

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHOEBE BERKS HEALTH CARE CENTER, INC.

LEGAL ENTITY

To operate PHOEBE BERKS VILLAGE

NAME OF FACILITY OR AGENCY

Located at 1 READING DRIVE, WERNERSVILLE, PA 19565

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 81
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 28, 2010 until July 28, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205360

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 27 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Rob S. Khanuja, Executive Director, Operations
Phoebe Berks Health Care Center, Inc.
1 Heidelberg Drive
Wernersville, Pennsylvania 19565

RE: Phoebe Berks Village
1 Reading Drive
Wernersville, Pennsylvania 19565

Dear Mr. Khanuja:

As a result of the Department of Public Welfare's licensing inspection on June 10, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

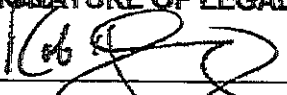
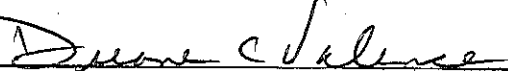
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PHOEBE BERKS VILLAGE, 1 READING DRIVE, WERNERSVILLE, Pennsylvania 19565		CURRENT LICENSE NUMBER 205360	
INSPECTION DATE(S) (Include all dates of the inspection) June 10, 2010		REGIONAL REPRESENTATIVE Anne Graziano, Michele Moskalczyk, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) ROB KHANUJA, EXECUTIVE DIRECTOR, OPERATIONS			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 07/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-20-10


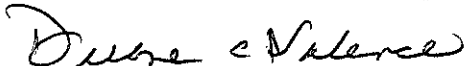
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Located in resident bedroom #298 was a grab assist bar with no cover. The openings on the grab assist bar were large enough to allow entrapment of a residents head or limbs.	07/01/10	An auditing tool was developed which requires the Resident Care Providers on each shift to ensure, and document, that all transfer handles are properly covered. This audit tool has been added to the daily Resident Treatment Sheet. Please see attached. IN ADDITION, THE GRAB ASSIST BAR IN ROOM #298 WAS IMMEDIATELY COVERED FOLLOWING OUR SURVEY ON 6/10/10. PLEASE SEE ATTACHED PHOTO.	Dec 7-20-10

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Adult Residential Licensing

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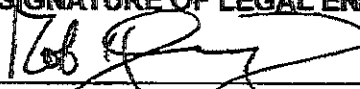
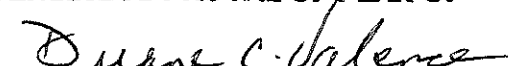
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85a Sanitary conditions shall be maintained.	The bathroom sink in resident room #198 had the following items: one pair of soiled underwear, one candy wrapper, and a live spider.	06/11/10	Both nursing and housekeeping staff were inserviced on the requirement to maintain sanitary conditions in all areas of the facility. Staff were instructed to visually check to ensure cleanliness each time they are in a residents room. The Director of Nursing and the Administrator will conduct periodic, random audits to ensure compliance. A COPY OF THE INSERVICE ANNOUNCEMENT THAT WAS GIVEN TO THE STAFF IS ATTACHED.	DCV 7.20.10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 07/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7.20.10	


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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The Medical Evaluation, dated 11/21/09, for resident #1 is missing the following: Social Security Number, Date of Birth, Age, and Height. The Medical Evaluation, dated 03/18/10, for resident #2 is missing the Physician's signature on the attachment listing the resident's medication.	07/04/10	The Medical Evaluations for both resident #1 and #2 have been updated. A new protocol has been put in place which requires the full time dayshift LPN to ensure that all spaces on the Medical Evaluation are complete, and that all attachments to the form are signed by the physician prior to filing in the chart. The Director of Nursing and the Administrator will conduct periodic, random audits to ensure compliance. COPIES OF THE MEDICAL EVALUATION FORMS FOR RESIDENTS #1 AND #2 ARE ATTACHED. RESIDENT #2'S PHYSICIAN COMPLETED THE INFORMATION REQUESTED ON THE FORM, MAKING THE ATTACHMENT UNNECESSARY.	DCV 7.20.10

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			DATE 7-20-10

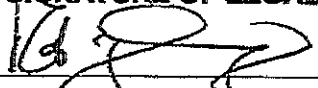

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.183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Located on the second floor in the kitchenette area, in the refrigerator, were 2 bottles of resident #3's ipratropium Bromide (Rx only). This area is accessible to all residents and visitors.	06/10/10	This medication was immediately removed from the refrigerator during our survey, and returned to resident #3, as [redacted] is the person who placed the med in the refrigerator. Resident #3 is an alert and well oriented resident who is able to self-administer [redacted] own meds with no assistance from others. The resident was reminded that there is a secure fridge in the nursing office that is used for storing meds that require refrigeration, which this med did not. All refrigerators are monitored for cleanliness, labeling, and appropriate temperatures every Sunday evening on the 11am-7pm shift. Beginning on 07/11/10, these audits now include a visual check to ensure that there are no medications being stored in the refrigerator. The Director of Nursing will also perform periodic, random audits to ensure compliance by the nursing staff. RESIDENT #3 WAS ALSO REMINDED THAT SINCE [redacted] IS ABLE TO STORE HER MEDICATIONS IN [redacted] ROOM, THAT THE DOOR TO [redacted] ROOM MUST BE LOCKED, OR THE MEDS MUST BE KEPT LOCKED IN [redacted] MEDICINE CABINET AT ALL TIMES WHENEVER [redacted] IS NOT IN THE ROOM.	Steps have been taken to correct violation; full compliance is not verifiable 7-20-10 DCV Date Initials (DPW)

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #3's NovoLog insulin vial was opened 04-25-10. Resident #4's Humalog insulin vial was opened 03-23-10. The Manufacture's label for both medications indicated the product is usable for 30 days after opening.	07/01/10	The Medication Administration Record (MAR) for all residents that receive insulin has been updated to include a daily check of the medication bottle to ensure that the bottle indicates the date that it was opened, and to ensure that it has not been >28 days since being opened. This is being verified and documented by the licensed nurse on every shift that a resident receives insulin. Please see attached.	DCV 7-20-10

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The key pad, which operates the magnetic-locking system located in the secured dementia unit's exterior courtyard, did not have the code posted at this exit to allow egress through this gate.	06/10/10	This was corrected immediately during our survey. A sign, exactly like the signs that are located at all of our other exits, indicating the proper code to enter into the keypad to use to open the gate, has been permanently posted in a conspicuous place near the gate. Please see attached photos. IN ADDITION, THE DIRECTOR OF ENVIRONMENTAL SERVICES WILL VISUALLY INSPECT THE GATE AREA MONTHLY TO ENSURE THAT THE SIGN REMAINS IN PLACE.	DCV 7-20-10

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