

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

July 16, 2025

[REDACTED]
HARMONYCREST PERSONAL CARE SERVICES LLC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025, 06/13/2025 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: 06/19/2026
 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 township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/13/2025

Inspection Dates and Department Representative

06/03/2025 - On-Site: [REDACTED]
 06/13/2025 - Off-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: 10
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2025

07/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/11/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/14/2025

Inspections / Reviews *(continued)*

07/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. The following incidents occurred involving resident [redacted] behaviors that were not reported to the Adult Protective Services immediately as required:

On [redacted] resident [redacted] reported to staff person A that resident [redacted] was touching and kissing the penis of resident [redacted] at the outdoor smoke station. When staff person A questioned residents who were present at the smoke station at the time of the report, residents refused to confirm or deny that the incident occurred.

On [redacted] resident [redacted] reported to staff person A that someone who works in the home was bothering them and being sexual with them and they didn't like it. Resident [redacted] also reported that the person has had inappropriate sexual contact with their family members outside of the home.

On [redacted] resident [redacted] punched resident [redacted] on the arm twice.

Plan of Correction

Accept [redacted] 07/09/2025)

Resident [redacted] is no longer a resident of Harmony Crest. June 30, 2025- Administrator retrained community staff on the Older Adult protective Service Act as well as immediately reporting suspected abuse to Administrator. June 30, 2025- Administrator held resident council meeting re-educating residents on their rights and abuse. July 1, 2025- Administrator or designee will review community concerns and incident reports weekly x 12 weeks to ensure that any suspected abuse was reported immediately. Results of weekly audits will be reviewed by Administrator to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [redacted] - 07/16/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. The following incidents occurred involving resident [redacted] behaviors that were not reported to the Department's regional office as required:

On [redacted] resident [redacted] reported to staff person A that resident [redacted] was touching and kissing the penis of resident [redacted] at the outdoor smoke station. When staff person A questioned residents who were present at the smoke station at the time of the report, residents refused to confirm or deny that the incident occurred.

On [redacted] resident [redacted] reported to staff person A that someone who works in the home was bothering them and being sexual with them and they didn't like it. Resident [redacted] also reported that the person has had inappropriate sexual contact with their family members outside of the home.

On [redacted] resident [redacted] punched resident [redacted] on the arm twice.

16c Written Incident Report (continued)

On [REDACTED] the fire alarm went off in the home and the fire department responded. The fire department reported to staff that the alarm went off due to resident [REDACTED] smoking in their bedroom. The home did not report the incident to the department's regional office as required.

Plan of Correction

Accept [REDACTED] - 07/09/2025)

Resident [REDACTED] is no longer a resident of Harmony Crest. June 30, 2025 Personal Care Home staff were re trained by Administrator that all incidents involving any act of physical violence by one resident to another resident even where the victim does not sustain an injury, any act of physical violence by one resident to another resident even where the victim does not sustain an injury, suspected abuse, abuse must be reported immediately to administrator. July 1, 2025 Administrator or designee will review resident documentation daily x30 days and weekly x 8 weeks to ensure that all incidents involving any act of physical violence by one resident to another resident even where the victim does not sustain an injury, any act of physical violence by one resident to another resident even where the victim does not sustain an injury, suspected abuse, abuse have been reported to the department. Results of weekly audits will be reviewed by Administrator to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [REDACTED] 07/16/2025)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] From [REDACTED] to [REDACTED] the resident had numerous dangerous, hostile and verbally abusive behaviors that were not addressed with interventions to prevent the behaviors from continuing. The behaviors include the following:

- Resident [REDACTED] consistently, on an almost daily basis cursed at, screamed at, and verbally threatened staff during meal times, medication administration, and while performing laundry duties
- On six different occasions resident [REDACTED] was caught smoking in the home: On [REDACTED] there was a smell of marijuana coming from resident [REDACTED] room and the resident was slurring their words; On [REDACTED] the resident was caught smoking in the bathroom; On [REDACTED] the resident's roommate reported that resident [REDACTED] was smoking in their shared bedroom and later resident [REDACTED] was also caught smoking in the bathroom; On [REDACTED] the resident was caught smoking in the bathroom; On [REDACTED] the resident was caught smoking in their bedroom; On [REDACTED] the fire alarm went off in the home and when the fire department responded to the home it was determined that the alarm was set off by resident [REDACTED] smoking in their bedroom.
- Resident [REDACTED] had frequent loud verbal outbursts in which they appeared to be hallucinating and cursing at people that were not in the home
- Resident [REDACTED] frequently would scream at other residents accusing them of stealing their belongings or verbally abusing other residents who would not share their food. On one occasion resident [REDACTED] followed resident [REDACTED] to their room and kicked their door because resident [REDACTED] refused to share their iced tea.
- On [REDACTED] and [REDACTED] resident [REDACTED] who was resident [REDACTED] roommate complained to staff that they were fearful of resident [REDACTED]

201 - Positive Interventions (continued)

• Resident [redacted] was prone to urinary incontinence and would curse at staff about laundering the resident's bed sheets; on [redacted] resident [redacted] alerted staff that there was fecal matter all over resident [redacted] side of their room and staff found resident [redacted] covered in fecal matter.

Plan of Correction

Accept [redacted] - 07/09/2025)

Resident [redacted] is no longer a resident of Harmony Crest. June 30, 2025- Administrator retrained personal care home staff on positive interventions to modify or eliminate behavior. July 1, 2025- Administrator or designee will review documentation daily x30 days and then weekly x8 weeks to ensure that staff are utilizing positive interventions to modify or eliminate behavior. Results of weekly audits will be reviewed by Administrator to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented ([redacted] - 07/16/2025)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] support plan dated [redacted] was not updated to include the following behaviors: Frequent violent and verbally abusive behaviors; the behavioral and cognitive needs section of the support plan indicates "Not Applicable" and/or "none noted" for irritability, judgement, agitation, aggression, and hallucinations. Resident [redacted] care notes indicate that resident [redacted] had very aggressive behaviors, frequent agitation, and frequent hallucinations.

Plan of Correction

Accept [redacted] - 07/09/2025)

Resident [redacted] is no longer a resident of Harmony Crest. June 30, 2025- Administrator retrained appropriate personal care home staff person(s) that a resident shall have additional assessments if the condition of the resident significantly changes prior to the annual assessment. July 1, 2025- Administrator or designee will review documentation daily x30 days and then weekly x8 weeks to ensure that any residents who have a change in behavior have an additional assessment completed. Results of weekly audits will be reviewed by Administrator to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented ([redacted] 07/16/2025)