

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

September 17, 2026

[REDACTED]
HAMPDEN OPERATIONS LLC
[REDACTED]
[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 08/11/2026, 08/12/2026 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:** NaN **Waking Staff:** NaN

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:** 0
Reason: Complaint, Incident **Exit Conference Date:** 08/12/2026

Inspection Dates and Department Representative

08/11/2026 - On-Site: [REDACTED]
08/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 93

Secured Dementia Care Unit

In Home: Yes **Area:** Harmony Square **Capacity:** 35 **Residents Served:** 31

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 93
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3w1 **Have Physical Disability:** 2

Inspections / Reviews

08/11/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/30/2026

08/31/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/07/2026

Inspections / Reviews (*continued*)

09/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/14/2026

09/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

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

On [REDACTED], progress notes indicated Resident [REDACTED] pushed Resident [REDACTED] to the floor after yelling at Resident [REDACTED] to back away. This incident was observed by staff. However, this allegation of abuse was not reported to the local Area Agency on Aging.

On [REDACTED], progress notes indicated Resident [REDACTED] hit Resident [REDACTED] on the head and attempted to throw Resident [REDACTED] out of [REDACTED] wheelchair. This incident was observed by staff. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Repeated Violation - [REDACTED] et al.

Plan of Correction**Accept [REDACTED] - 09/03/2026)**

Healthcare Director submitted the State Reportable Incident form on 08/27/26

Starting on 8/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community, in-serviced the staff on the requirements of reporting abuse, with training sessions scheduled to be conducted monthly for the next three months, with additional training as needed thereafter. Eviction notice given to resident [REDACTED] POA on 08/26/2026

Starting the week of 9/07/2026, the Executive Director or designee will conduct rounds three times a week for the next three weeks and then transition to monthly rounds for the following three months, to ensure a safe environment.

In addition to the above steps, starting no later than the week of 9/14/26, the Executive Director or designee will audit incidents three times a week for the next four weeks and then weekly for the following three months. Additionally, incidents will be discussed daily during morning leadership meetings, and reported as applicable. This will be on-going. Documentation will be kept on file to ensure compliance.

On 09/02/2026 Operations Specialist submitted Act 13 Form to PA Department of Aging and Cumberland County area agency on Aging.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)**16c - Written Incident Report****2. Requirements**

16c Written Incident Report *(continued)*

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], progress notes indicated Resident [REDACTED] pushed Resident [REDACTED] to the floor after yelling at Resident [REDACTED] to back away. This incident was observed by staff. However, this incident was not reported to the Department.

On [REDACTED], progress notes indicated Resident [REDACTED] hit Resident [REDACTED] on the head and attempted to throw Resident [REDACTED] out of [REDACTED] wheelchair. This incident was observed by staff. However, this incident was not reported to the Department.

Repeated Violation - [REDACTED] et al.

Plan of Correction

Accepted [REDACTED] - 08/31/2026)

Healthcare Director submitted the state reportable incident form on 08/27/2026

Starting on 8/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community in-serviced the staff on the requirements of reporting timely, with training sessions scheduled to be conducted monthly for the next three months, with additional training as needed thereafter. Eviction notice given to resident [REDACTED] POA on 08/26/2026

Starting no later than the week of 9/14/26, the Executive Director or designee will audit incident reports three times a week for the next four weeks and then weekly for the following three months. Additionally, incidents will be discussed daily during morning leadership meetings, and reported as applicable. This will be on-going. Documentation will be kept on file to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

17 Record Confidentiality

3. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at approximately 9:47am, a wire basket containing residents' personal information to include Resident [REDACTED] and [REDACTED]'s narcotic count sheet, Resident [REDACTED] hospital discharge summary and Resident [REDACTED] prescription orders were unlocked, unattended, and accessible on the nurses' desk in the Secured Dementia Care Unit.

