

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

March 14, 2025

[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 01/15/2025, 01/16/2025 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: *12/16/2025*
 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: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *01/16/2025*

Inspection Dates and Department Representative

01/15/2025 - On-Site: [REDACTED]
 01/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *115* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Harmony Square* Capacity: *35* Residents Served: *16*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

01/15/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2025*

02/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/01/2025*

Inspections / Reviews *(continued)*

03/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], at 10:52am an agent of the Department, requested access to the following documentation. Staff Member A provided the documentation as follows:

- At 10:52am, [REDACTED] Resident Records and 3 Staff Records were requested.
- At approximately 11:00am and 1:30pm, 1 Partial resident record was submitted.
- At 12:35pm, [REDACTED] Resident Records submitted; [REDACTED] resident record was submitted at 1:30pm
- On [REDACTED] at 09:05am, the remainder of the partial resident record was submitted.

Plan of Correction

Accept [REDACTED] - 02/19/2025)

The facility is unable to retroactively correct the violation from [REDACTED]. On 2/3/25 the Executive Director provided education to the leadership Team regarding the need to provide representatives of the Department immediate access to resident records and reports upon request. Immediate and ongoing access to resident records and reports will be granted immediately upon request. Any legitimate issues with provision of records will be immediately discussed with members of the Department.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 03/10/2025)

15a Resident Abuse Report

2. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home 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

[REDACTED] at 9:45am Resident [REDACTED] was trying move past Resident [REDACTED] in their wheelchair and Resident [REDACTED] would not let Resident [REDACTED] by. Resident [REDACTED] struck Resident [REDACTED] in [REDACTED] head with a closed fist and scratched Resident [REDACTED] face, causing a facial laceration. This incident was witnessed by staff member B. However, this allegation of abuse was not reported to AAA.

On [REDACTED] at approximately 2:30pm, Staff Member C video recorded care being provided to Resident [REDACTED] using a cellular phone. This incident of alleged abuse was not reported to AAA.

Plan of Correction

Accept [REDACTED] - 02/19/2025)

Facility is unable to retroactively correct this violation from [REDACTED] and [REDACTED]. Executive Director or Designee will complete the Act 13 form and submit to AAA by 2/12/25.

On 2/5/2025, ED provided education to the Leadership Team members and associates regarding the Older Adult

15a Resident Abuse Report (continued)

Protective Services Act and mandated reporting of suspected abuse. Beginning 2/10/2025, the ED or Designee will conduct an audit of all internal incidents and reportable incidents back to 10/1/2024 to ensure an Act 13 has been completed and submitted per the regulation. The audit will be completed by 2/28/2025. Beginning 2/10/2025, ED or Designee will review all prior day incidents at morning meeting to ensure ongoing compliance. In addition, the ED or Designee will provide quarterly training to all staff regarding the mandated reporting of suspected abuse. Executive Director or designee audits completed 1x week x 4 weeks then 1x month x 2 months; audits to begin on 2/10/25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 03/14/2025)

16c - Written Incident Report

3. Requirements

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], various medications were not administered to Resident [redacted], however the medication error was not reported to the Department.

On [redacted] at approximately 2:30pm, Staff Member C video recorded care being provided to Resident [redacted] using a cellular phone. This incident was not reported to the Department until [redacted] at 7:25pm.

Plan of Correction

Accept [redacted] - 02/19/2025)

The facility is unable to retroactively correct violation from [redacted] and [redacted].

On 2/5/2025, ED educated all Leadership Team members on the Suspected Abuse policy and timeliness of reporting. Beginning 2/10/2025, the Executive Director or Designee will be responsible for ensuring that the policy is implemented and monitored for effectiveness. ED or Designee will review this policy quarterly with all staff. Beginning 2/10/2025, the ED or designee will educate all staff members on this regulation. In addition, the Executive Director will conduct an audit of all internal and reportable incidents from 10/1/24, through present to ensure proper reporting has occurred. The audit will be completed by 2/28/2025.

Executive Director or designee complete audits 1x week x 4 weeks then 1x month x 2 months; audits to begin on 2/10/25

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 03/10/2025)

17 - Record Confidentiality

4. Requirements

2600.

17 - Record Confidentiality (*continued*)

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 11:25am, a laptop was observed on the 3rd floor medication cart showing an opened screen that was unlocked, unattended and accessible displaying resident profile information for Resident [REDACTED] and Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/19/2025)

The Executive Director (ED) secured the laptop on the 3th floor med cart 1/15/25. All nursing stations were reviewed to ensure resident specific information was secured as well. The Executive Director (ED) will educate all staff members on the resident's rights to confidentiality and the potential for HIPPA violations at the all staff meeting 2/13/2025. The Health Care Director (HCD) or designee will conduct audits of the med cart laptops to ensure resident records are securely and inaccessible to anyone other than facility associates. Weekly audits will begin 2/10/2025 Documentation of completed audits and staff education will be kept by the home and available for review by the Department.

