

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate PHOEBE BERKS VILLAGE

Located at 1 READING DRIVE, WERNERSVILLE, PA 19565

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

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.

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

and shall remain in effect from July 30, 2012 until July 30, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205360

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

JUL 12 2012

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

Ms. Amy Johnson Nelson, Administrator
Phoebe Berks health Care Center, Inc.
1 Heidelberg Drive
Wernersville, Pennsylvania 19565

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

Dear Ms. Johnson:

As a result of the Department of Public Welfare's licensing inspection on May 14, 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**

PCH Name: PHOEBE BERKS VILLAGE		License Number: 205360
Address: 1 READING DRIVE, WERNERSVILLE, PA 19385		County: Berks
Administrator: Amy Johnson-Nelson		Region: NORTH
Legal Entity Name: PHOEBE BERKS HEALTH CARE CENTER INC		
Legal Entity Address: 1 HEILDELBERG DRIVE, WERNERSVILLE, PA 19385		
Certificate(s) of Occupancy		
C-2 LP 08/04/1994 PA L&I	C-2 LP 07/23/1992 PA L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Working Staff: 77
Type of Inspection: Full	BHA Docket Number: 07/11	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/22/2012: O'Maire, Anne; Patton, Leslie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 91 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: Village Garden Secured Dementia Unit Capacity, if Applicable: 25 	Number of Residents who: 	

Violation Report: 20536 - 05/22/2012 - O'Haire, Anne
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 58 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates that during the drill conducted on 12/20/11 in the Village Commons section of the home, not all residents were evacuated to the designated internal fire safe area. The fire drill record indicates that all 53 residents present were evacuated, but notes written on the fire drill record states, "A few residents refused to evacuate."
 The home's fire drill record indicates that during the drill conducted on 9/30/11 in the Village Commons section of the home, not all residents were evacuated to the designated internal fire safe area. The fire drill record indicates that all 54 residents present were evacuated, but notes written on the fire drill record states, "One resident refused to leave their room."
 Staff person "A", who conducted both of the above stated drills confirmed that not all residents were evacuated during the drills. In addition, based upon staff interviews, it was determined that the residents who reside in the areas of the home not effected during fire drills do not always move out of their rooms into the hallway (which is a designated fire safe area) and sometimes "defend in place" by remaining in their rooms unless other direction is provided.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator updated the fire safety policy on 6/1/12 to clearly document the procedure for staff and residents in the event of a fire emergency or fire drill.

Administrator reviewed the fire safety policy with residents at Resident council meeting on 6/4/12 (see attached meeting minutes). Any resident who missed the resident council meeting on 6/4/12 will have a 1:1 review of the fire safety policy by 6/30/12. Administrator will continue to review fire safety policy with each resident upon admission and at monthly resident council meeting at least quarterly.

Administrator reviewed the fire safety policy with all Village Commons and Village Gardens staff by 6/8/12. Any noncompliance with the fire safety policy, including residents who refuse to evacuate or residents in unaffected fire zones that are not in the designated meeting area and ready to evacuate, will be immediately reported to the Administrator. Updated fire safety policy will be reviewed with staff in initial orientation and during annual fire safety training. Administrator will review compliance with annual and initial staff training during Quality Management Review.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Johnson Nelson, Administrator	Date 6/8/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-26-12
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6-26-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20536 - 05/22/2012 - O'Haire, Anne
 PCH Name: PHOEBE BERKS VILLAGE

1. **REGULATION 55 Pa.Code §2600**
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. **DESCRIPTION OF VIOLATION**
 Resident # 1 began receiving hospice services from Compassionate Care Hospice on 10/1/11. The home did not obtain a new medical evaluation as a result of the resident's significant change in medical condition.

3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident was admitted to the facility on 9/1/2011 and [redacted] initial medical evaluation was completed on the same day, 9/1/11. At the time of [redacted] admission to hospice on 10/1/11, staff believed that a significant change had not occurred because the facility's services to the resident had not changed. The only additional service hospice provided was a weekly nursing visit to monitor [redacted] medical status.

A new medical evaluation was completed for resident on 5/17/12 to correctly document [redacted] hospice services. (see attached)

All Village Commons and Village Gardens nurses were in-serviced at our nurses meeting on 5/21/12 regarding this regulation (see attached email). Nurses were instructed to complete a new medical evaluation any time a resident is admitted or discharged from hospice, regardless of how much the facility's services have changed.


No other current residents are on hospice. Administrator will monitor medical evaluations for any residents who are admitted or discharged from hospice services in the future.