Repeated Violation - [REDACTED], et al., [REDACTED]

17 - Record Confidentiality (continued)

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Resident [REDACTED] and [REDACTED] narcotic count sheets were immediately stored in the lock med cart. Resident [REDACTED]'s discharge summary was filed in their chart and secured. Resident [REDACTED]'s prescription orders were secured in their chart.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of record confidentiality practices and the expectations that resident files be always kept in a secure location.

Starting the week of 09/07/2026, the Health Care Director or designee will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] 09/17/2026)

25a - Written Contract and Review

4. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The resident-home contract for Resident [REDACTED] admitted to personal care unit January 2026 was not completed.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Resident [REDACTED] Residency Agreement was located after the survey and uploaded for digital records.

Operations Specialist in-serviced Executive Director, Healthcare Director, Sales and Marketing Director, and Business office manager to ensure that residency agreements are completed prior to or within 24 hours of admission.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of new resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Inservice was completed on 08/26/2026. Initial Audit to be completed by Operations Specialist on 09/02/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

82c - Locking Poisonous Materials

5. Requirements

82c - Locking Poisonous Materials (continued)

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED], at approximately 9:19am, there was a tube of moisturizing body cream, with a manufacturer's label that stated, "In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately", was unlocked, unattended and accessible in the communal bathroom in the Secured Dementia Care Unit. These residents have been assessed as incapable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

The moisturizing body cream was immediately removed from the resident's room and secured.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of storing poisonous materials securely and not accessible to residents.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with safety. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

85a - Sanitary Conditions**6. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:11am, water was leaking from the pipe attached underneath the sink into a drain located in the Secure Dementia Care kitchenette. There was mold and mildew surrounding the drain. In addition, water was leaking from the pipe attached to the Ice machine into a drain. The area surrounding the drain was soiled. Water, mold and mildew was located inside the ice machine.

On 8/11/26, at approximately 9:19am, multiple surfaces in the Secured Dementia Care Unit had fecal matter on it, including the following:

- the waste basket in the communal bathroom near the dining area.
- the side of toilet near handle in the communal bathroom near the dining area.
- the bathroom floor in resident room [REDACTED]
- a shower chair located in resident room [REDACTED]

On 8/11/26, at approximately 12:08pm, a pungent odor of urine was detected upon entry into Resident [REDACTED]'s bedroom

85a - Sanitary Conditions (continued)

Repeated Violation - [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

The leaking pipe was fixed on 08/11/2026 in the kitchenette and ice machine line, and the area was cleaned and sanitized. Ice machine was cleaned immediately. The fecal matter was immediately addressed and the areas were sanitized. Resident [REDACTED]'s bedroom was cleaned and sanitized.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of ensuring areas are clean, sanitized, and no leaks in any area.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with sanitary standards. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

101j3 - Bed/Linens/Pillows/Blankets**7. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for Resident [REDACTED] had no sheets.

The bed for Resident [REDACTED] had no sheets.

The bed for Resident [REDACTED] had no sheets.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Sheets were immediately placed on the beds for Residents [REDACTED], by staff. The Healthcare Director did a room check of other rooms to ensure all other individual apartments beds had sheets on bed on 08/12/2026.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of ensuring residents have clean sheets on their beds at all times.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

102h - Toilet Paper**8. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [REDACTED], at approximately 9:19am, there was no toilet paper in the communal bathroom located near the dining room in the Secured Dementia Care Unit.

Plan of Correction**Accept** [REDACTED] - 08/31/2026)

Toilet paper was immediately placed in the bathroom by the Maintenance Director on 08/11/2026.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of ensuring toilet paper is provided in every bathroom.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)**102i - Soap Dispenser****9. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in communal bathroom located near the dining room in the Secured Dementia Care Unit.

