

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

September 15, 2026

[REDACTED]  
HARMONYCREST PERSONAL CARE SERVICES LLC  
[REDACTED]  
[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 08/13/2026 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]  
Human Services Licensing Supervisor

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:** 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, Incident      **Exit Conference Date:** 08/13/2026

## Inspection Dates and Department Representative

08/13/2026 - 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:** 11      **Are 60 Years of Age or Older:** 8  
**Diagnosed with Mental Illness:** 11      **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

08/13/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/04/2026

09/08/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/15/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 09/15/2026

Inspections / Reviews (*continued*)

09/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 182c - Medication Administration

## 1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

## Description of Violation

On [REDACTED] Resident [REDACTED] was administered a double dose of [REDACTED] at 5:00 p.m. and [REDACTED] at 8:00 p.m. Resident [REDACTED] was administered [REDACTED] at 8:00p.m. Staff A did not follow the rules of medication administration by failing to document the medication after it was administered.

## Plan of Correction

Accept [REDACTED] - 09/08/2026)

1. On 8/17/2026 Staff A relocated to a smaller group home.
2. On 9/11/2026 Staff A will have remediation within the companies Training Dept
3. On 9/12/2026 Staff A will have re training of Medication Administration course through the companies Training Dept.
4. Medication Administration policy and procedures will be reviewed with all Med-Tech's by 9/18/2026
5. Admin/designee will conduct medication-documentation audits of MARS at least weekly for four weeks, followed by monthly audits for three months.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/15/2026)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at 8:00 a.m. and 5:00 p.m. and [REDACTED] twice daily with food. However, on [REDACTED] staff person A administered 2mg of [REDACTED] at 5:00 p.m. and addition [REDACTED] at 8:00p.m.

Resident [REDACTED] is prescribed [REDACTED] twice daily at 8:00a.m. and 5:00 p.m. However, on [REDACTED], staff person A administered [REDACTED] of [REDACTED] at 8:00 p.m.

## Plan of Correction

Accept [REDACTED] - 09/08/2026)

1. On 08/17/2026 Staff A relocated to a smaller group home.
2. Administrator would complete an audit for the last 30 days of medication administration to ensure physician orders were followed. Example: On 9/2/2026 Administrator completed an audit of last 30 days of medications administered to ensure physician orders were followed.
3. To ensure ongoing compliance Administrator or designee will complete weekly audits x3 weeks and then random monthly audits x2 months to ensure that physician orders were following with medication administration. The administrator will review the results of the audits.

Licensee's Proposed Overall Completion Date: 09/21/2026

187d Follow Prescriber's Orders (*continued*)*Implemented* [REDACTED] - 09/15/2026)

## 188b Medication Error Reporting

## 3. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at 8:00 a.m. and 5:00 p.m. and [REDACTED] twice daily with food. However, on [REDACTED], staff person A administered [REDACTED] of [REDACTED] at 5:00 p.m. and [REDACTED] of [REDACTED] at 8:00p.m.

Resident [REDACTED] is prescribed [REDACTED] twice daily at 8:00a.m. and 5:00p.m. However, on [REDACTED], staff person A administered [REDACTED] of [REDACTED] at 8:00p.m.

These medication errors were not reported to the physician.

## Plan of Correction

*Accept* [REDACTED] - 09/08/2026)

1. Staff will be re-educated that any medication error must be immediately reported to the resident, the resident's designated person, and the prescriber, as required by regulation by administrator or designee by 9/21/2026.
2. Staff will also be instructed to immediately notify the Administrator/designee of any medication error so that appropriate follow-up can occur.
3. The Administrator/designee will review all medication-error reports daily for four weeks and weekly for two months to verify that required notifications were made timely and that documentation is complete.
4. The administrator/designee will review medication records and incident reports during this monitoring period for evidence of unreported medication errors daily for 30 days starting 9/7/2026 - 10/7/2026

Licensee's Proposed Overall Completion Date: 10/07/2026

*Implemented* [REDACTED] - 09/15/2026)