



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

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. Nelson:

As a result of the Department of Public Welfare's licensing inspection on May 8, 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 July 30, 2013 to July 30, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: PHOEBE BERKS VILLAGE		License Number: 20536
Address: 1 READING DRIVE, WERNERSVILLE, PA 19565		County: Berks
Administrator: Amy Nelson		Region: NORTHEAST
Legal Entity Name: PHOEBE BERKS HEALTH CARE CENTER INC		
Legal Entity Address: 1 HEILDELBERG DRIVE, WERNERSVILLE, PA 19565		
Certificate(s) of Occupancy C-2 LP 08/04/1994 Dept. of Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 111 Waking Staff: 83		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2013: Rushin, Jullenne; Novak, Ryan		
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: 77 Secured Dementia Care Unit in Home: Yes Area: The Village Gardens Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 0

Violation Report: 20536 - 06/08/2013 - Rushin, Julienne
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1 receives insulin coverage based on a sliding scale. Accu-checks are ordered 4 times daily. When coverage was needed from 5/1-5/8/13 the medication administration record did not indicate how many units of insulin were administered. Resident # 2's Lyrica was not initialed as administered on 5/2/13 at 6am on the medication administration record.

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.

On 5/2/13 the omission in documentation was caused by an agency nurse who filled in when a regular employee was out sick. The medication was confirmed as given and MAR documentation corrected.

All MARs were audited for May and no other omissions were identified.

Effective May 22nd, any nurse coming onto a shift following an agency nurse will be responsible to audit the MAR prior to the agency nurse leaving her shift to ensure that all documentation has been completed. Nurses will continue to audit MAR at the end of their own shifts. Please see attached email notifying all PCF nurses of expectation.

Administrator or designee will audit MAR monthly or as needed to ensure ongoing compliance.

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, BSW, RCHA (ADMINISTRATOR)

Date 5/23/13

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


The above plan of correction is approved as of

5/30/13
 (Date)

Plan of correction implementation status as of

5/30/13
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 20536 - 05/08/2013 - Rushin, Julienne
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 receives insulin coverage based on a sliding scale. Accu-checks are ordered 4 times daily. When coverage was needed from 5/1-5/8/13 the medication administration record did not indicate how many units of insulin were administered.
 Resident # 2's Lyrica was not initiated as administered on 5/2/13 at 8am on the medication administration record.

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.

The medication administration record indicates the results of the chem stick/blood sugar test. The physician's order indicates how many units of insulin should be administered based on the results of the chem stick. By initially the MAR, staff is indicating that they are administering the medication based on the physician's order and the results of the chem stick.

Effective May 13th, nurses will be responsible to enter the units administered in the progress note section of the MAR. Please see attached email notifying all PCF nurses of expectation. Administrator or designee will review progress notes monthly for compliance.

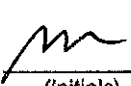
Administrator will coordinate with pharmacy to determine if a long term solution can be reached for error to prompt nurse to enter insulin units administered.

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, BSW, PCHA	Date 5/23/13
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The above plan of correction is approved as of	5/30/13 (Date)	Plan of correction implementation status as of	5/30/13 (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	