

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

October 10, 2023

[REDACTED]
HARMONYCREST PERSONAL CARE SERVICES LLC
[REDACTED]

RE: HARMONYCREST PERSONAL CARE
SERVICES LLC
485 WALNUT ROAD
BIRDSBORO, PA, 19508
LICENSE/COC#: 22476

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HARMONYCREST PERSONAL CARE SERVICES LLC* License #: *22476* License Expiration: *06/19/2024*
 Address: *485 WALNUT ROAD, BIRDSBORO, PA 19508*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HARMONYCREST PERSONAL CARE SERVICES LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *05/21/2015* Issued By: *Exeter Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/24/2023*

Inspection Dates and Department Representative

08/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *13* Residents Served: *12*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *12*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

08/24/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2023*

09/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2023*

Inspections / Reviews *(continued)*

10/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/10/2023

10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, hired on [REDACTED] 20, did not receive training in medication self-administration, DME/RASP, care for residents with dementia and cognitive impairment, infection control, personal care service needs of the resident, self management techniques, and care for residents with MH and ID during training year 2022.

Plan of Correction

Accept ([REDACTED] - 10/04/2023)

This violation occurred because the completed 2022 training binder which contained annual training for staff person A had been overlooked in transferring office's contents. The training binder was in the previous office of the current administrator at the time of the inspection. In addition, the administrator was on vacation during the inspection. Therefore, proof of the training completed with the signature page was not available for review at time of survey. Upon return from vacation, the Administrator, [REDACTED] developed a filing system to include a checklist that will ensure that all training paperwork is readily available to all management level staff. This system was implemented on 8/28/23 and the checklist will be reviewed during Monthly Quality Management reviews by the administrator to promote ongoing compliance.

All violations and plan of correction were reviewed with all staff on 9/28/23. This process will be further reviewed with all staff during October Quality Management meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented ([REDACTED] - 10/10/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in emergency preparedness procedures, resident rights, Older Adults Protective Services Act, Falls and Accident Prevention, and new population groups during training year 2022. Staff B did not complete fire safety training 2022.

Plan of Correction

Accept ([REDACTED] - 10/04/2023)

This violation occurred because the completed 2022 training binder which contained annual training for staff person A had been overlooked in transferring office's contents. The training binder was in the previous office of the current administrator at the time of the inspection. In addition, the administrator was on vacation during the inspection. Therefore, proof of the training completed with the signature page was not available for review at time of survey. Staff person B had completed assigned annual trainings. [REDACTED] signature was misfiled in the 2022 annual training binder on-site as the signature sheet with training attached was located in the front pocket of the binder instead of with the assigned training, therefore was overlooked at time of survey.

Upon return from vacation, the Administrator, [REDACTED] developed a filing system to include a checklist that will ensure that all training paperwork is readily available to all management level staff. This system was implemented on 8/28/23 and the checklist will be reviewed during Monthly Quality Management reviews by the administrator to promote ongoing compliance.

65g - Annual Training Content (continued)

All violations and plan of correction were reviewed with all staff on 9/28/23. This process will be further reviewed with all staff during October Quality Management meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented () - 10/10/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/24/23, The ceiling in the basement, in the back room, was damaged by an undetected water leak from a 1st floor bathroom. The water leak left the ceiling tiles saturated with water causing the tiles to collapse to the floor.

Plan of Correction

Accept () - 10/04/2023)

This violation occurred due to an UNDETECTED/ UNKNOWN water leakage from a shower stall drain located beneath the floor of the shower stall. Until the leak occurred there was no way to be aware of the situation. The Facilities department was contacted by () on the date of the inspection (8/24/23) to inform of the leak and damage. Contractors were immediately dispatched to identify the issue. The repair to the leaking pipe was made on this date. The ceiling repair was completed on 9/26/23. Staff have been educated by the Administrator, () regarding the importance of reporting "on-site/facility concerns" upon discovery. Daily checklist was also developed by the administrator to meet the needs of Harmonycrest. This will be reviewed with staff and overseen by House Manager, (). Any concerns will be reported by the house manager to the Facilities Director/Manager and Administrator. All violations and plan of correction were reviewed with all staff on 9/28/23. Completed checklists and reported issues will be further reviewed at Quality Management meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented () - 10/10/2023)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted sleeping hour drills on December 15, 2022, at 12:00 am and again on August 18, 2023 at 4:53 am. The home did not conduct a sleeping drill every six (6) months as required.

Plan of Correction

Accept () 10/04/2023)

This violation occurred due to Administrator unintentionally failing to follow proposed schedule of 2023 monthly fire drills created as a reminder of compliance with 2600.132.e requirements. A fire drill will be completed quarterly (March, June, September, December) during sleeping hours to ensure that the requirement is met. The Administrator will follow the 2023 proposed unannounced monthly fire drill schedule This will begin in December of 2023 since a drill was completed during sleeping hours in August. All unannounced

132e - Fire Drill Sleeping Hours (continued)

monthly fire drills will be coordinated with the House Manager, [REDACTED] who will participate in sleep drills minimally every 6 months as required per 2600.132.e requirements. All violations and plan of correction were reviewed with all staff on 9/28/23. This violation will be further discussed during the Quality Management meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented ([REDACTED] - 10/10/2023)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction

Accept ([REDACTED] - 10/04/2023)

This violation occurred due to the following week menu having been removed by staff for review of items needed for grocery shopping purposes. Menu had not been replaced at time of survey and additional copy was not available due to implementing a new electronic system for the updating of the menus. The menu was immediately posted by the house lead and will continue to be posted on the refrigerator located in the kitchen. The Administrator, [REDACTED] has updated menus with copies available through electronic services as well as in a menu binder to be maintained for reviews, shopping and updates. Menus for 5 weeks have been made available for weekly updating. Staff have been educated on the rotation policy and is included in daily/weekly kitchen staff responsibilities. All violations and plan of correction were reviewed with all staff on 9/28/23. The checklist has been implemented by the administrator and will be further reviewed in Quality Management meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented ([REDACTED] - 10/10/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 1 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 10/04/2023)

This violation occurred because the electronic version of the support plan was unable to be signed electronically by resident #1 at the time of development. A printed hard copy was signed at the completion of the support plan on

227g -Support Plan Signatures (continued)

█/22 and was filed in Resident #1 chart. The printed, signed hard copy was removed from resident #1 chart on 8/23/23 by the Administrator for review prior to leaving for PTO. The Administrator, █ failed to return the support plan and it was located on the Administrator's desk at time of survey.

█ was reminded about the importance of always maintaining the resident's records. The Administrator has developed and implemented a Resident Record Content Sheet on 8/28/23 to be placed in all Resident's charts. This will be available for all who have access to resident's records on a need-to-know basis. Anyone removing contents of the chart will document what item/s has been removed and by whom.

All violations and plan of correction were reviewed with all staff on 9/28/23. Further review will occur during Quality Management Meeting 10/11/23.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented █ - 10/10/2023)