Executive Director or designee complete audits 1x week x 4 weeks then 1x month x 2 months; audits to begin on 2/10/25

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 03/10/2025)

42b - Abuse

5. 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 8:30pm Staff Member D forcefully grabbed Resident [REDACTED] arm while providing care, resulting in a skin tear. Resident [REDACTED] stated that Staff Member D did not assist the resident up from the floor after sustaining a fall, stating that [REDACTED] or [REDACTED] picked themselves up from the floor, holding onto their rollator mobility device after Staff Member D left the room. Resident [REDACTED] then used their call bell pendant to call for help. Staff Member E responded to the call bell and encountered Resident [REDACTED] being visibly upset and crying. Staff Member E administered first aid to the skin tear on Resident [REDACTED] arm.

On [REDACTED] Staff Member B witnessed Resident [REDACTED] in their wheelchair trying to move past Resident [REDACTED] and Resident [REDACTED] would not let Resident [REDACTED] get by. Resident [REDACTED] kept moving in front of Resident [REDACTED]'s wheelchair. Resident [REDACTED] proceeded to pull forward in their wheelchair, and Resident [REDACTED] started to hit Resident [REDACTED] in the head with a closed fist and scratched Resident [REDACTED] face, causing a facial laceration.

On [REDACTED] at approximately 2:30pm, Staff Member C and Staff Member F were providing care to Resident [REDACTED]. Staff Member F stated that Resident [REDACTED] became aggressive, therefore, Staff Member C and Staff Member F decided to contact Staff Member G to assist. Staff Member F stated that Staff Member C and Staff Member F left the resident's room and Staff Member C held the doorknob to Resident #'s room door to prevent the resident from leaving the room. When Staff Member G arrived to the resident's room, Staff Members C, F, and G entered the resident's room. Staff Member F witnessed Resident [REDACTED] hit Staff Member G in the chest area twice, while Staff Member G attempted to deescalate Resident [REDACTED]. Staff Member G stated to Resident [REDACTED] "we not doing that if you hit me again, I'm going to hit you back."

42b - Abuse (continued)

Plan of Correction

Accept (█ - 02/19/2025)

The facility is unable to rectify missing incident report for 10/4/24, correct the violation from █ or correct the violation of █. The Facility will notify and document appropriate MD and family representative at the time of an incident. The ED will educate Staff at the staff meeting 2/13/25 on timely notification and documentation procedure of alleged abuse.

The week of 2/3/25 HCD will complete skin check and talk to residents about abuse to ensure neglect, intimidation, physical or verbal abuse, mistreatment, subjected to corporal punishment or disciplined in any way is not being reported on current residents, to ensure potential for abuse is absent. Executive Director or Designee will complete the Act 13 form and submit to AAA by 2/12/2025.

Executive Director or designee will audit the resident concerns and allegations for reporting requirements and timely reporting of abuse including completion and submission of Act 13 forms

Weekly audit starting week of 2/3/25 x 4 wks then monthly x 2 months

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented █ - 03/10/2025)

42s - Privacy

6. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On █ at approximately 2:30pm, Staff Members C, F and G were providing care to Resident █. During this time, Staff Member C video recorded this care being provided because they were concerned by how Staff Member G was treating Resident █.

Plan of Correction

Accept █ - 02/19/2025)

Staff member C, who recorded the care on █ was terminated from employee at Harmony at West Shore due to violation of policy. Staff member were educated by Executive Director on the regulation 2600.42s and the proper privacy residents are to be given. By 2/13/25 staff will be provided education on the resident's rights to privacy. In addition, the staff will be educated on the Suspected Abuse policy.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented █ - 03/10/2025)

127a - Portable Space Heaters

7. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On █ at approximately 10:55am a portable space heater was observed plugged into the wall in Resident █ room.

Plan of Correction

Accept (█ - 02/19/2025)

Resident █ Space heater was removed from residents' room by Executive Director on █.

127a - Portable Space Heaters (continued)

The Executive Director gave education to HCD, Direct Care staff, Maintenance, Activities, housekeeping staff the week of 2/10/25 on the prohibited use of portable space heaters
Audits will be conducted on residents' rooms the week of 2/10/25 by direct care staff for portable space heaters. Any heaters found will be removed immediately by staff.
Beginning on 2/10/25 audits by ED or designee by be performed weekly x 4 weeks, monthly x 2 months to ensure no portable space heaters are in use by any residents.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█ - 03/10/2025)

181c - Self-administration Assessment

8. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident █ is prescribed █ and █ as needed. These Medications were found in the lock box in the resident's room. However, the resident was not assessed by the provider to self-administer the medications.

