



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE VILLAGES OF HARMON HOUSE, LLC**
LEGAL ENTITY

To operate **THE VILLAGES OF HARMON HOUSE**
NAME OF FACILITY OR AGENCY

Located at **601 SOUTH CHURCH STREET, MT. PLEASANT, PA 15666**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **70**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 1, 2023** until **July 1, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454540**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing date: June 30, 2023

[REDACTED]
The Villages of Harmon House, LLC
[REDACTED]

RE: The Villages of Harmon House
601 South Church Street
Mt. Pleasant, Pennsylvania 15666
License #: 454540

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 21, 2023, and June 7, 2023, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2800.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information		
Name: <i>The Villages of Harmon House</i>	License #: <i>45454</i>	License Expiration:
Address: <i>601 South Church Street, Mt. Pleasant, PA 15666</i>		
County: <i>WESTMORELAND</i>	Region: <i>WESTERN</i>	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity		
Name: <i>The Villages of Harmon House, LLC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: <i>C 2 LP</i>	Date: <i>06/06/1988</i>	Issued By: <i>L&I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>60</i>	Waking Staff: <i>45</i>

Inspection Information		
Type: <i>Partial</i>	Notice: <i>Announced</i>	BHA Docket #:
Reason: <i>Change Legal Entity</i>		Exit Conference Date: <i>04/21/2023</i>

Inspection Dates and Department Representative	
<i>04/21/2023</i>	<i>On Site</i> [REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity:		Residents Served: <i>50</i>	
Special Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>6</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>50</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>3</i>	
Have Mobility Need: <i>10</i>		Have Physical Disability: <i>0</i>	

Inspections / Reviews		
04/21/2023 - Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>05/06/2023</i>
06/21/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: <i>06/16/2023</i>	
Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>06/28/2023</i>

101o Bedroom - doors**1. Requirements**

2800.

101.o. In living units with a separate bedroom, there must be a door on the bedroom.

Description of Violation

At approximately 10:40 a.m. there was no door for each of the resident bedrooms in the shared resident living unit [REDACTED] belonging to resident #1 and resident #2.

At approximately 11:52 a.m. there was no door for each of the resident bedrooms in the shared resident living unit [REDACTED] belonging to resident #3 and resident #4.

Plan of Correction

Accept ([REDACTED] - 06/21/2023)

Immediate action: This administrator spoke with residents 1 and residents # 2 about their [REDACTED] room [REDACTED] becoming a private room. Living Unit [REDACTED] was found to be in compliance of regulation 101(o) no action needed.

Action Plan: Shared living unit [REDACTED] - Residents #1 and #2 agreed to move to another room that was a semi-private room to stay together.

Ongoing compliance: ALL Rooms that are Lennox Rooms that have walls /bedrooms between beds without a door will be a single occupancy room. [REDACTED] was emailed a Capacity change notification to go from a capacity of 70 to 67 for compliance. [REDACTED] DHS confirmed capacity with room square footage. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented ([REDACTED] - 6/22/23)