



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

Mr. Jon A. Ross,
Administrator
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. Ross:

As a result of the Department of Human Services' annual licensing inspection on April 11, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22476 - 04/11/2017 - Yellenic, Cindy
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On April 7, 2017, Staff Person A administered a blood glucose test at 4:50pm on Resident #1 with Resident #2's glucometer. Fifteen minutes later Staff Person A administered a blood glucose test on Resident #2 with the same glucometer. The Staff Person informed Staff Person B, who is the administrator, about using the same glucometer on two residents. Proper procedures were not followed including reporting the incident to the Department.

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.

Staff Person B, the administrator, immediately filed an Initial Incident Reporting Form detailing the incident to DHS on 4/11/2017 at 6:15pm (attached). After the PCH received a response from the residents' PCP, a final Incident Reporting Form was filed on 4/12/2017 at 12:03pm (attached). The BHSL inspectors who completed the annual licensing inspection of the PCH reminded the administrator that this particular situation warrants a report be sent to DHS as per a letter from the previous BHSL Director, [REDACTED] that was sent out on 3/17/2015. The Administrator was able to find the letter in old emails, printed it out, and now keeps the copy with the RCG in the Administrator's office. The Administrator will report all Reportable Incidents to DHS within 24 hours as stated in 2600.16(c).

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>5/5/17</i>
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The above plan of correction is approved as of <u>5/10/17</u> (Date)	Plan of correction implementation status as of <u>5/10/17</u> (Date)
The above plan of correction was approved by <u><i>M</i></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 - 04/11/2017 - Yellenic, Cindy
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On April 7, 2017 at 5:00pm, Resident #2's glucometer was shared with Resident #1 by Staff Person A.

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 administrator instructed Staff Person A to clean all parts of Resident #2's glucometer with isopropyl alcohol immediately after Staff Person A informed the administrator of the error, but the BHSL inspectors informed the administrator at the exit interview of the annual licensing inspection on 4/11/2017 that 2 new glucometers need to be obtained, one for Resident #1 and one for Resident #2. New glucometers were acquired for Resident #1 and Resident #2 in the morning of 4/12/2017 and were immediately placed in use, and the old glucometers for Residents #1 and #2 were taken out of the medication cart and placed in a locked drawer where staff do not have access. Staff were trained on the protocol that needs to be followed for accidental glucometer sharing at the monthly house meeting that was held on 4/12/2017, which entails informing the residents involved of the error, notifying the resident's designated person (if applicable), and notifying the physician for each resident, as well as removing the old glucometers for all residents involved and replacing them with new glucometers, and submitting an Incident Reporting Form to DHS detailing the incident (see attached meeting agenda and sign-in sheet). Staff will be reminded of this protocol at the monthly house staff meeting on 5/10/2017 (see attached meeting agenda). Staff were also reminded of the importance of only pulling one glucometer out at a time when testing a resident's blood sugar to help ensure that a glucometer will not be accidentally shared at the house staff meeting on 4/12 (see attached agenda), and staff will be reminded at the house staff meeting on 5/10, too (see attached agenda).

- Re Administrator shall monitor and be responsible for ongoing compliance.

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 5/10/17

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
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Jon Ross, Administrator

5/5/17

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 (Initials)

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

Violation Report: 22476 - 04/11/2017 - Yellenic, Cindy
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff Person A completed the medication administration annual practicum on 8/16/16, however the Annual Practicum form stated the staff person completed the training on 6-30-19. This is the date the trainer's certification expires.
 Staff Person C completed their medication administration annual practicum on 1-19-17. The previous annual practicum was completed on 12-24-15, more than 380 days passed between trainings.
 Staff Person D's annual practicum certification sheet does not state the date the staff person was recertified.

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.
 Although the "Recertification/Date" for Staff Person A is documented as 6/30/19 on the 1st page of the Medication Administration Training Program Annual Practicum packet for Staff Person A (attached), it is also clearly noted on the 2nd page of the packet that Staff Person A's "Training Completion Date" is 8/16/16 (attached). The Certified Medication Administration Trainer made an honest mistake and accidentally documented the trainer's "Recertification Date" where Staff Person A's "recertification date" should have been documented despite the correct date being documented on the 2nd page of the packet. The administrator who maintains these records and reviews them prior to filing missed this minor detail in documentation upon review. The Certified Trainer immediately corrected the mistake on 4/11/17 after the Exit Interview with the BHSL inspectors. The administrator became a Certified Med Admin Trainer on 10/10/16, and the facility started using the updated Annual Practicum forms when the previous ones were fully completed for each staff. The new forms are easier to read and document on, so the documentation of recertification dates should not be confused because the new forms do not ask for the Trainer's recertification date like the old forms, just the staff's recertification date.
 Staff Person C was recertified to pass medication on 12/24/2015 and had 2 required medication administration observations on 8/3/2016 and 10/19/16. The 2 required MAR reviews were completed on 1/19/17. So, while Staff Person C successfully passed medication as observed and documented by trained observers the correct amount of times during her annual practicum year, 12/24/15-12/24/16, it was the 2 MAR reviews that were not completed in a timely manner, 26 days after the recertification should have been completed. The administrator is now a Certified Med Admin Trainer and created a Medication Administration Training tracker on 4/14/17 for all staff who are certified to administer medication (attached) to help track when staff are due for observations and MAR reviews.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jon Ross, Administrator* Date *5/5/17*

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CONT.

