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

September 3, 2026

[redacted], ADMINISTRATOR
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 06/29/2026, 06/29/2026 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**: *06/19/2027*

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**: *11* **Waking Staff**: *8*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/29/2026*

Inspection Dates and Department Representative

06/29/2026 - On-Site: [redacted]

06/29/2026 - Off-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: *12* **Are 60 Years of Age or Older**: *9*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/29/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2026*

08/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/03/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/12/2026*

Inspections / Reviews *(continued)*

09/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The licensing inspection summaries posted in the dining room dated 5/21/2025, 6/3/2025, 9/18/2025, 2/25/2026 & 5/14/2026 had the privacy coding documents attached. The privacy coding document exposes confidential information of the residents.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

1. Policy coding documents were removed 06/29/2026

2. All staff will receive re-education on resident confidentiality requirements by 7/30/2026

3. Admin or designee will conduct bi-weekly audits of resident records for 30 days, followed by monthly audits to ensure ongoing compliance.

4. Any identified concerns will be addressed immediately with staff/admin followed by corrective action.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/03/2026)

25b Contract Signatures

2. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident#1 was not signed by resident #1's designated person.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

1. The resident contract was reviewed and updated to ensure all required information is complete and accurate.

2. Current resident contracts will be audited for compliance, and any missing or incomplete information will be corrected with the resident and/or responsible party 6/29/2026.

3. Admin or designee will review all new admission contracts prior to admission to ensure compliance.

4. Quarterly audits of resident contracts will be conducted to maintain compliance.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/03/2026)

66b Training Plan Content

3. Requirements

66b - Training Plan Content *(continued)*

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2026 staff training plan does not include name, position and duties of each direct care staff person, the times, and locations of the scheduled training for each staff person.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

1. Admin reviewed staff training records which included dates, times, and locations for each scheduled training 6/29/2026.
2. Admin will review training log monthly to ensure all; name, position, dates, times, and locations are present on training log after completion of trainings.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/03/2026)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home is unable to provide documentation of the previous and current submission of the home's emergency preparedness plan procedures to the local emergency management agency.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

1. The required emergency management information and/or emergency preparedness plan was submitted 6/29/2026.
2. Admin reviewed the regulatory requirements to ensure all required submissions are completed and maintained.
3. Admin will review the emergency preparedness file annually and whenever revisions are made to ensure continued compliance.
4. administrator scheduled an Outlook calendar reminder one month in advance of the deadline to ensure timeliness of submission to the local emergency management agency.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/03/2026)

124 - Notice to Fire Department

5. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department *(continued)*

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

1. The local fire department was notified of the operation of the Personal Care Home as required by regulation 7/8/2026.
2. Documentation of the notification has been placed in the facility's administrative records 7/8/2026.
3. Admin reviewed the requirements for maintaining documentation of fire department notification and will ensure documentation is retained and updated as required.
4. The emergency preparedness file will be reviewed annually to verify that all required notifications and supporting documentation remain current.
5. administrator scheduled an Outlook calendar reminder one month in advance of the deadline to ensure timeliness of submission to the local emergency management agency.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 09/03/2026)