



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 9, 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 inspection on July 2, 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.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC		License Number: 22476
Address: 485 WALNUT ROAD, BIRDSBORO, PA 19508		County: Berks
Administrator: Jon Ross		Region: NORTHEAST
Legal Entity Name: HARMONYCREST PERSONAL CARE SERVICES LLC		
Legal Entity Address: 120 PROSPECT STREET, READING, PA 19606		
Certificate(s) of Occupancy R-4 05/21/2013 Exeter Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/02/2018: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 12 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 9 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1

Jon Ross - Jon Ross, Administrator 7/19/18

Violation Report: 22476 - 07/02/2018 - Novak, Ryan
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
 Resident #1's glucometer was used to test Resident #2's blood glucose on 6/19/18 at 11:12am.
 Resident #1's glucometer had dried blood on the machine.

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 staff who accidentally used Resident #1's glucometer to test Resident #2 immediately contacted the Designee after the blood sugar test, because the staff immediately recognized the error. The resident was immediately informed of the accidental glucometer sharing, as well as both the residents' PCP (same for both) and Resident #1's designated person (Resident #2 does not have a designated person). Resident #1's glucometer was replaced with a new one before Resident #1's next blood sugar check before dinner, 5pm, on 6/19/2018. The PCP did not feel there was any need for medical follow-up (a letter from the PCP was given to the licensing representative at time of inspection), so the Medical Director for the PCH was also contacted for a second opinion who also did not feel there was any need for medical follow-up. The Designee contacted DHS via phone at 2:45pm on 6/19 and sent an Incident Reporting Form via fax to DHS at 2:52pm on 6/19. All diabetic testing supplies already had their respective resident's name on the supply bag, lancing device, glucometer, test strips, lancet box, insulin pen, and pen needle box, and this will continue to be so. The testing supplies are stored in a separate basket for each resident, and this will continue to be so. Staff were reminded at the monthly house staff meeting on 7/11/2018 to check the names on the supplies before gathering them to check blood sugars (agenda attached).

Resident #1's glucometer was immediately cleaned using an alcohol prep pad, and new wipes (pictures of label attached) were ordered online because none of the local medical supply stores carry virucidal, bactericidal, fungicidal, tuberculocidal wipes. The new wipes were delivered to the PCH on 7/9/2018 and were immediately used to clean all glucometers and lancing devices. Instructions on how to clean the lancing devices and glucometers were posted on 7/3/2018 at the area where the blood sugar checks are completed, and these instructions (attached) were reviewed and signed by the Administrator individually with all staff. The Assignment Checklists for the staff in charge of administering medication and checking blood sugars on all 3 shifts (7am-3pm, 3pm-11pm, 11pm-7am) were immediately updated to include an assignment to "clean all glucometers after each use" and extra space was added for a second staff to initial to confirm all glucometers were cleaned thoroughly (checklist attached). Staff used alcohol prep pads to clean the glucometers until the new wipes were delivered on 7/9. All staff will review the cleaning instructions annually during the Infection Control training and during new hire orientation/training. The Administrator will be responsible to ensure this is completed.

YES

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

7/19/18

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The above plan of correction is approved as of 8/3/18
 (Date)

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

Plan of correction implementation status as of 8/3/18
 (Date)

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

Violation Report: 22476 - 07/02/2018 - Novak, Ryan
 PCH Name: HARMONYCREST PERSONAL CARE SERVICES LLC

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has an order for blood glucose readings twice daily. On 6/27/18 at 8am the MAR noted a reading of 235, a reading of 239 was noted in the glucometer.

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 Assignment Checklists for the staff in charge of administering medication and checking blood sugars on all 3 shifts (7am-3pm, 3pm-11pm, and 11pm-7am) were immediately updated to include an assignment to "Re-check glucometer readings to MAR for accuracy at time of testing" and extra space was added for a second staff to initial to confirm accuracy in documentation in the MAR (checklist attached). All staff were reminded of the importance of accurate documentation in the MAR at the monthly house staff meeting held on 7/11/2018 at 3pm (agenda attached). The monthly meeting also addressed the proper way to document the glucometer reading into the MAR by reminding staff to have the glucometer with them when they document in the MAR, as well as having the second staff to confirm accurate documentation. The Administrator had been checking the glucometer readings to the MAR when doing monthly MAR reviews at the end of the month, but this has been increased to a review during the middle of the month and a review at the end of the month to ensure accuracy. All glucometers and MARs were reviewed on 7/16/2018.

YES

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>7/19/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/3/18</u> (Date)	Plan of correction implementation status as of <u>8/3/18</u> (Date)
The above plan of correction was approved by <u><i>JR</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