Plan of Correction**Accept** [REDACTED] - 08/31/2026)

The Bar soap in the bathroom was removed immediately and discarded by the Maintenance Director on 08/11/2026. A soap dispenser was added immediately.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of ensuring there is a soap dispenser within reach of the sink.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

102i Soap Dispenser (continued)

Implemented [REDACTED] - 09/17/2026)

125b Combustible Restrictions

10. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [REDACTED], at 9:13am, a can of "Santa Snow", with a manufacturer's label indicating "contains gas under pressure; may explode", was unlocked, unattended and accessible to residents on top of the piano in the common area of the Secure Dementia Care Unit.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

The can of "Santa Snow" was immediately removed and discarded by the Maintenance Director on 08/11/2026.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on ensuring there are no combustible materials accessible to residents.

Starting the week of 09/07/2026, the Healthcare Director, or designee, will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

132d Evacuation

11. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 15 minutes and 00 seconds. However, the home exceeded this evacuation time during the drill on [REDACTED] at 5:52am, with an evacuation time of 18 minutes and 15 seconds.

Repeated Violation - [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

A repeat fire drill was conducted by the Maintenance Director on 08/16/2026 with an evacuation time of 8 minutes

132d - Evacuation (continued)

and 03 seconds.

On 08/25/2026 Harmony Senior Services Operations Specialist re-educated the Maintenance Director on fire drills regulations to ensure that evacuation times of 15 minutes and 00 seconds are met.

Starting the week of 09/07/2026, the Executive Director, or designee, will conduct quarterly audits for the 3 quarters and/or until compliance is met to ensure evacuation times are compliant with regulation. Documentation of all training sessions, audits, and fire drills will be maintained to ensure compliance.

Maintenance Director was a new employee when the previous fire drill was completed and was unaware of the total evacuation time. Maintenance Director is aware of the evacuation time and will ensure that evacuation times are reached. Maintenance Director will review the evacuation requirements with new employees during orientation and records will be kept in the employee's files for review.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

141a - Medical Evaluation**12. 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 personal care unit of the home in January 2026. However, there was no initial medical evaluation completed.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

The Healthcare Director obtained a new medical evaluation and was placed in resident [REDACTED] chart.

On 08/26/2026 Harmony Senior Services Operations Specialist held an in-service for the new Healthcare Director to ensure compliance with medical evaluations.

Starting the week of 09/07/2026, the Healthcare Director or designee will conduct weekly audits for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

183b - Meds and Syringes Locked

13. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED], at 9:39am, [REDACTED], [REDACTED] and [REDACTED] were unlocked, unattended and accessible on the kitchen counter in resident room [REDACTED].

On [REDACTED], at 9:54am, Gas relief pills were unlocked, unattended and accessible on the kitchen counter in resident room # [REDACTED].

Repeated Violation [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

The medications in rooms [REDACTED] and [REDACTED] were removed on 08/11 by the Med-Tech and the POAs of the residents were notified regarding medications being in resident's rooms.

Starting on 08/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of ensuring medication safety and storage.

Starting the week of 09/07/2026, the Healthcare Director or designee will conduct weekly walkthroughs for the next six weeks and/or until compliance is met to ensure compliance with regulation. Documentation of all training sessions and audits will be maintained to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Per home health's orders, dated [REDACTED], Resident [REDACTED] was prescribed [REDACTED] with orders to apply thin layer to wound base daily, cover with dry sterile gauze, and wrap with kerlix and secure with tape for left leg wound debridement. However, this prescribed treatment was not started until [REDACTED].

Repeated Violation - [REDACTED], et al., [REDACTED] et al., [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

The treatment was started on 06/10/2026 and the orders will continue to be followed by our home health partners.

Starting on 8/25/2026, Harmony Senior Services Operations Specialist and Executive Director of sister community began retraining the staff on the requirements of regulation. Continued training will be provided as needed and/or

187d Follow Prescriber's Orders (continued)

when compliance is met.

