



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE VILLAGES OF HARMAR, LLC**

LEGAL ENTITY

To operate **THE VILLAGES OF HARMAR**

NAME OF FACILITY OR AGENCY

Located at **715 FREEPORT ROAD, CHESWICK, PA 15024**

(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 **110**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 **January 22, 2025** until **January 22, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454560**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
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.

HS 628 – 04/23



Emailing Date: January 22, 2025

[REDACTED]  
The Villages of Harmar, LLC  
[REDACTED]

RE: The Villages of Harmar  
715 Freeport Road  
Cheswick, Pennsylvania 15024  
License #: 454560

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 9, 2024, and December 10, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in dark brown ink that reads "Juliet Marsala". The script is fluid and cursive, with the first name "Juliet" and last name "Marsala" written in a single continuous line.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *THE VILLAGES OF HARMAR* License #: *45456* License Expiration: *02/02/2025*  
Address: *715 FREEPORT ROAD, CHESWICK, PA 15024*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *THE VILLAGES OF HARMAR, LLC*

Address: [REDACTED]

Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/24/2006* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *64* Total Daily Staff: *153* Waking Staff: *115*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Provisional, Incident* Exit Conference Date: *12/10/2024*

**Inspection Dates and Department Representative**

12/09/2024 - On-Site: [REDACTED]

12/10/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *133* Residents Served: *64*

**Special Care Unit**

In Home: *Yes* Area: *First Floor* Capacity: *23* Residents Served: *20*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *25* Have Physical Disability: *1*

**/ Reviews**

Full

Follow-Up Type: *POC Submission* Follow-Up Date: *12/28/2024*

## 12/24/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/02/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/03/2025

## 01/06/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/02/2025

Reviewer: [REDACTED] Follow-Up Type: Exception

## 65l Record of training

## 1. Requirements

2800.

65.l. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

## Description of Violation

The record of training for staff person A, hired [REDACTED] does not include the staff person's name or signature to indicate completion of the required training in accordance with 2800.65g.

The record of training for staff person B, hired [REDACTED] 23, does not include the staff person's name or a legible signature indicate completion of the required training in accordance with 2800.65g.

## Plan of Correction

Accept [REDACTED] 12/24/2024)

Staff person's A and B will have a new staff orientation worksheet completed no later than 1/1/2025.

Administrator/Designee will conduct a baseline audit on all direct care staff files to ensure each staff member has a current staff orientation plan. Any staff members found to have illegible, or no staff orientation plan will have a new one completed by current facility administrator / designee no later than 1/10/2025. Moving forward, staff member files will be audited weekly x 3 weeks, then monthly x 3 months to ensure the staff orientation plans are completed legibly. Audit findings will be discussed at the facility's January QM meeting on 1/22/25.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] 01/02/2025)

## 82c Locked poisons

## 2. Requirements

2800.

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

## Description of Violation

On 12/9/24, at 2:33 p.m., there was a 2.5-ounce tube of sparkle fresh toothpaste and 4 ounces of mouthwash, that was unattended, unlocked and accessible in the living unit of resident #1, who resides in the secured care unit of the home. The manufacturer's label indicates "if you accidentally ingest seek medical help or contact a poison control center immediately."

## Plan of Correction

Accept [REDACTED] 12/24/2024)

At the time of inspection, the toothpaste and mouthwash were removed from the resident's room and stored behind a locked door. Education was provided to the resident's hospice aide. Additionally, all staff will be educated on keeping all poisonous materials safely locked and inaccessible to those that cannot safely avoid it by the facility administrator/designee. This education will take place no later than 1/10/2025 and will be kept in accordance with

**82c Locked poisons (continued)**

2800 regulations. Moving forward a baseline audit will be completed, by facility administrator/designee, of all resident rooms in the MIU no later than 1/1/2025 to ensure all material is safely stored. Once baseline is complete, MIU rooms will be audited weekly x 6 weeks and monthly x 3 months to ensure compliance. Audit findings will be discussed at the facility's January 2025 QM meeting on 1/22/25.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented  01/02/2025)

**132c Fire drill records****3. Requirements**

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill records for the following Fire Drills do not include the number of residents evacuated:

2/5/2024 at 12:45 PM

3/18/2024 at 6:30 PM

4/1/2024 at 11:00 AM

4/26/2024 at 4:05 PM

5/19/2024 at 1:30 PM

6/17/2024 at 10:45 AM

7/7/2024 at 9:25 PM

7/23/2024 at 4:05 PM

8/30/2024 at 8:40 AM

9/29/2024 at 9:28 PM

10/18/2024 at 1:05 PM

11/6/2024 at 2:00 PM

Repeat Violation 2/27/24 et al

**Plan of Correction**

Accept  12/24/2024)

It was determined that at the time of inspection that the fire drill documentation did not meet the requirements of the 2800 regulations. The practice at the facility is to evacuate all residents at the time of a fire drill to a designated fire safe area, however, this was documented incorrectly. Facility maintenance staff, Administrator, and clinical leadership will be educated by regional support staff on the importance of accurate documentation when it comes to fire drills. This education will be completed by 1/10/2024. Moving forward, the facility ED will review fire drill documentation within 24 hours of drill completion. Additionally, the next three fire drills will have their documentation reviewed by regional support staff within 24 hours of drill completion. Regional support staff will

**132c Fire drill records (continued)**

*be reviewing the January, February, and March drills. The facility ED will initial each fire drill (beginning in January), indefinitely, to ensure documentation errors do not reoccur. All education will be kept in accordance with the 2800 regulations pertaining to education. Citation and any audit findings to be discussed at facility's January 2025 QM meeting on 1/22/25.*

**Licensee's Proposed Overall Completion Date: 01/31/2025**

**Implemented [REDACTED] - 01/02/2025)**