



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HARMONYCREST PERSONAL CARE SERVICES LLC
LEGAL ENTITY

To operate HARMONYCREST PERSONAL CARE SERVICES LLC
NAME OF FACILITY OR AGENCY

Located at 485 WALNUT ROAD, BIRDSBORO, PA 19508
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 12
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 19, 2015 until June 19, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 224760

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

Mr. Ryan D. Smith, President
Harmonycrest Personal Care Services, LLC
200 Penn Street, 2nd Floor
Reading, Pennsylvania 19602

RE: Harmonycrest Personal Care Services, LLC
485 Walnut Road
Birdsboro, Pennsylvania 19508
License #: 224760

Dear Mr. Smith:

As a result of the Department of Human Services' licensing inspection on May 13, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

The license indicates the home's recent change in the name from SCFS to Harmonycrest Personal Care Services, LLC and the home's recent change in the name of the legal entity from SCFS LLC to Harmonycrest Personal Care Services, LLC.

Your revised license is enclosed.

Sincerely,

Matthew Jones / 98
Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 22476 - 05/13/2015 - Dumas, Gerald
 PCH Name: SCFS

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 On 5/13/15 at 2:00pm Department Representatives observed a folder in the unlocked kitchen cabinet. The folder contained a dialysis - daily intake sheet for resident # 1. This is confidential health information and is required to be kept in a secured area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately after the Exit Interview on 5/13/2015, the Administrator hung the folder containing the resident's daily fluid & sodium intake forms on the inside of a locked cabinet in the kitchen (see attached photos). The Administrator did not feel the information contained on the forms would be considered confidential, and thus needing to be locked, since there are no medical diagnoses or other personal identifiers contained on the forms except for the resident's name. Staff have been trained to keep this information in the locked cabinet when the forms are not being completed so this information is kept secured at all times to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Jon Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jon Ross, Administrator	5/28/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-15-15</u> (Date)	Plan of correction implementation status as of <u>6-15-15</u> (Date)
The above plan of correction was approved by <u>OP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22476 - 05/13/2015 - Dumas, Gerald
 PCH Name: SCFS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The resident - home contracts for residents # 2, completed on 3/25/15, resident # 3, completed on 9/3/14, and resident # 4, completed on 8/20/13 are not signed by the payer as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We were unaware that Supportive Concepts for Families, Inc. (SCFFI), the rep-payee for the 3 residents, was to sign as the "Responsible Person." All 3 contracts have been signed by SCFFI (see attached contract signature pages) as of 5/21/2015. All other current contracts for whom SCFFI is rep-payee have also been signed. We have created a New Admission Contract Checklist (attached) to ensure all areas of the contracts requiring signatures, initials, correct dates, correct resident and address, correct rate, etc. will be completed prior to filing in the resident's record within 24 hours of admission. The Administrator and Designee, or Lead Staff, will review the contract and checklist to ensure compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Jon Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jon Ross, Administrator</i>	<i>5/28/15</i>

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The above plan of correction is approved as of <u>6-22-15</u> (Date)	Plan of correction implementation status as of <u>6-22-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22476 - 05/13/2015 - Dumas, Gerald
 PCH Name: SCFS

1. REGULATION 55 Pa.Code §2600
 2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION
 The resident home contracts for residents # 2, 3 and 4 do not include whether the facility assists residents in applying for the rent rebate or whether the facility will keep a portion of the rent rebate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Supportive Concepts for Families, Inc. (SCFFI), the rep-payee for the 3 residents, completes the Rent Rebate applications free of charge, and the residents keep 100% of the rent rebate. The home does not assist with financial management for our residents, that is handled by SCFFI as the rep-payee. Attached are copies of the 2014 filings for each of the residents to show that SCFFI handles the rent rebate applications. All 3 residents will keep the full amount of their rent rebates. The home does not retain any amount of the rent rebates, so that is why this language is not included with these contracts. There are 2 contracts for our residents, one for SSI recipients and one for residents who do not receive SSI. All 3 residents noted above are SSI recipients who will receive all of their rent rebate. Attached is our Rent Rebate Attachment to our contract for non-SSI recipients along with the New Admission Contract Checklist which includes an item regarding the Rent Rebate Attachment, if applicable. This checklist will be reviewed by the Administrator and Designee, or Lead Staff, at the time the contract is signed to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Jan Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Jan Ross, Administrator

5/28/15

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 (Date)

Plan of correction implementation status as of 6-15-15
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *oo*
 (Initials)

Violation Report: 22476 - 05/13/2015 - Dumas, Gerald
 PCH Name: SCFS

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

On 12/7/14 resident # 5 was pronounced deceased. In January 2015 the facility received a pro-rated amount of \$1,164.97 which was determined to come from the Community Hospital Integration Projects Program (CHIPP) which is a government funded program. This money should have been returned to the issuing authority.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SCFS, LLC returned the deceased resident's funds 30 days after all items were removed from her room, per 2600.28(e) for residents under the age of 60, and payments to the home were calculated on that same schedule. At the direction of DHS, SCFS, LLC has returned payment in the amount of \$1164.97 (see attached payment check), and the SCFFI Rep-payee Department is aware and trained for future situations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jon Ross, Administrator</u>	Date <u>5/28/15</u>
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Violation Report: 22476 - 05/13/2015 - Dumas, Gerald
 PCH Name: SCFS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident # 2 was admitted to the facility on 3/25/15. The facility completed a pre admission screening form for the resident on 3/24/15. The screening does not indicate that the needs of the resident can be met by the services provided by the facility.

Resident # 3 was admitted to the facility on 9/3/14. The facility completed a preadmission screening form for the resident on 8/28/14. The screening does not indicate that the needs of the resident can be met by the services provided by the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The check boxes on the Pre-Admission Screening forms for both residents were marked immediately after the Exit Interview on 5/13/2015 by the Administrator. This was an oversight by the Administrator while completing the forms at the time of the pre-admission screening. The Pre-Admission Screening forms for all other residents have been reviewed for completion by the Administrator and Lead Staff. A system has been implemented to have the Administrator Designee, or Lead Staff, review the Pre-Admission Screening form, in addition to the Administrator, to ensure completion and compliance.

*Please be sure resident record reflects:
 box marked,
 form initialed & dated
 the day the correction
 was made.*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jan Ross*

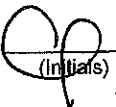
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jan Ross, Administrator* Date *5/28/15*

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The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 22476 - 05/13/2015 - Dumas, Gerald PCH Name: SCFS	
1. REGULATION 55 Pa.Code §2600 2600.227(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.	
2a. DESCRIPTION OF VIOLATION Resident # 2 utilizes a wheelchair to ambulate. The resident's assessment and support plan finalized on 4/21/15 does not indicate the resident requires a wheelchair to ambulate.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
The resident did not require the use of a wheelchair at the time the RASP was finalized on 4/21/2015, and the Administrator did not update the RASP when this became the case. The Administrator updated the resident's RASP (attached) on 5/13/2015 to indicate that the resident has access to both a rolling walker and a wheelchair as needed for assistance in moving from place to place under the "Personal Care Need: Ambulating" section. The Administrator and Designee, or Lead Staff, will continue to work together to ensure current and proper documentation on the RASP. We will also implement self-audits by a Quality Assurance Department representative every 6 months to ensure accurate documentation in the residents' records by using a PCH Resident Checklist Guide (attached).	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
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