



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

Mr. Ryan D. Smith, President  
Harmonycrest Personal Care Services LLC  
200 Penn Street, 2<sup>nd</sup> 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' annual licensing inspection on April 15, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 22476 - 04/15/2016 - Novak, Ryan  
 PCH Name: ~~SCFSLH~~ Harmonycrest PC Services, LLC

**1. REGULATION 55 Pa.Code §2600**  
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:  
 (1) The scope and general description of the services and activities that the home provides.  
 (2) The criteria for admission and discharge.  
 (3) Specific services that the home does not provide, but will arrange or coordinate.

**2a. DESCRIPTION OF VIOLATION**  
 The home's policy and procedures binder did not include a description of services and activities.

**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 policy and procedure manual was reviewed and updates were made to the "Description of Services" section pertaining to 2600.223(a). The updates were finalized on 5/5/2016. Please see the attached pages of the policy and procedure manual and "Fee Schedule Attachment A." Any referenced forms throughout the manual are available at the end of the manual as Appendices. The policy and procedure manual will be reviewed annually to ensure the content of the manual is thorough and accurate.

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

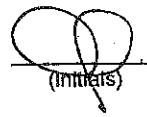
*Jon Ross*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Jon Ross, Administrator

Date 5/6/16

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

The above plan of correction is approved as of <u>6-11-16</u> (Date)	Plan of correction implementation status as of <u>6-11-16</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 - 04/15/2016 - Novak, Ryan  
 PCH Name: ~~SCFST LLC~~ Harmony Crest PC Services, LLC

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's Lantus solostar pen and novolog flexpen did not have a pharmacy label attached.

**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 4/15/2016, staff contacted Resident #1's pharmacy to get labels for the Lantus Solostar pen and Novolog Flexpen which were then attached to sealable bags in which the respective insulin pens were placed (see attached pictures, resident's sliding scale insulin changed from Novolog to Humalog on 4/23/2016 due to insurance coverage). The pens are stored with the resident's diabetic testing supplies in a locked area. This process was immediately completed for all other residents at the personal care home who have insulin pens. The Administrator will ensure medication is properly labeled.


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) <i>Jon Ross, Administrator</i>	Date <i>5/6/16</i>
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The above plan of correction is approved as of 6-11-16  
 (Date)

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Plan of correction implementation status as of 6-11-16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented