

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

March 23, 2026

[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 02/25/2026 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/25/2026

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 13 Residents Served: 11
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 10
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/25/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026

03/23/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/23/2026
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

03/23/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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

On [redacted] at approximately 1:30 p.m. resident [redacted] had a fall in their room in front of their recliner. Resident [redacted] was sent to the hospital on [redacted] at approximately 5:00 a.m. after reporting persistent pain in the knee following the fall. The resident was admitted to the hospital on [redacted] and was admitted to a rehab facility from the hospital on [redacted]. The home did not report the incident to the department’s regional office until [redacted] when the incident was discovered during a complaint investigation.

Repeated violation [redacted], et al.

Plan of Correction

Accept [redacted] - 03/20/2026)

1. Resident [redacted] will be moving to a group home setting effective 3/16/2026.
2. Written incident report for resident [redacted] was made on 2/25/26.
3. March 11, 2026 Community staff were retrained by administrator on written incident reporting.
4. March 18, 2026- Administrator reviewed last 30 days of community incidents to ensure all reportable incidents were reported to the department within 24 hours in a manner designated by the department.
5. Effective March 19th administrator will complete audits daily x 30 days to ensure all reportable incidents were reported to the department within 24 hours in a manner designated by the department.
6. To Ensure ongoing compliance Administrator will complete weekly audits x 12 weeks to ensure all reportable incidents were reported to the department within 24 hours in a manner designated by the department.
7. Administrator will review audits monthly to determine if further action is required

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented [redacted] - 03/23/2026)

142a - Secure Medical Care

2. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident’s health status declines. The home shall document the resident’s need for the medical care, including updating the resident’s assessment and support plan.

Description of Violation

On [redacted] at approximately 1:30 p.m. resident [redacted] had a fall in their room in front of their recliner. Initially resident [redacted] did not report any pain. At 3:00 p.m. when staff person A arrived for work resident [redacted] told staff person A that they were in excruciating pain when trying to stand. Resident [redacted] was given an ice pack and Tylenol for the pain. Resident [redacted] was not sent to the hospital for medical evaluation until [redacted] at approximately 4:45 a.m. Staff person A indicated in care notes that resident [redacted] pain had continued throughout the day and into the following morning.

Plan of Correction

Accept [redacted] - 03/20/2026)

1. Resident [redacted] will be moving to a group home setting effective 3/19/2026.
2. Resident [redacted] was sent out to the hospital and went for PT at Encompass due to advanced aging. Returned to Personal Care Home March 17,2026

142a Secure Medical Care (continued)

- 3. March 11, 2026 Personal Care Home (PCH) staff were re trained by administrator that if a resident reports extreme pain, as a change in health status, they are to be sent out to the hospital immediately following reporting the change; if they decline to go to the hospital that too will be documented.
- 4. March 19, 2026 Administrator completed an audit of last 30 days of documentation to ensure that any resident who had documented reported extreme pain, as a change in health status was provided with medical care.
- 5. To ensure ongoing compliance administrator will audit documentation daily x30 days and weekly x8 weeks to ensure that a resident who reports extreme pain, as a change in health status, is sent out to the hospital immediately following reporting the change; if they decline to go to the hospital that too will be documented.
- 6. Administrator will review the change in health status weekly to determine if further action is required.

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented [REDACTED] - 03/23/2026)

251c - Standardized Forms

3. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

The medical evaluation dated [REDACTED] for resident [REDACTED] was not completed on the department's current standardized form.

Plan of Correction

Accept [REDACTED] 03/20/2026)

- 1. Resident [REDACTED] will be moving to a group home setting effective 3/19/2026.
- 2. 2/25/2026 Resident [REDACTED] medical evaluation was completed on the departments current standardized form.
- 3. 3/11/2026 Administrator retraining Personal Care Home (PCH) staff that resident medical evaluations must be completed on departments current standardized form which was updated effective July 2025.
- 4. 3/19/2026 Administrator completed an audit of current residents medical evaluation to ensure all current residents who have had an updated medical evaluation after July 1, 2025 are completed on the current standardized form.
- 5. 3/19/2026 To ensure ongoing compliance Administrator or designee will complete monthly audits each month to ensure any resident who had a new or updated medical evaluation; has the evaluation completed on the departments current standardized form.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented [REDACTED] 03/23/2026)