Plan of Correction

Accept (█ - 02/19/2025)

Resident █ medications were removed from resident's room on █. The Health Care Director (HCD) contacted Resident █ personal physician and an order for the resident to self-administer medications was obtained. On 2/5/25 the Executive Director educated the HCD on the need for proper assessment of a resident's ability to self-administer medications. Beginning 2/10/25 an audit of all resident rooms will be completed by the HCD to ensure residents that are unable to self-administer medications do not have medications in their rooms. In addition, an audit will be completed by the HCD, identifying all residents able to self-administer medications and a proper assessment is complete. On 2/13/25 the HCD will educate the Med Techs and direct care staff on resident assessment for self-administering of medications. Beginning on 2/10/25 the HCD or designee will audit of 5 resident rooms who do not self-administer to determine if resident is self-administering medications Audits will be weekly x 8 weeks.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█ - 03/10/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

On █ at 8:00am, the following medications were not administered to Resident █, such as the following:

- █
- █
- █

187d Follow Prescriber's Orders (continued)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/19/2025)

The facility was unable to rectify missing documentation for 11/6/24. Education given to HCD, Med Tech by Executive Director the week of 2/10/25 in regards to following prescribers orders. Beginning 2/10/25 the HCD or designee will audit residents MAR/TAR to ensure orders from prescriber are being followed properly according to the regulations. Audits will be completed 2x week x 4 weeks then 5 residents weekly x 2 months by HCD or designee.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 03/10/2025)

225c - Additional Assessment

10. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [REDACTED] most current annual assessment was completed on [REDACTED]. However, the resident's record does not indicate if an annual assessment was completed in 2023 or any other date, prior to [REDACTED].

Resident [REDACTED] most current annual assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] 02/19/2025)

The facility is unable to correct assessment for resident [REDACTED] for 2023 or any other date prior to [REDACTED]. The facility is unable to correct assessment for resident [REDACTED] for [REDACTED] as well. The HCD week of 2/10/25 completed an audit on all current residents for current and previous assessment. Education given by Executive Director to HCD on support plan requirements of 2600.225c and 2600.227c on 2/5/25. Beginning the week of 2/10/25 the HCD or designee will start auditing newly admitted resident support plans, and residents with significant changes to ensure compliance. Audits for newly admitted residents and residents with significant changes weekly x 8 weeks.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] 03/10/2025)

227d - Support Plan Medical/Dental

12. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] indicates the resident has a Mechanical Soft Diet. However, the resident's assessment and support plan dated [redacted], states the resident has a regular diet and does not indicate the resident has a need for Mechanical Diet, nor does the support plan document how this need will be met.

Plan of Correction

Accept [redacted] - 02/19/2025)

The facility is unable to correct the Resident [redacted] assessment prior to [redacted] Resident [redacted] assessment and support plan will be updated by 2/15/25. On 2/5/25 the Executive Director conducted training of all leadership team members on the regulation.

On 2/5/25 HCD documented on resident [redacted] support plan (Diet) based of most current DME and how need will be met. Beginning 2/10/25 the HCD or Designee will audit current residents support plans to ensure support plans identify all needs including diet. On 2/5/25 Executive Director educated HCD on support plans and regulation 2600.227d. The HCD or designee will audit new residents support plans for medical, dental, vision, hearing, mental health or other behavioral care services beginning week of 2/10/25 weekly x 8 weeks.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 03/10/2025)

227g -Support Plan Signatures

13. 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] Support Plan dated [redacted] does not include the signature of the resident or responsible party indicating if the resident participated in the development of his/her support plan.

Resident [redacted] Support Plans dated [redacted] and [redacted] does not include the signature of the resident or responsible party indicating if the resident participated in the development of his/her support plan.

Plan of Correction

Accept [redacted] - 02/19/2025)

On [redacted] Resident [redacted] support plan form [redacted] was reviewed with resident and signed. Resident [redacted] no longer resides in the facility. Beginning the week of 2/10/25 HCD or designee will audit current resident's support plans to ensure all were signed by resident or responsible party. On 2/5/25 Executive Director educated HCD on reviewing and obtaining signature for support plan. The HCD or Designee will audit all new residents support plans for signature from resident or responsible party weekly x 8 weeks

Licensee's Proposed Overall Completion Date: 03/31/2025

227g Support Plan Signatures (*continued*)

Implemented [REDACTED] - 03/14/2025)