



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Mr. Ray C. Miller, Administrator
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 12, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period May 19, 2013 until May 19, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: BERKS LEISURE LIVING		License Number:
Address: 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533		County: Berks
Administrator: RAY MILLER		Region: NORTH
Legal Entity Name: BERKS LEASURE LIVING INC.		
Legal Entity Address: 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533		
Certificate(s) of Occupancy C-2 LP 01/04/2000 LABOR AND INDUSTRY		
Staffing Hours Resident Support: Total Daily Staff: 49 Waking Staff: 37		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/12/2013: Dumas, Gerald, Hummel, Jesse		
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: 49 Number of Residents Served: 49 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 48 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Motility Need: 0 Have a Physical Disability: 0

Violation Report: 20569 - 03/12/2013 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2609

2609.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2. DESCRIPTION OF VIOLATION

The facility is holding more than \$200.00 for resident # 1 at the facility. The facility has been holding this money for resident # 1 for more than two consecutive months. The facility has not offered the resident assistance in setting up an interest bearing account at a local financial institution.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Management reviewed this regulation and determined that the Co-Administrator and the Activity Director would be responsible for monitoring the resident's accounts. All of the residents of the Home were approached and the regulation was explained to them. The residents did sign statements that they were not interested in opening any bank accounts. All of the accounts will be monitored and quarterly statements will be signed if the account does go over two hundred dollars. The accounts are reviewed on a weekly basis by the Activity Director and the CoAdministrator.
See page "B" for sample form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patricia Maynor</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) PATRICIA MAYNOR		Date 4/5/2013	

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Signature of Legal Entity Representative _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20569 - 03/12/2013 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2. DESCRIPTION OF VIOLATION

The facility's Quality Management Plan states that a meeting will be held annually to review the home's reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident and family councils. The last meeting was held on 1/24/12. The facility has not held an annual meeting as the previous meeting was more than 12 months ago.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

With a turnover in the Co-Administrator position, it was an oversight that the Quality Management Meeting was not held in January. Management did have a meeting on March 14, 2013. A copy of the minutes is attached with this report. Management has scheduled the annual meeting to continue to be held in January of every year. The Co Administrator reviews the Calendar of Annual Required Events and Inspections, ensuring that all are done on a timely basis. See att. "C".

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

Printed Name and Title of Legal Entity Representative *Co Administrator* Date *4/5/2013*
 (Required on EVERY Page) *PATRICIA MAYNOR*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Signature of Legal Entity Representative _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

Violation Report: 20569 - 03/12/2013 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2800

2600.224(a) - 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.

2. DESCRIPTION OF VIOLATION

Resident # 2 was admitted to the facility on 8/31/12. The home failed to complete a preadmission screening form to determine if the resident's needs could be met by the services provided at the home.
 Resident # 3 was admitted to the facility on 12/19/12. The facility completed a preadmission screening form on 12/20/12 to determine if the needs of the resident can be met by the services provided by the home. This screening is required to be completed within 30 days prior to admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

With the change of Management, it was an oversight that the Pre-admission screening was not done for Resident #2.

The Medical Manager or the Marketing Director are the staff members who evaluate a prospective resident. Protocol will require these staff members to have the proper Pre-Admission Screening forms on hand when interviewing a candidate. Then these forms can be filled out immediately after it has been determined that our facility can meet the needs of the potential resident.

There is an Admissions Checklist that is being to confirm that all necessary forms are completed. This has been updated with time information. See att. "D".

There will be a regular audit of Residents records, approximately 8 books will be audited per month to ensure everything is complete and up to date. The Medical Manager and the Co-Administrator will be responsible for this audit.

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)			Date
PATRICIA MAYNOR Co Administrator			4/5/2013

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