Starting the week of 9/07/2026, the Memory Care Director, the Healthcare Director, or designee will audit charts of residents on home health or hospice services weekly for four weeks and/or until compliance is met to ensure compliance with regulation. Any issues arising will be addressed immediately and discussed in QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented (██████ - 09/17/2026)

224a - Preadmission Screen Form**15. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident ██████ was admitted to the personal care unit in January 2026. However, a preadmission screening form was not completed.

Plan of Correction

Accept ██████ 09/03/2026)

A new pre admission screen was completed on 08/26/2026 for the resident ██████

On 08/26/2026 Harmony Senior Services Operations Specialist held an in service for the Healthcare Director to ensure compliance with pre admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented ██████ 09/17/2026)

225a - Assessment 15 Days**16. 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 ██████ was admitted to the personal care unit in January 2026. However, an initial assessment was not completed.

Repeated Violation ██████, et al., ██████ et al.

225a - Assessment 15 Days (continued)**Plan of Correction****Accept** [REDACTED] **09/03/2026)**

A new initial assessment was completed on 08/17/2026 for the resident [REDACTED]

On 08/26/2026 Harmony Senior Services Operations Specialist held an in-service for the Healthcare Director to ensure compliance with pre-admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Inservice completed on 08/26/2026 by Operations Specialist included education on requirements of 225.A ensuring compliance resident assessments.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] **- 09/17/2026)****227a - Support Plan 30 Days****17. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted to the personal care unit in January 2026. However, an initial support plan was not completed.

Plan of Correction**Accept** [REDACTED] **- 09/03/2026)**

A new support plan was completed on 08/17/2026 for the resident [REDACTED]

On 08/26/2026 Harmony Senior Services Operations Specialist held an in-service for the Healthcare Director to ensure compliance with pre-admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Inservice completed on 08/26/2026 by Operations Specialist included education on requirements of 227.A ensuring compliance with resident support plans.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

227a - Support Plan 30 Days (*continued*)

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

231b - Medical Evaluation

18. 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 home's Secure Dementia Care Unit on [REDACTED]. However, the resident's current medical evaluation, dated [REDACTED], indicates the resident does not require dementia-related care in a secured area.

Repeated Violation - [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Healthcare Director obtained a new Medical Evaluation for resident [REDACTED] and was placed in resident chart.

On 08/26/2026 Harmony Senior Services Operations Specialist held an in-service for the Healthcare Director to ensure compliance with pre-admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Inservice completed on 08/26/2026 by Operations Specialist included education on requirements of 231.B ensuring compliance with SDCU Initial Medical Evaluations.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)

231c - Preadmission Screening

19. 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 Care Unit on [REDACTED]

231c Preadmission Screening (continued)

. However, a written cognitive preadmission screening was not completed.

Plan of Correction**Accept** [REDACTED] - 09/03/2026)

A new cognitive pre admission screen was completed on 08/26/2026 for the resident [REDACTED]

On 08/26/2026 Harmony Senior Services Operations Specialist held an in service for the Healthcare Director to ensure compliance with pre admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] 09/17/2026)**234a - Admission Support Plan****20. 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 not completed.

Plan of Correction**Accept** [REDACTED] - 09/03/2026)

A new support plan was completed on 08/17/2026 for the resident.

On 08/26/2026 Harmony Senior Services Operations Specialist held an in service for the Healthcare Director to ensure compliance with pre admission screens.

Starting the week of 09/07/2026 Executive Director or designee will conduct weekly audits of resident files for the next 6 weeks and/or until compliance is met to ensure compliance with regulation. Documentation of audits will be kept on file to ensure compliance.

Inservice completed on 08/26/2026 by Operations Specialist included education on requirements of 234.A ensuring compliance with SDCU support plans being completed within 72 hours of admission.

Initial Audit to be completed the week of 09/07/2026 will include an audit of all resident charts. Ongoing weekly audits will consist of new resident records and a recheck of 5 additional files per week.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/17/2026)