

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 19, 2012 until May 19, 2013,
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

APR 26 2012

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 March 22, 2012 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'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Burkley / Co-Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Burkley</i>	DATE 4-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 4/13/12

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.	<p>The shower curtain in the bathroom adjoining bedroom # Rose 4 was too short to keep the water in the shower area. There was approximately a 4" uncovered area from the bottom of the curtain to the top of the shower floor which allowed the water to overflow onto the bathroom floor. This posed a possible slipping hazard to the resident.</p> <p>In bedroom # Calvin 13, there was an 18" x 30" green area rug in front of the refrigerator with a smooth surface on its underside. The rug slipped when the inspector stepped on it. The rug posed a possible slipping hazard to the residents of the room.</p>	<i>MB</i>	<p><i>This was corrected at time of inspection. In the future Personal Care will ensure that all shower curtains are properly installed and checked for length. The rug in room 13 will be replaced with a non-slip rug. The area rug will be replaced with a non-slip rug. The area rug will be replaced with a non-slip rug.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>4/13/12</i> Initials (DPW) <i>MB</i></p>

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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>Elyse...</i>	DATE 4-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskowitz</i>	DATE 4/13/12

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
101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The windows in bedroom #s Rose 9A, Rose 10A, and Maria Center 7 had white lace curtains on them which did not provide privacy for the residents.	<i>M. Moskowitz</i>	<i>Curtains were hung on windows at time of inspection. A plan was developed to replace the lace curtains with solid color curtains.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date Initials (DPW) <i>M</i>

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Dunkey</i>	DATE 4-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalewicz</i>	DATE 4/13/12

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
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home did not have documentation that it reviewed, updated or submitted its emergency procedures to the local emergency management agency within the past 12 months.	4-11-2012	<p><i>Handwritten plan of correction:</i></p> <p>The emergency procedures for Berks County Emergency Management in the future will be reviewed and submitted to the municipal emergency management agency for review and approval. The emergency procedures will be reviewed and submitted to the municipal emergency management agency for review and approval.</p>	<p><i>Handwritten notes:</i></p> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials: (PFW)</p>

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Blumberg</i>	DATE 4-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE 4/13/12

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
128b Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and	The home did not have documentation that its fireplace was inspected or approved for use. Staff person A, who is the administrator, stated the fireplace was last used during the Holiday Christmas party. At the time of inspection, ashes were noted in the fireplace.	<i>4/13/12</i>	<i>The fireplace was inspected and approved for use. Documentation was provided to the administrator. The fireplace was cleaned and the ashes were removed. The administrator will ensure that the fireplace is inspected and approved for use annually.</i>	<i>4/13/12</i>

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

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INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Quakey</i>	DATE 4-10-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogliacuzzi</i>	DATE 4/13/12

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
cleanings shall be kept.			- Previous page	

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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>[Signature]</i>	DATE 4/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozz</i>	DATE 4/13/12

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
161b When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.	At the time of inspection on 3/22/12, the menu posted in the home for 3/18/12 - 3/24/12 did not list the alternate food and beverage choices.	<i>[Signature]</i>	<i>[Handwritten Plan of Correction]</i>	<i>[Signature]</i> Steps have been taken to correct violation; full compliance is not verified.

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Burkley</i>	DATE 4-10-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Nostrak</i>	DATE 4/13/12

