



Sent via e-mail to: jross@scfsllc.org
MAILING DATE: May 24, 2019

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 October 31, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style with a large initial "A".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22476 - 10/31/2018 - Foulkes, Kimberli
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 10/19/18 at 11:22am.

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 incident was discovered at 11:30pm on 10/19 by 3rd shift staff (11pm-7am) who were doing routine glucometer checks to ensure accurate documentation in MARs. New glucometers were supplied for both residents immediately since both had checks ordered for 8am. Both residents, Resident #1's sister (Resident #2 did not have family involvement), and both residents' PCP (they have the same) were notified of the incident on 10/20. A voicemail was left with the Southeast District Office of PA Dept. of Health (DOH) on 10/20, too. Staff who were involved in the incident were immediately pulled from administering medication and insulin. On 10/22 a protocol was implemented addressing "Infection Control Measures Relating to Glucometer Use" (attached). All staff reviewed the protocol and signed that they understand. Staff involved in the incident were allowed to administer medication and insulin after reviewing and signing the protocol. All new staff will review the protocol at new hire orientation. Also implemented on 10/22 was the updated staff assignment sheet pertaining to medication administration with an added entry requiring 2 sets of staff initials confirming staff are verifying the name on the glucometer with the resident being checked (attached).

DOH returned the call on 10/24, reviewed the incident and recommended glucose testing supplies be stored in individual sealed containers for each resident with the name and laminated photo of resident on it (implemented on 11/2, supplies were previously kept in individual baskets for each resident). DOH also recommended both residents be tested for infectious diseases, specifically Hep B surface antigen, Hep B surface antibody, Hep B core antibody IgM, Hep B core antibody total, Hep C antibody reflexed to RNA PCR, and HIV antigen/antibody 4th generation, and recheck both residents for all tests in 6 months, April 2019. Their PCP ordered all labs for both residents. Resident #1 tested on 10/31, Resident #2 on 11/1, both were negative for all tests (results sent via email to On-Site Dept Rep on 11/1, 11/5 & 11/7). DOH recommended all residents who do not show immunity through Hep B surface antibody testing to get Hep B vaccine. 12 of the 13 residents were tested previous to incident, one is immune and 11 are not. The PCP stated the one resident who was not tested did not have to be "due to advanced age." The PCP for all residents was consulted regarding administering the Hep B vaccine to all showing no immunity, and she stated this was not necessary because the residents are "not high risk." The Administrator will continue to train new staff on the attached protocol, review the attached assignment sheets on a weekly basis, check glucometer readings to MARs bi-monthly for accuracy, and ensure the DOH recommended 6 month lab retest is completed in a timely manner.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/02/2018

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

4/5/19

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

The above plan of correction is approved as of 5-8-19
 (Date)

The home will retain completed assignment sheets for review by the Department. 4-9-19

The above plan of correction was approved by

AG
 (Initials)

Plan of correction implementation status as of 5-8-19
 (Date)

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