

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

October 2, 2026

[REDACTED], PRESIDENT
THE VILLAGES OF HARMAR LLC
[REDACTED]
[REDACTED]

RE: THE VILLAGES OF HARMAR
715 FREEPORT ROAD
CHESWICK, PA, 15024
LICENSE/COC#: 45456

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2026, 09/10/2026 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: THE VILLAGES OF HARMAR

License #: 45456

License Expiration: 01/22/2027

Address: 715 FREEPORT ROAD, CHESWICK, PA 15024

County: ALLEGHENY

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: THE VILLAGES OF HARMAR LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/24/2006

Issued By: L&I

Staffing Hours

Resident Support Staff: 5

Total Daily Staff: 42

Waking Staff: 32

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 09/10/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site: [REDACTED]

09/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110

Residents Served: 32

Special Care Unit

In Residence: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/26/2026

09/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/29/2026

Inspections / Reviews (*continued*)

09/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/03/2026

10/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/9/26 at approximately 11:30 a.m., the ventilation fan in the private bathroom of resident room #138 in the 1 East hallway belonging to resident [REDACTED] was covered in grey dust that measured approximately one-eighth of an inch thick.

On 9/9/26 at approximately 12:30 p.m. there was a pervasive sour odor emanating from what appeared to be soiled bras soaking in water within the shower stall of the private bathroom in resident room #121 in the 1 North Hallway belonging to resident [REDACTED]

Repeat Violation 8/07/25 et. al

Plan of Correction

Accept ([REDACTED] - 09/25/2026)

During the day of inspection, facility housekeeping/direct care staff cleaned resident [REDACTED] ventilation fan, removed soiled clothing, and cleaned resident [REDACTED] room. Moving forward education will be provided to both housekeeping staff and direct care staff on maintain sanitary conditions in the facility. This education will be provided by the Executive Director/designee no later than 10/2/2026. In order to maintain compliance with this regulation, weekly audits of occupied resident rooms will be conducted by the Executive Director / designee to monitor for unsanitary conditions. Any unsanitary conditions that are identified will be immediately addressed by facility housekeeping staff / designee. These weekly audits will be conducted x 6 weeks and begin the week of 9/28/26. Additionally, a baseline audit of all resident rooms will be conducted no later than 10/9/2026. Audit findings will be discussed at the facility's next QM meeting, taking place no later than 10/29/2026.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented ([REDACTED] - 10/02/2026)

85b Infestation

2. Requirements

2800.

85.b. There may be no evidence of infestation of insects or rodents in the residence.

Description of Violation

On 9/9/26 at approximately 12:18 p.m., there were cobwebs and the carcasses of numerous flies in the windowsill frame of resident room #121 in the 1 North Hallway belonging to resident [REDACTED] additionally, there was what appeared to be insect nests partially completed on the underside of the upper window frame on the inside of the screen.

On 9/9/26 at approximately 12:30 p.m., there were as many as 10 fruit flies and 2 regular flies swarming above the toilet and around the shower-stall in the private bathroom of resident room #121 in the 1 North Hallway belonging to resident [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/25/2026)

At the time of inspection, the dead insects and cobwebs were removed by facility housekeeping staff. Additionally, facility is in contact with their contracted pest company to schedule routine treatment of room 121. Moving forward education will be provided to direct care staff, housekeeping, and maintenance staff regarding the need to report any unsanitary conditions to the appropriate individuals. This education will be conducted by 10/2/2026. In order to maintain compliance with this regulation, weekly audits of occupied resident rooms will be conducted by the

85b Infestation (continued)

Executive Director / designee to monitor for unsanitary conditions. Any unsanitary conditions that are identified will be immediately addressed by facility housekeeping staff / designee. These weekly audits will be conducted x 6 weeks and begin the week of 9/28/26. Additionally, a baseline audit of all resident rooms will be conducted no later than 10/9/2026. Audit findings will be discussed at the facility's next QM meeting, taking place no later than 10/29/2026.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented (█ - 10/02/2026)

95 Furniture & Equipment**3. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 9/9/26 at approximately 12:42 p.m., the General Electric microwave in the home's 3rd Floor North lounge was rusted and flaking throughout the interior surface of the microwave.

On 9/9/26 at approximately 1:00 p.m., both windows in resident room #313 of 3North Hallway belonging to resident █ were in a state of disrepair, the left window would open but would not remain open and the right window could not be opened at all.