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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	At the time of inspection on 3/22/12, the home did not have a menu posted for the week of 3/25/12 - 3/31/12.	<i>4-10-2012</i>	<i>1. Stop the violation by posting the menu for the week of 3/25/12 - 3/31/12. 2. Post the menu for the following week. 3. Post the menu for the following week. 4. Post the menu for the following week. 5. Post the menu for the following week. 6. Post the menu for the following week. 7. Post the menu for the following week. 8. Post the menu for the following week. 9. Post the menu for the following week. 10. Post the menu for the following week. 11. Post the menu for the following week. 12. Post the menu for the following week. 13. Post the menu for the following week. 14. Post the menu for the following week. 15. Post the menu for the following week. 16. Post the menu for the following week. 17. Post the menu for the following week. 18. Post the menu for the following week. 19. Post the menu for the following week. 20. Post the menu for the following week. 21. Post the menu for the following week. 22. Post the menu for the following week. 23. Post the menu for the following week. 24. Post the menu for the following week. 25. Post the menu for the following week. 26. Post the menu for the following week. 27. Post the menu for the following week. 28. Post the menu for the following week. 29. Post the menu for the following week. 30. Post the menu for the following week. 31. Post the menu for the following week. 32. Post the menu for the following week. 33. Post the menu for the following week. 34. Post the menu for the following week. 35. Post the menu for the following week. 36. Post the menu for the following week. 37. Post the menu for the following week. 38. Post the menu for the following week. 39. Post the menu for the following week. 40. Post the menu for the following week. 41. Post the menu for the following week. 42. Post the menu for the following week. 43. Post the menu for the following week. 44. Post the menu for the following week. 45. Post the menu for the following week. 46. Post the menu for the following week. 47. Post the menu for the following week. 48. Post the menu for the following week. 49. Post the menu for the following week. 50. Post the menu for the following week. 51. Post the menu for the following week. 52. Post the menu for the following week. 53. Post the menu for the following week. 54. Post the menu for the following week. 55. Post the menu for the following week. 56. Post the menu for the following week. 57. Post the menu for the following week. 58. Post the menu for the following week. 59. Post the menu for the following week. 60. Post the menu for the following week. 61. Post the menu for the following week. 62. Post the menu for the following week. 63. Post the menu for the following week. 64. Post the menu for the following week. 65. Post the menu for the following week. 66. Post the menu for the following week. 67. Post the menu for the following week. 68. Post the menu for the following week. 69. Post the menu for the following week. 70. Post the menu for the following week. 71. Post the menu for the following week. 72. Post the menu for the following week. 73. Post the menu for the following week. 74. Post the menu for the following week. 75. Post the menu for the following week. 76. Post the menu for the following week. 77. Post the menu for the following week. 78. Post the menu for the following week. 79. Post the menu for the following week. 80. Post the menu for the following week. 81. Post the menu for the following week. 82. Post the menu for the following week. 83. Post the menu for the following week. 84. Post the menu for the following week. 85. Post the menu for the following week. 86. Post the menu for the following week. 87. Post the menu for the following week. 88. Post the menu for the following week. 89. Post the menu for the following week. 90. Post the menu for the following week. 91. Post the menu for the following week. 92. Post the menu for the following week. 93. Post the menu for the following week. 94. Post the menu for the following week. 95. Post the menu for the following week. 96. Post the menu for the following week. 97. Post the menu for the following week. 98. Post the menu for the following week. 99. Post the menu for the following week. 100. Post the menu for the following week.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING, 1399 FAIRVIEW DRIVE LEESPORT, PA 19535		CURRENT LICENSE NUMBER 205690	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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>Delightful Burkley</i>	DATE 4-10-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 4/13/12

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	<p>The required documentation for the following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents:</p> <p><u>Direct care staff person B</u> *Annual Practicum completed on 3/25/10 The required documentation for the two required annual medication administration observations were not completed for 2010; the previous ones were completed by September 2009</p> <p><u>Direct care staff person C</u> *Annual Practicum completed on 10/12/10 The required documentation for the two required annual medication administration observations were not completed for 2010; the previous ones were completed by May 2009</p> <p>Staff person D, who is the co-administrator, stated staff persons Band C routinely administer medications to residents.</p>	4/11/2012	<p>PLAN OF CORRECTION</p> <p>1. All direct care staff persons will be required to complete their annual practicum by 3/25/12.</p> <p>2. All direct care staff persons will be required to complete their annual medication administration observations by 10/12/11.</p> <p>3. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>4. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>5. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>6. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>7. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>8. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>9. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p> <p>10. All direct care staff persons will be required to complete their annual medication administration observations by 5/1/11.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date Initials (RPW)</p>

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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 Burkay</i>	DATE 4-10-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 4/13/12

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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop			<i>- Previous Page</i>	
prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				

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

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) 03/22/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Himmrael	
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 Burkley</i>	DATE 3/22/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mrozkalczyk</i>	DATE 4/13/12

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
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	The required documentation for staff persons B and C's Department-approved medication administration training was incomplete for 2010; therefore, they are not currently qualified to administer insulin to residents. The two required medication administration observations were not documented as completed in 2010 for staff persons B and C. Staff person D, who is the co-administrator, stated staff persons B and C routinely administer insulin to residents.	4/11/2012	<i>[Handwritten plan of correction text]</i>	<i>[Handwritten date]</i>

Steps have been taken to correct violation; full compliance is not verifiable
Date
Initials (DPW)

[Handwritten notes at the bottom of the page]

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

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>[Signature]</i>	DATE 4-10-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/13/12

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	The home did not document in resident # 1's record that the prescriber was notified when the resident refused the prescribed medication: Glycolax 3350 NF once a day from 3/14/12 - 3/22/12.	<i>[Signature]</i>	<i>[Handwritten Plan of Correction]</i>	<i>[Signature]</i>

Steps have been taken to correct violation; full compliance is not verifiable
 Date *[Signature]*
 Initials (DPW) *[Signature]*