

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **BERKS LEISURE LIVING, INC.**

LEGAL ENTITY

To operate **BERKS LEISURE LIVING**

NAME OF FACILITY OR AGENCY

Located at **1399 FAIRVIEW DRIVE, LEESPORT, PA 19533**

(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

ADDRESS OF SATELLITE SITE

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 **49**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

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 **May 18, 2011** until **May 18, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205690

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

MAY 18 2011

Mr. Ray C. Miller, Jr., Owner
Berks Leisure Living, Inc.
Berks Leisure Living
1399 Fairview Drive
Leesport, Pennsylvania 19533

Dear Mr. Miller:

As a result of the Department of Public Welfare's licensing inspection on April 28, 2011 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 black ink, appearing to be 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

Page 1 of 11

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19533		CURRENT LICENSE NUMBER 205690	
INSPECTION DATES (Include all dates of the inspection) 04/28/2011		REGIONAL REPRESENTATIVE Tom Shopay, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Elizabeth Ehrig - co-administrator Berks Leisure Living</i>			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Ehrig, co-administrator Berks Leisure Living 1399 Fairview Dr. Leesport</i>		DATE <i>5/11/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune C Valencia</i>
			DATE <i>5-13-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home did not have a current "Certificate of Boiler or Pressure Vessel Operation" issued by the Pa. Department of Labor and Industry for its cast iron hot water heater. The certificate in the home expired 9/23/10.	<i>04/28/2011</i>	<i>Pa Department of Labor and Industry came on 5-5-2011 and inspected & passed the boiler. In the future Administrator will set up apppt. before inspection expires.</i>	<i>DeV 5-13-11</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19533		CURRENT LICENSE NUMBER 265690	
INSPECTION DATES (Include all dates of the inspection) 04/28/2011		REGIONAL REPRESENTATIVE Tom Shopay, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth C. ...</i>		DATE 5/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane P. ...</i>
Berks Leisure Living 1399 Fairview Dr. Leesport Pa 19533		DATE 5-13-11	

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.	The contract dated 1/11/11 between the home and resident #1 did not specify the home's intended use of the retained 50% of the resident's rent rebate.	04-10-11	The rent rebate addendum was an oversight. Resident signed the addendum and it was placed into [redacted] folder. Administrator will monitor & make sure proper paper work is used.	DCU 5-13-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEBSPORT, PA 19533		CURRENT LICENSE NUMBER 205690
INSPECTION DATES (Include all dates of the inspection) 04/28/2011	REGIONAL REPRESENTATIVE Tara Shopay, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Dignity Care administrator</i> Berks Leisure Living 1399 Fairview Dr. Leesport, Pa 19533	DATE 5-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valenza</i>
		DATE 5-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
				<i>See previous page 2/11</i>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> 1399 Fairview Dr. Leesport, Pa 19533		DATE 5-11-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 5-13-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	A slipping braided oval rug was found on the floor of the bathroom serving resident # 2.	5-13-2011	The braided rug now has non-slip grip attached. In the future maintenance will monitor when doing monthly room checks.	DCV 5-13-11
		5-13-11 and on-going	The administrator will in house housekeeping staff by 5-30-11 on checking daily for any items that need repair or make to a hazard in areas occupied by residents. The administrator will develop a checklist to include checking for slipping rugs in resident rooms and resident bathrooms.	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19533		CURRENT LICENSE NUMBER 205690	
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SIGNATURE OF LEGAL ENTITY <i>Eliquisa P. ... administrator</i> Berks Leisure Living 1399 Fairview Dr. Leesport, PA 19533		DATE 5-11-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. ...</i>
			DATE 5-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
103c Food shall be protected from contamination while being stored, prepared, transported and served.	On 4/28/11 the breakfast and noon meal was served to resident # 3 in the resident's room. The meals were not protected from contaminants during transport to the resident's room.	<i>5-12-2011</i>	<i>In the future all meals that are transported & served in residents rooms will be covered. In the future dietary staff will monitor.</i>	<i>DCV 5-13-11</i>
		<i>5-13-11 and on-going</i>	<i>The administrator will in-service Dietary and Dietetic staff By 5/30/11 on the importance of covering and protecting from contaminants and</i>	

Food or meals being served by the Home to residents - DCV 5-13-11

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NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19533		CURRENT LICENSE NUMBER 205690	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Richard J. DeGo-Administrators</i> 1399 Fairview Dr. Leesport, Pa 19533 Berks Leisure Living		DATE 5-11-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Durone C. Valence</i>
			DATE 5-13-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>During monthly fire drills from March 2010 to February 2011 the home has used the exits labeled Calvin and Rose areas. The home has not utilized alternate exits during monthly fire drills.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	5-11-2011	<p>In the future all exit routes will be used & will be alternating during monthly fire drills. Administrator will monitor.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>5/13/11</u> Initials (DPW): <u>SDV</u></p>
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NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19555		CURRENT LICENSE NUMBER 205690	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Handwritten Signature]</i>		DATE 5-11-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>
			DATE 5-13-11

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home is conducting sleeping hour fire drills routinely at the same time. The home's fire drill record shows sleeping hour fire drills conducted at 11:37pm on 3/27/10, 11:32pm on 8/13/10 and 11:32pm on 2/25/11.	5-11-2011	The home will conduct sleeping hr. fire drills @ different times in the night. Administrator will monitor.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Handwritten Signature]</i> Date Initials (DPW)

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

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NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19533		CURRENT LICENSE NUMBER 205690
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Duane C. Jaleska</i> 1399 Fairview Dr. Leesport Pa 19533	DATE 5-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Jaleska</i>
		DATE 5-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
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			DATE 5-13-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The attachment for medications used in conjunction with the medical evaluation dated 11/17/10 on file for resident # 4 was not signed and dated by the physician who completed the medical evaluation. Repeated Violations: 03/16/2010	05-13-2011	The medical attachment will be taken to the doctors to be dated and signed. In the future all attached paperwork must be dated and signed. Administrator and med. manager will monitor.	Steps have been taken to correct violation; full compliance is not verifiable 5/13/11 [Signature] Date Initials (DPW)

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

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				<i>See previous page 9 of 11 doc</i>

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

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening on file for resident # 5, admitted 2/24/11, was incomplete as there was no entry as to the date when the screening was completed.	5-11-2011	<p>Preadmission screening was an oversight. It was dated and in the future Administrator will monitor followed by the book-keeper.</p>	DCV 5-13-11