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

August 28, 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 06/03/2026, 06/15/2026 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**: *02/12/2027*

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 Enforcement*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *149* **Waking Staff**: *112*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/03/2026*

Inspection Dates and Department Representative

06/03/2026 - On-Site: [redacted]

06/15/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *103*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Harmony Square* **Capacity**: *38* **Residents Served**: *29*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *102*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *46*

Have Physical Disability: *1*

Inspections / Reviews

06/03/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/05/2026*

Inspections / Reviews *(continued)*

07/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/03/2026*

08/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

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

42b - Abuse

1. 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] at approximately 8:00 p.m., Staff person A and Staff person B went into Resident [redacted] room to provide care. Staff person A and Staff person B assisted Resident [redacted] out of bed and into the bathroom. Staff person A left the bathroom to change Resident [redacted] bedding. Staff person B was assisting Resident [redacted] with care when Resident [redacted] became combative resulting in Staff person B attempting to restrain Resident [redacted]'s arms. Resident [redacted] spit at Staff person B and Staff person B grabbed Resident [redacted]s chin area. Staff person A overheard Staff person B tell Resident #1 that if Resident [redacted] did not stop hitting Staff person B, Staff person B would hit the resident. Staff person A walked into the bathroom and observed Staff person B slap Resident [redacted] with an open hand on the right cheek. Staff person A observed Resident [redacted] flinch away from Staff person B. Resident [redacted] had a visible red mark on the right check as a result of being slapped from Staff person B. Staff person B after slapping Resident [redacted] stated to Staff person A that Resident [redacted] was evil and needed to learn.

Plan of Correction ***Accept ([redacted] - 07/17/2026)***

Staff member B was removed from the community immediately following the incident. The Executive Director initiated an investigation and all appropriate reporting was completed. The associate was terminated following the investigation.
The Executive Director trained all staff members on abuse reporting, and regulation 2600.42 at the staff meeting on 6/14/26. Full completion was obtained by 6/26/26.
Training from the Office of Aging has been requested, with an anticipated completion by 8/1/26.
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 3 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: *09/02/2026*

Implemented [redacted] 08/28/2026)

103e - Left Overs

2. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:30 a.m. in the secure dementia care kitchenette, there was an 8-ounce cup containing an unknown brown liquid and a plate with an unknown type of sandwich and bow tie noodles that were not labeled and dated.

At approximately 10:00 a.m. in the kitchen there were 4 packs of dinner rolls and 1 pack of what appeared to be croutons that were not labeled and dated.

103e Left Overs (continued)

At approximately 10:05 a.m. in the kitchen's walk in freezer there was a half full bag of frozen ravioli and a half full bag of frozen spring rolls that were not labeled and dated.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

All undated food items were disposed of in the presence of the surveyor at the time of the survey.
The Dining Service Director or designee will complete twice bi weekly audits of all food storage spaces to ensure all items are appropriately stored and dated. Dining Service Director or designee will train all newly hired culinary staff, upon hire, annually and as needed regarding safe food storage practices.
The Executive Director/designee will conduct random rounds, weekly for 3 months, of kitchen space and Harmony Square kitchen space to ensure compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Completion date by 7/25/26

Licensee's Proposed Overall Completion Date: *09/02/2026*

Implemented [redacted] 08/27/2026)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:00 a.m. in the dry goods area of the kitchen there was an opened 1 gallon Ziplock bag containing what appeared to be lentils.

Repeat violation: [redacted] et. al

Plan of Correction ***Accept [redacted] 07/17/2026)***

All undated food items were disposed of in the presence of the surveyor at the time of the survey.
The Dining Service Director or designee will complete bi weekly audits of all food storage spaces to ensure all items are appropriately stored and dated. Dining Service Director or designee will train all newly hired culinary staff, upon hire, annually and as needed regarding safe food storage practices.
The Executive Director/designee will conduct random rounds, weekly for 3 months, of kitchen space and Harmony Square kitchen space to ensure compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Completion date by 7/25/26

Licensee's Proposed Overall Completion Date: *09/02/2026*

Implemented [redacted] 08/27/2026)