



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 12, 2021

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 15, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: HARMONYCREST PERSONAL CARE SERVICES LLC
Address: 485 WALNUT ROAD, BIRDSBORO, PA 19508
County: BERKS

License Number: 22476

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: 6107433635

Email: [REDACTED]

Legal Entity

Name: HARMONYCREST PERSONAL CARE SERVICES LLC
Address: 120 PROSPECT STREET, READING, PA, 19606

Certificate(s) of Occupancy

Type: R-4

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 14

Waking Staff: 11

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/15/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13

Residents Served: 13

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 9

Diagnosed with Mental Illness: 13

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to test Resident #2's blood glucose on 3/26/20 at 4:46pm.

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.)

At 11:10pm on 3/26/2020, immediately following the identification of the shared glucometer incident, staff on duty replaced both residents' glucometers with new ones, and both the old ones were pulled from the medication cart and placed in a locked storage area. The facility immediately pulled the 2 staff involved in the incident from administering medication/insulin until further training was completed and implemented the progressive discipline policy for both staff. One of the staff was the assigned med tech completing the blood sugar check, and the other staff was the witness to ensure the blood sugar check was done correctly.


All staff were retrained on the proper blood sugar testing process by watching a live demonstration of the process (see attached Training Sign-In Sheets). A new Blood Sugar Check form (attached) that breaks down each day into the specific times for blood sugar checks for each resident who has a physician's order for blood sugar checks was created to supplement the already used Medication Assignment Sheet (attached) for an extra layer of accountability. This form was implemented on 4/14/2020. The use of this form will be ongoing. All new hires will watch a demonstration of the blood sugar testing process before being a staff involved in the actual checks, and documentation of this will be kept in the employee's file.

The Administrator will be responsible for ensuring completion of proper training for new hires, maintaining training records, and reviewing and maintaining documentation (MARs, Medication Assignment Sheets, and Blood Sugar Check forms).

Legal Entity Representative

Signature		Printed Name and Title	Date
		 Administrator	7/31/2020

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The above plan of correction is approved as of	8-6-2020 (Date)	Plan of correction implementation status as of	8-6-2020 (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	