Page 2 of Plan of Correction to Regulation 55 Pa. Code §2600.182(b)

Description of Violation: Staff Person D's annual practicum certification sheet does not state the date the staff person was recertified.

The Certified Med Admin Trainer immediately entered Staff Person D's "Recertification/Date" of 7/25/2016 on the 1st page of the Medication Administration Training Program Annual Practicum packet on 4/11/17 after the BHSL inspectors left the facility. The "Training Completion Date" documented on the 2nd page of the packet clearly shows the recertification date of 7/25/16. The administrator did not recognize the missing date upon review of the packet. Upon the administrator's successful completion of the Medication Administration Trainer course on 10/10/16, the updated Annual Practicum forms were implemented at the PCH, so the new forms are started when a staff person's current packet with the old forms is completed. The new Annual Practicum forms only require the staff person's recertification date, so it is less confusing and will allow for less errors, if any, going forward.

• The administrator shall monitor for ongoing compliance.


5/10/17

Jon Ross, Administrator
Jon Ross 5/5/17

Violation Report: 22476 - 04/11/2017 - Yellenic, Cindy
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On April 7, 2017 at 5:00pm Staff Person A administered a blood glucose test to Resident #1 and Resident #2 using the same glucometer. The incident was reported to Staff Person B, who is the administrator, however was not reported to the primary physicians of the residents.

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 administrator placed a call to Resident #1's and Resident #2's primary physicians, which happens to be the same physician, on 4/11/2017 at 4:45pm and left a message on the physician's office voicemail requesting an immediate return call to discuss any further follow-up to the incident. The residents' physician returned the call at 11:10am on 4/12/2017 stating there is no further follow-up needed because the lancets were not shared, only the glucometer (see attached Care Notes). Staff were trained on the protocol that needs to be followed for accidental glucometer sharing at the monthly house meeting that was held on 4/12/2017, which entails informing the residents involved of the error, notifying the resident's designated person (if applicable), and notifying the physician for each resident, as well as removing the old glucometers for all residents involved and replacing them with new glucometers, and submitting an Incident Reporting Form to DHS detailing the incident (see attached meeting agenda and sign-in sheet). Staff will be reminded of this protocol at the house staff meeting on 5/10/2017 (see attached meeting agenda). Going forward staff will report any incident of accidental sharing of a glucometer to the administrator immediately, and the administrator will ensure "the resident, the resident's designated person and the prescriber" are all immediately notified.

- The administrator shall monitor and ensure ongoing compliance.

M
5/10/17

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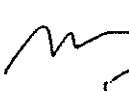
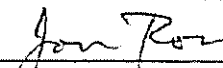
Signature of Legal Entity Representative
 (Required on EVERY Page)

Jon Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jon Ross, Administrator</i>	<i>5/5/17</i>

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Violation Report: 22476 - 04/11/2017 - Yellenic, Cindy PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC	
1. REGULATION 55 Pa.Code §2600 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	
2a. DESCRIPTION OF VIOLATION Staff Person B is a Medication Administration Trainer. Staff Person B is not a RN or LPN and administers medications to residents. The last time Staff Person B was observed by a practicum observer for an annual test was on 4/2/15.	
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.	
Staff Person B completed the Practicum Observer certification on 4/2/2015 (attached), which is good for one year, and was certified as a Medication Administration Trainer on 10/10/2016 (attached), so there was a gap in certifications of 6 months. Staff Person B has not pass any medication for 2+ years because, as the administrator of a PCH with all staff certified to administer medication, there was no need to administer medication since a certified staff was always present at the PCH to administer medication. Staff Person B will take the Medication Administration training if there is a need for Staff Person B to take the training, but there is no foreseen reason for this to occur as long as the facility's policy remains intact that all staff employed at the PCH will be certified in medication administration. But, Staff Person B, the administrator, will continue to maintain the Medication Administration Trainer certification as long as employed in personal care, every 3 years as stated on the certification, so as to keep all staff employed at the PCH compliant with their medication administration certifications by doing a medication administration observation of all staff every 6 months during their certification year, as well as 2 MAR reviews during their certification year (tracker attached).	
The administrator shall monitor and assume ongoing compliance.	
 5/10/17	
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