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

June 30, 2026

[redacted]
STATE COLLEGE OPERATIONS LLC
[redacted]

RE: HARMONY AT STATE COLLEGE
121 HAVERSHIRE BOULEVARD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 22803

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HARMONY AT STATE COLLEGE* **License #**: *22803* **License Expiration**: *02/12/2026*

Address: *121 HAVERSHIRE BOULEVARD, STATE COLLEGE, PA 16803*

County: *CENTRE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *STATE COLLEGE OPERATIONS LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *06/19/2019* **Issued By**: *Centre Region Code*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *148* **Waking Staff**: *111*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Interim* **Exit Conference Date**: *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *101*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *38* **Residents Served**: *31*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *100*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *47*

Have Physical Disability: *1*

Inspections / Reviews

04/22/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/18/2026*

05/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/29/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/21/2026*

Inspections / Reviews *(continued)*

06/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42c Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] according to staff statements and interviews, Staff Person A abruptly approached memory care resident [redacted] while they were sleeping. The resident was not told what was happening, and Staff person A kept grabbing at the resident's pants to check if the resident was wet. The resident responded in distress by swinging their arms at the staff person A. The resident was described as angry and yelling. The resident was placed sitting up on the bed and yelled that they were going to fall. Staff person A told the resident that they would need to push themselves back on the bed and that "if they fell, they would have to call 911 to get them up". Staff reported that staff person A kept telling the resident that they were being "ridiculous" and that "they needed to be in a nursing home".

Plan of Correction ***Accept [redacted] - 05/15/2026)***

Staff member A was removed from the community immediately following the incident. Staff member A is a contracted labor employee. The Executive Director initiated an investigation and contacted the agency where Staff member A is employed to report the incident. The Executive Director/designee will train all staff members regarding abuse reporting, with a completion date of 6/1/26.
The Executive Director/designee will train all newly hired staff, upon hire, annually, and as needed regarding abuse, dignity and respect. The Executive Director/designee will conduct random rounds, weekly for 2 months, of the community to ensure policies are being followed and residents are treated with dignity and respect. Any issues noted will be addressed immediately by Executive Director/designee

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented [redacted] - 06/30/2026)

227g Support Plan Signatures

2. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The assessment dated [redacted] for resident [redacted] was not signed by the resident or the resident's POA.
The assessment dated [redacted] for resident [redacted] was not signed by the resident or the resident's POA.

Plan of Correction ***Accept [redacted] - 05/15/2026)***

The assessments for resident [redacted] and [redacted] were signed by the residents/POA's on 4/22/26 and 4/23/26, respectively.
A full audit of all resident assessments/signatures was completed on 4/27/26 by the Executive Director.
Effective 4/23/26 the Healthcare Director/ designee will perform a monthly audit of all assessments/RASP's to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Executive Director/designee will in-service all nursing staff regarding the regulations of the requirements of the support plan meetings.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/30/2026)

231b - Medical Evaluation

3. 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] was admitted to the secure dementia unit on [redacted]. A medical evaluation was not completed until [redacted]. Also, the medical evaluation was missing the resident's pulse, blood pressure, and temperature.
Resident [redacted] was admitted to the secure dementia unit on [redacted]. A medical evaluation was not completed until [redacted]
Resident #4 was admitted to the secure dementia unit on [redacted]. A medical evaluation was not completed until [redacted]

Plan of Correction ***Accept[redacted] - 05/15/2026)***

Vital signs for resident [redacted] were obtained and added to the current medical evaluation on 4/23/26
A full audit of all resident medical evaluations was completed on 4/27/26 by the Executive Director.
The Executive Director provided training to the Harmony Square Director on 4/27/26 regarding the preadmission process, and RCG appendices for best practices for preadmission and RASPs.
Effective 4/23/26 the Harmony Square Director/designee will perform a monthly audit of all medical evaluations to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented ([redacted] - 06/30/2026)

231c - Preadmission Screening

4. Requirements

2600.
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] was admitted to the secure dementia unit on [redacted] However, the resident's written cognitive preadmission screening was completed on [redacted].
Resident [redacted] was admitted to the secure dementia unit on [redacted]. However, the resident's written cognitive preadmission screening was completed on [redacted].
Resident #4 was admitted to the secure dementia unit on [redacted]. The cognitive preadmission screening form did not include the date it was completed, the name of the person who completed the form, or a signature of the person who completed the form.
Repeated Violation - [redacted] et al and [redacted], et al.

Plan of Correction ***Accept[redacted] - 05/15/2026)***

The cognitive preadmission screening form for resident #4 was addressed and updated by the Executive Director on 4/27/26.

231c - Preadmission Screening (continued)

The Executive Director provided training to the Harmony Square Director on 4/27/26 regarding the preadmission process and RCG appendices for best practices for preadmission and RASPs.
A full audit of all cognitive preadmission assessments will be completed by 4/27/26.
Effective 4/23/26 the Harmony Square Director/ designee will perform a monthly audit of all new resident admission preadmission assessments to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/30/2026)

234a - Admission Support Plan

5. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit on [redacted]. However, the resident's initial support plan was completed on [redacted]
Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/15/2026)***

The Executive Director provided training to the Harmony Square Director on 4/27/26 regarding the preadmission process and RCG appendices for best practices for preadmission, and SDCU RASP requirements
A full audit of all SDCU RASPs was completed on 4/27/26 by the Executive Director.
Effective 4/23/26 the Harmony Square Director/designee will perform a monthly audit of all new resident admission RASPs to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] 06/30/2026)