

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

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 91  
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 25

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 29, 2011 until July 29, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205360**

*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

AUG 03 2011

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

Mr. Rob S. Khanuja, Executive Director, Operations  
Phoebe Berks Health Care Center, Inc.  
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 2, 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 read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Acting Director

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, PA 19565		CURRENT LICENSE NUMBER 205360	
INSPECTION DATES (Include all dates of the inspection) 06/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Ann O'Haire, Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Barry R. Galley, Administrator</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em; font-family: cursive;">Barry R Galley</p>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em; font-family: cursive;">Anne Houston</p>	DATE 7-15-11

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
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	Residents' medication administration records and residents' records, which contain confidential information, were found unattended and unsecured at the nurses' station located on the 1st floor.	7/12/11	<p>A mandatory in-service was done for licensed staff, led by Staff Development and the Director of Nursing, reviewing Resident Rights and HIPPA regulations specific to this violation. This in-service will be repeated at least annually and with all new employees as part of orientation.</p> <p>The specific nurse who violated this regulation was counseled by the Director of Nursing.</p> <p>Environmentally the facility is looking into structurally building a wall with a door that will secure the office space with having the door automatically lock upon exiting the office to ensure compliancy.</p>	<p style="font-size: 1.5em; font-family: cursive;">AG</p> <p>7-15-11 7</p>

RECEIVED

JUL 13 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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

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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
designated person, or if a court orders disclosure.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<ul style="list-style-type: none"> <li>A 15oz container of Aerosol Stainless Steel Polish was stored on the unsecured and unattended cleaning cart located in the hall by room 102 of the home's secured dementia care unit. The label on the container stated "if material swallowed and person is conscious give small amounts of water -get medical attention immediately".</li> <li>A bottle of Clorox toilet Bowl Cleaner with Bleach was found in the common restroom next to the main entrance of the personal care home. The bottle is labeled if swallowed "call a poison control center or doctor immediately". The residents are not all assessed to identify and safely handle poisonous materials.</li> </ul>	7/12/11	<p>The poisonous materials were immediately removed at the time of the survey into a locked area.</p> <p>A mandatory in-service for staff, including housekeeping, was done to review Hazardous Communication and Safety Precautions to all residents. This in-service will be repeated at least annually and with all new employees as part of orientation.</p> <p>Two housekeeping carts were purchased and are now being used for Village Commons and Village Gardens which are classified as "high security carts" to ensure proper containment of all poisonous housekeeping products.</p>	<i>AG</i> 7-15-11

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The home did not have the updated personal care home hotline number posted throughout the home.	7/11/11	The phone stickers were updated with the current personal care home hotline number, reprinted and then replaced on all resident phones throughout the building.	
			<b>DIAL 9-9-1-1 FOR EMERGENCIES (Police, Fire, Ambulance)</b> Reading Hospital — 9-1-610-988-8000 St. Joseph Medical Center — 9-1-610-378-2000 Personal Care Home Complaint Hotline — 9-1-877-401-8835 Poison Control — 9-1-800-722-7112 Berks County Emergency Management — 610-374-4800	<i>AG</i> 07-15-11

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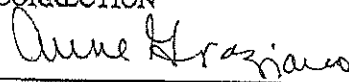
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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	The dryer in the laundry room of the home's secured dementia care unit had a red cloth napkin behind the dryer.	7/12/11	An audit tool which requires resident care providers check for lint in the dryer every shift has been modified to include checking behind the washer and dryer for any foreign/combustible/flammable materials and removing immediately if found.  Audit tool enclosed for review.	<i>AT</i> 07-15-11

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home has a fire safety letter from the Western Berks Fire Department and is dated September 10, 2010. It has been determined that the fire safe evacuation time is based in part on "consideration that the Western Berks Fire Department has one station located within one mile from the facility, a second three miles from the facility and two others less than five minutes from the facility".  The location of nearby fire stations does not meet the standard for the fire safety evacuation time of the personal care home.	7/27/11	The facility has requested a meeting with the Western Berks Fire Department Fire Commissioner to review the Department of Welfare requirements of Regulation 132d and request a revision of the fire safety letter dated September 10, 2010 to comply with requirements as defined in the regulation.  This revised letter will be sent to DPW on or before July 27, 2011.	<i>OR</i> 07-19-11


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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluation dated 6/15/2011 accepted by the home for the admission of resident #1, admitted 6/16/2011, indicated that the level of care required is Nursing Care, which is not an appropriate level of care for a personal care facility.	7/11/11	The MA55 for this particular resident was redone by the physician as he concurred this was a clerical error and replaced on the chart.  An auditing tool has been developed to verify accuracy of DPW required forms. The 11-7 nursing staff will be responsible for performing the audit as a double-check method to ensure completion and accuracy going forward.  Audit tool enclosed for review.	 7-15-11