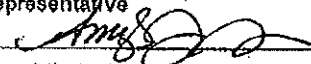
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Amy Johnson Nelson, Administrator</u>	Date <u>6/8/12</u>
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The above plan of correction is approved as of <u>6-26-12</u> (Date)	Plan of correction implementation status as of <u>6-26-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20536 - 05/22/2012 - O'Haire, Anne PCH Name: PHOEBE BERKS VILLAGE	
1. REGULATION 65 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION Tylenol 325mg prescribed to resident #2 expired on 1/24/12.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
Expired medication was identified prior to inspection and new Tylenol was delivered from pharmacy on 4/12/12.	
Nurse audited all medications by 6/8/12 and expired medications were discarded and reordered if needed.	
Nursing staff will audit medications on a rotating monthly schedule, starting July 2012. Any medications with an expiration date in the next three months will be noted during the audit for follow up on the appropriate date. Administrator will monitor medication audit and review documentation during Quality Management Review.	
All Village Commons and Village Gardens nurses were in-serviced at our nurses' meeting on 5/21/12 regarding this regulation (see attached agenda). In-service included requirement to monitor expiration dates and to discard expired medications. Also included notification to nurses about upcoming audit schedule.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Johnson Nelson, Administrator	Date 6/8/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by <u>AG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20536 - 05/22/2012 - O'Haire, Anne
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2800
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Three boxes of Advair Diskus prescribed to resident # 3 did not have a pharmacy label.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

New pharmacy labels were provided by the pharmacy on 5/22/12 and each Advair box was labeled. (see attached photo.)

All other medications were audited by 6/8/12 and no other unlabeled medications were located.

Nursing staff will audit medications on a rotating monthly schedule, starting July 2012. Staff will check for appropriate pharmacy labels during audit. Any unlabeled medication will immediately be replaced or properly labeled. Administrator will monitor medication audit and review documentation during Quality Management Review.

All Village Commons and Village Gardens nurses were in-serviced at our nurses' meeting on 5/21/12 regarding this regulation (see attached agenda). Also reviewed unusual labeling supplied by Medco to ensure staff is not accidentally discarding labels (see attached email).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Anna Johnson Nelson, Administrator	6/8/12

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20536 - 05/22/2012 - O'Haire, Anne
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 A sample of Estrae cream belonging to resident # 4 did not contain written directions from the prescriber indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage, and instructions for administration and the name and title of the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Sample of cream was discarded on 5/15/12. Medication was delivered from the pharmacy with appropriate label on 05/01/12.

All other medications were audited by 6/8/12 and no other sample medications were located. Sample medication was brought by resident on 6/7/12 and a copy of the physician's prescription with all the required information was placed in the resealable bag with the medication to be stored together.

Nursing staff will audit medications on a rotating monthly schedule, starting July 2012. Staff will check for any sample medications during audit. Any sample medication will have a copy of the physician's prescription stored with the medication. Administrator will monitor medication audit and review documentation during Quality Management Review.


All Village Commons and Village Gardens nurses were in-serviced at our nurses' meeting on 5/21/12 regarding this regulation (see attached email).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Johnson Nelson, Administrator	Date 6/8/12
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Violation Report: 20536 - 05/22/2012 - O'Haire, Anne
 PCH Name: PHOEBE BERKS VILLAGE

**Set should be 225C* *OR*

1. REGULATION 55 Pa.Code §2600

2600.225(d) If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

2a. DESCRIPTION OF VIOLATION

Resident # 1 began receiving hospice service Compassionate Care Hospice on 10/1/11. The home did not complete a new assessment as a result of the resident's significant change in medical condition.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It seems based on the Inspector's findings as noted in the "Description of the Violation" that 225 (c) is the appropriate violation, not 225 (d).

Resident was admitted to the facility on 9/1/2011 and [redacted] initial assessment was completed on 09/15/11. At the time of [redacted] admission to hospice on 10/1/11, staff believed that a significant change had not occurred because the facility's services to the resident had not changed. The only additional service hospice provided was a weekly nursing visit to monitor [redacted] medical status.

A new assessment and support plan was completed for resident on 5/17/12 to correctly document [redacted] hospice services. (see attached)

All Village Commons and Village Gardens nurses were in-serviced at our nurses meeting on 5/21/12 regarding this regulation (see attached email). Nurses were instructed to complete a new assessment any time a resident is admitted or discharged from hospice, regardless of how much the facility's services have changed.

No other current residents are on hospice. Administrator will monitor assessments for any residents who are admitted or discharged from hospice services in the future.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Johnson Nelson, Administrator* Date *6/8/12*

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Plan of correction Implementation status as of 6-26-12 (Date)

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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented