



pennsylvania
DEPARTMENT OF HUMAN SERVICES

August 27, 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 annual inspection on May 8, 2019 of the above facility, the violations 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

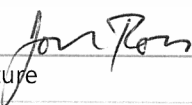
Resident #1 punched resident #2 in the face repeatedly on 04-05-19 resulting in Resident #1 receiving bruises to his left hand and forearm and redness to his face in the nose area.

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.)

Resident #2 informed staff on 4/6/2019 around 5:45pm that his roommate, resident #1, jumped on his bed while he was in it and started punching him then resident #1 jumped off the bed and left the bedroom. Resident #2 told staff that this occurred around 9:45pm on 4/5/2019. Staff gathered more information and informed the Administrator then contacted Berks County Area Agency on Aging and BHSL Hotline on 4/6 around 7pm. The residents were immediately moved to separate bedrooms until they were moved to their own private rooms on 4/23 and 4/24. Resident #2 was immediately assessed for injuries. A message was left for his Service Access Management case manager and his team with Supportive Concepts for Families, Inc. was immediately notified of the incident, too. Resident #1 was assessed for injuries, and his case manager and team were also notified along with a message being left for his brother. Resident #2 does not have any family involvement. Staff were present to supervise whenever the two residents were in the same common area for a month following the incident. Both resident #1 and resident #2 were immediately reminded of the Home Rules (attached) that each resident signs upon admission to the personal care home where it states, "The Resident shall neither verbally nor physically abuse any other Resident or staff member." Residents were reminded and encouraged at the Resident Council Meeting held on 4/24 to report any suspected abuse and neglect immediately to staff, the PCH Administrator, Area Agency on Aging, and/or BHSL Hotline (meeting minutes attached). Staff will continue to be trained annually on reporting abuse/neglect as per the Staff Training Plan (attached). The Administrator will conduct interviews with residents prior to placing them in shared rooms to ensure compatibility between the residents.

Legal Entity Representative


Signature

Jon Ross, Administrator
Printed Name and Title

6/14/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

8-7-19
(Date)

Plan of correction implementation status as of

8-7-19
(Date)

The above plan of correction was approved by

MM
(Initials)

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