



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 18 2018

Mr. Jon A. Ross
Administrator
Harmonycrest Personal Care Services LLC
120 Prospect Street
Reading, Pennsylvania 19606

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

Dear Mr. Ross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 6, 2018 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22476 - 04/06/2018 - Harvey, Jason
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The home's main entrance door has an area on lower corner of the door approximately 1.5" x 2" that has been broken off leaving a space for the penetration of rodents.

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 following the Exit Conference, a Facilities Request was submitted electronically by the Administrator to replace the damaged door. A member of the Facilities Department came out to the PCH on the next business day, 4/9, and replaced the damaged, fiberglass door with a steel door. The previous fiberglass door did not hold up to the amount of wheelchair and walker traffic going in and out of this particular door, which is the closest exterior door to the smoking area outside of the PCH. The steel door was hung by the end of business on 4/9, and the edge that received the damage was reinforced with a rubber sleeve to increase the durability, please see attached pictures. *Yes*

All staff will be reminded at the next scheduled monthly house staff meeting on 5/9 about the reporting procedure when physical site damage is noticed, as well as what site issues on which to keep a close watch, such as exterior doors and other means for rodents to potentially enter the PCH. All staff will be instructed to notify the Administrator immediately when damage is identified who will in turn notify the Facilities Department immediately so timely repair of the issue can occur. Since this door is the most regularly used door in the PCH, direct care staff, the Administrator, and members of the Facilities Department will monitor and immediately report any damages, not only for this particular door, but for all exterior doors of the PCH to ensure the limited potential for penetration by rodents. The Administrator will monitor and be responsible for ongoing compliance of this regulation.

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>4/26/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-15-18
 (Date)

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

Plan of correction implementation status as of 5-15-18
 (Date)

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