed with a fractured hip, which required [redacted] to undergo surgery that evening.

Residents [redacted] and [redacted] moved into the home [redacted] and shared a room. While the residents lived at the home, Resident [redacted] barricaded the room door with Resident [redacted] in the room, by placing a chair against the door. At other times, Resident [redacted] would block the staff from entering the room, preventing the staff from administering resident # [redacted] medications. Resident [redacted] would also bring Resident [redacted] to the front door of the room to receive [redacted] medications and not allow staff to enter the room during these medication passes.

42b - Abuse (continued)

Plan of Correction

Accept [REDACTED] - 03/04/2026)

On 1/23/25 the Executive Director educated the Harmony Square Director and the Health Care Director on Regulation 2600.42.b. An audit was devised and began 1/23/2026 and will continue weekly for 4 weeks, then monthly for 2 months and will be completed by the ED, HSD, HCD or Designee. The audit will be reviewed monthly at QA meeting. Resident [REDACTED] was an SDCU resident therefore having a conversation could not have been accomplished. The community had reached out to the PCP and were waiting orders to increase the number of BP checks. The community would have been out of compliance for not following a prescriber's order because orders had not yet been received. Staff in the SDCU were observant of Resident [REDACTED]'s mobility and did not observe anything that was concerning to them. The resident was unable to appropriately communicate to staff any changes ie: dizziness, light headedness and therefore was permitted to ambulate at will. Resident [REDACTED] had an open AAA report and again the community did participate in the investigation to the fullest extent.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] - 04/15/2026)

142a - Secure Medical Care

4. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [REDACTED], Resident [REDACTED] was admitted to the hospital for [REDACTED]. On [REDACTED], during the hospital stay resident [REDACTED] was determined to have met the criteria for severe-protein malnutrition, required assistance with eating and was supposed to have been using a walker. The resident was discharged from the hospital back to the home on [REDACTED]. However, the resident was not seen by the doctor regarding these needs. Additionally, the home did not complete an assessment and develop a support plan documenting the severe protein malnutrition, assistance needed with eating and the resident's need for the use of a walker. Resident [REDACTED] suffered two falls on [REDACTED] and [REDACTED] which resulted in an injury and hospitalization.

Plan of Correction

Accept [REDACTED] 03/04/2026)

The community does not agree with this violation. On 8/20/25 PCP has documented the Protein Malnutrition status. Resident [REDACTED] was provided appetite stimulants, as per the MAR. On 8/25/25 PCP visited resident again and note indicates " appetite is stable but decreased from baseline". [REDACTED] was provided Megestrol 40 mg BID. Resident [REDACTED] was actively on therapy caseload and the PT did not feel that [REDACTED] required the use of a walker nor assist with self feeding. On 9/25/25 an email was sent to Rebecca Cook from AAA with all PCP notes and again there was action from AAA until 10/22/25. A new change of condition RASP was completed to address above issues, however hard copy could not be located at the time. Please see the attached screen shot.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [REDACTED] - 04/15/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

The following routine medications were not administered to Resident [redacted] on the following dates and times:

- On [redacted], at 8:00am [redacted]
- On [redacted] to [redacted] at 12:00pm [redacted]
- On [redacted] and [redacted] at 12:00pm, [redacted]
- On [redacted] at 12:00pm [redacted]
- On [redacted] at 6:00am [redacted]

Plan of Correction

Accept [redacted] - 03/04/2026)

On 1/23/26 education was provided by the Executive Director to the Harmony Square Director and the Health Care Director regarding Regulation 2600.187.d. An audit was started 1/23/26 and will continue weekly for 8 weeks and then monthly for 2 months. The audit will be completed by the HSD, HCD or Designee. All audits will be reviewed at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] 04/15/2026)

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.

Description of Violation

An assessment was not completed for Resident [redacted], who was admitted to the home on [redacted]

Plan of Correction

Accept ([redacted] - 03/04/2026)

On 1/23/26 the Executive Director educated the Harmony Square Director and the Health Care Director on Regulation 2600.225.a. An audit was implemented and started on 1/23/26 to be completed by the HSD, HCD or Designee and will be completed monthly for 6 months. The audit will be reviewed at the QA monthly.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ([redacted] - 04/15/2026)

225c - Additional Assessment

7. Requirements

2600. 225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

On [REDACTED], Resident [REDACTED] was admitted to the hospital for slurred speech. On [REDACTED] during the hospital stay resident [REDACTED] was determined to have met the criteria for severe-protein malnutrition, required assistance with eating and was supposed to have been using a walker. The home did not complete an additional assessment and develop a support plan documenting the severe protein malnutrition, assistance needed with eating and the resident's need for the use of a walker.

**Plan of Correction**

Accept [REDACTED] - 03/04/2026)

On 1/23/26 the Executive Director educated the Harmony Square Director and the Health Care Director on Regulation 2600.225.a. An audit was implemented and started on 1/23/26 to be completed by the HSD, HCD or Designee and will be completed monthly for 6 months. The audit will be reviewed at the QA monthly.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented [REDACTED] - 04/15/2026)