Plan of Correction

Accept (█ - 09/25/2026)

At the time of inspection, the microwave identified has been removed, the facility has replaced this piece of equipment. Additionally, resident █ windows were assessed and are in operation as of 9/24/2026. Education to facility maintenance staff will be provided by facility Executive Director regarding keeping equipment and furniture in good repair. A baseline audit of all resident rooms will be conducted by 10/9/2026 and weekly audits of all occupied resident rooms will be conducted x 6 weeks beginning the week of 9/28/26. These audits will be completed by the facility Executive Director / designee. Audit findings will be discussed at the facility's next QM meeting, taking place no later than 10/29/2026.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented (█ - 10/02/2026)

183b Medications and syringes locked**4. Requirements**

2800.

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 living unit.

Description of Violation

On 9/9/26 at approximately 12:45 p.m. there were numerous medications found unlocked in the nightstand between the resident's bed and chair in resident room #313 of the 3 North Hallway belonging to resident █ and the resident indicated when interviewed that █ does not lock █ bedroom door when leaving the room. Inside of resident █ nightstand there were two medicine cups that contained four pills each, with each cup containing four different pills. There was also a green and red patterned zipper bag that contained a pharmacy roll-pack with all of the resident's prescribed medications to include but not limited to:

183b Medications and syringes locked (continued)

- Bisoprolol Fumarate 5mg tablet, one half tablet by mouth daily
- Calcium Carbonate Vitamin D3 600mg 10mcg, give two tablets by mouth every evening
- Lasix (Furosemide) 20mg tablet, take one tablet by mouth once daily
- Levothyroxine 50mcg tablet, give one tablet by mouth every morning
- Melatonin 3mg tablet, give one and one half tablet by mouth every evening

Additionally, at approximately 12:54 p.m. there was a tube of Ketoconazole 2% Ointment in a bag in the resident's bathroom on the vanity countertop beneath the light switch.

Plan of Correction**Accept () - 09/25/2026)**

A baseline audit was completed by the Resident Care Coordinator to determine which residents are able to self administer medications if they wish. Resident [REDACTED] was reassessed on by the Resident Care Coordinator on 9/21/2026 and is capable of self administering [REDACTED] medications and has the understanding of [REDACTED] responsibility of maintain their security within [REDACTED] room. Resident [REDACTED] was educated by the Resident Care Coordinator on [REDACTED] responsibility to keep self administered medications under lock. Resident [REDACTED] was provided with a new dresser on 9/21/26 with a lock to maintain [REDACTED] medications securely. The Resident Care Coordinator/designee will educated facility staff on this regulation and monitoring medication security no later than 10/2/2026. The Resident Care Coordinator will audit medications in resident rooms that self administer to ensure they are properly secured. This audit will be begin 09/25/26 and be performed weekly for eight weeks, then monthly ongoing. Results of the audit will be reviewed at the facility Quality Management Review taking place no later than 10/29/2026.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/02/2026)**225a3 Assessment – Dept. request****5. Requirements**

2800.

225.a.3. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:

Description of Violation

Resident #4's annual medical evaluation, dated [REDACTED], indicated the resident uses a continuous flow of 2 liters of Oxygen. However, the resident's annual assessment, dated [REDACTED], was not updated to reflect the use of continuous Oxygen, or the equipment associated with the use of Oxygen.

Plan of Correction**Accept () - 09/25/2026)**

The DME and ASP for Resident #4 was reviewed and revised on 9/17/26 to include their continuous oxygen therapy. A baseline audit of order changes that have occurred in the last 30 days will be completed no later than 10/9/2026 to ensure that changes in orders are captured and updated on both DME and ASP. Education will be provided by facility Executive director to the nursing staff in the facility responsible for DME and ASP to ensure these significant changes are captured in real time. This education will take place no later than 10/2/2026. The facility will continue its practice on auditing a sample of resident DME and ASP on a monthly basis to ensure these documents are up to date and accurate. These audits are ongoing and are completed by the facility Executive Director and Resident Care Coordinator/designee. Results of the audit will be reviewed at the facility Quality Management Review taking place no later than 10/29/2026.

Licensee's Proposed Overall Completion Date: 10/02/2026

225a3 Assessment – Dept. request (*continued*)

Implemented ([REDACTED] - 10/02/2026)