

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

September 3, 2026

[REDACTED]
HARMONY HAUS OPCO LLC
[REDACTED]

RE: HARMONY HAUS SENIOR LIVING
1399 MERCHANT STREET
AMBRIDGE, PA, 15003
LICENSE/COC#: 45639

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2026 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 HAUS SENIOR LIVING

License #: 45639

License Expiration: 03/17/2027

Address: 1399 MERCHANT STREET, AMBRIDGE, PA 15003

County: BEAVER

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: HARMONY HAUS OPCO LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 02/25/1999

Issued By: Borough of Ambridge

Type: C-2 LP

Date: 02/20/1991

Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 32

Waking Staff: 24

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 05/19/2026

Inspection Dates and Department Representative

05/19/2026 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 43

Residents Served: 26

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 23

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 6

Have Physical Disability: 2

Inspections / Reviews

05/19/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 06/08/2026

06/09/2026 - POC Submission

Submitted By:

Date Submitted: 08/20/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 07/10/2026

Inspections / Reviews (*continued*)

09/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

The medical evaluation for resident [REDACTED], dated [REDACTED] was not signed by the Physician.

Plan of Correction

Accept [REDACTED] - 06/09/2026)

- PCHA notified residents PCP immediately and requested for a signature on 5/19/2026.
- PCHA will complete staff education with Haus Manager on 6/9/2026 on regulation 2600.141
- PCHA or designated person will audit all residents DMEs ensuring dates and signatures are not missing by 6/29/2026

Licensee's Proposed Overall Completion Date: 06/29/2026

Implemented [REDACTED] - 09/02/2026)

225c - Additional Assessment**2. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The most recent assessment for resident [REDACTED] is dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/09/2026)

- PCHA notified residents and family and made a new RASP for the resident
- PCHA will complete staff education with Haus Manager on 6/9/2026 on regulation 2600.225
- PCHA or designated person will audit all residents RASP ensuring that they are up to date and accurate. PCHA or designated person will keep and audit with assessment and when the annual assessment is due and update weekly for 30 days .

Licensee's Proposed Overall Completion Date: 07/06/2026

Implemented [REDACTED] 09/02/2026)

227g -Support Plan Signatures**3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan, dated [REDACTED]; however, the resident did not sign the support plan.

According to resident [REDACTED] support plan, dated [REDACTED], staff person A participated in the support plan on [REDACTED]; however, staff person A was not employed by the home until March 2026

227g Support Plan Signatures (continued)

Plan of Correction**Accept** [REDACTED] - 06/09/2026)*PCHA notified residents and family and made a new RASP for the resident**PCHA will complete staff education with Haus Manager on 6/9/2026 on regulation 2600.227**PCHA or designated person will audit all residents RASP ensuring that they are up to date and accurate. PCHA or designated person will keep and audit with assessment and when the annual assessment is due and update weekly for 30 days.***Licensee's Proposed Overall Completion Date: 07/06/2026****Implemented** [REDACTED] 09/02/2026)