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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The medication cart containing residents' medications which was located at the nurses' station on the first floor was found unattended and unsecured.	7/11/11	<p>This violation was corrected immediately during the survey. Subsequently all nursing staff were in-serviced on the requirement of med carts being locked at all times when not in use and/or unattended.</p> <p>Environmentally the facility is looking into structurally building a wall with a door that will secure the office space with having the door automatically lock upon exiting the office to ensure compliancy.</p> <p>The nurse directly involved in failing to follow this regulation was counseled by the Director of Nursing.</p>	 7-15-11

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<ul style="list-style-type: none"> <li>• Resident #2's Fortical spray 200/ACT labeled 1 spray into alternating nostrils one time daily, store bottle upright max 35 days. The bottle was not labeled when it was opened.</li> <li>• Resident #3's Advair 250/50 Diskus 1 puff by mouth twice daily – expires 1 month after opening. The diskus was not labeled when it was opened.</li> </ul>	7/12/11	<p>This violation was corrected by adding the following verbiage to the Med Administration record - "Verify open date for <u>"Med Name"</u> and initial. This process will be done indefinitely to ensure compliancy. Staff was in-serviced regarding this change to the MAR.</p> <p>Enclosed is an example of an MAR for review.</p>	 07-15-11

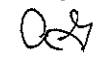
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<ul style="list-style-type: none"> <li>• The home admitted resident #1 on 6/16/2011 but did not complete a preadmission screening to determine if the needs of the resident could be met by the services provided by the home.</li> <li>• The preadmission admission screening on file for the below listed residents were incomplete as noted:                      Resident #3 admitted 2/24/2011 – no entry for diagnosis, behavioral needs and a date as to when the screening was completed.                      Resident #4 screening dated 6/9/2011 – no entry for other special care needs.                      Resident #5 screening dated 5/2/2011 – no entry for diagnosis or behavioral needs.                      Resident #6 screening dated 6/1/2011 – no entry for diagnosis or behavioral needs.                      Resident #7 screening dated 3/7/2011 – no entry for diagnosis or behavioral needs.                      Resident #8 screening dated 2/22/2011 – no entry for diagnosis, behavioral needs or other special care needs.</li> </ul>	7/11/11	Additional training was provided to the Admissions Coordinator regarding completion and compliancy as it pertains to Reg 224a. All Pre-Admission Screening forms completed from this point forward will be reviewed by the Director of Nursing and/or designee for completion and accuracy prior to resident admission date and countersigned for verification.  This form has also been added to the audit tool for DPW forms as seen previously as an example to ensure proper compliancy occurs going forward.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>07-15-11</u> Initials (DPW) <u>CGA</u>

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The annual assessment dated 5/13/2011 completed by the home on resident #9 did not address the resident's dietary needs. The resident's current medical evaluation, dated 5/14/2011, lists the resident's diet as heart healthy.	7/11/11	Nursing staff was re-educated on proper completion of all DPW documents. Again focusing on this particular regulation as it pertains to the Assessment specifically with attention to the "Special Health or Dietary Needs" section.  This form has also been added to the audit tool for DPW forms as seen previously as an example to ensure proper compliancy occurs going forward.	 07-15-11

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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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	A support plan developed within 30 days after admission to the home's secured dementia care unit was not completed for the following residents: Resident #10 - admitted 12/6/2010 Resident #11 - admitted 2/5/2011	7/11/11	Nursing staff was re-educated on a staff member's misinterpretation of a regulation as it pertained to the memory support area of the facility.  The focus on this particular regulation was to specifically clarify the required timeline of completing the Support Plan within 72 hours of admission and again within 30 days of admission to the memory support unit.  This form has also been added to the audit tool for DPW forms as seen previously as an example to ensure proper compliancy occurs.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance to not verifiable</p> <p>Date <u>07-15-11</u></p> <p>Initials (DPW) <u>[Signature]</u></p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PHOEBE BERK'S VILLAGE, 1 READING DRIVE WERNERSVILLE, PA 19565		CURRENT LICENSE NUMBER 205360	
INSPECTION DATES (Include all dates of the inspection) 06/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Ann O'Haire, Tom Shopay	
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>Barry R. Talley</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anna Hroziars</i>	DATE 07-15-11

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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	A medical evaluation was not completed within 60 days prior to the admission of the following residents to the home's secured dementia care unit: Resident #10 - admitted 12/6/2010, Med. Eval. Dated 12/22/2010 Resident #11 - admitted 2/5/2011, Med. Eval. Dated 2/6/2011	7/11/11	Nursing staff was re-educated on a staff member's misinterpretation of a regulation as it pertained to the memory support area of the facility.  The nurse who violated this regulation was also re-educated directly by the Director of Nursing.  The focus on this particular regulation was to specifically clarify the required completion of the Medical Assessment within 60 days prior to admission to the memory support unit. This form has also been added to the audit tool for DPW forms as seen previously as an example to ensure proper compliancy occurs going forward.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 7-15-11 Initials (DPW):</p>