



**MAILING DATE: August 8, 2013**

Sent Via email to: [REDACTED]

Ms. Patricia Maynor, Administrator  
Berks Leisure Living, Inc.  
Berks Leisure Living  
1399 Fairview Drive  
Leesport, Pennsylvania 19533

Dear Ms. Maynor:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 10, 2013 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 Human Services Licensing so that compliance can be verified.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 20569 - 07/10/2013 - Hummel, Jesse  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Department Representatives determined through staff interviews that direct care staff person A is very rude and disrespectful to residents. Staff person A tells residents to "Shut up." Staff person A also will state to residents that "they are not in any pain, stop complaining, and deal with it." It was determined that these incidents of disrespectful treatment of residents was reported to the Administrator on several occasions, however these incidents were not reported to the Department as required.

**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.

This statement is partially in correct, staff may have reported these incidents to a past administrator, but NOT to the present administrator. Therefore present administrator could not make report of unknown incidents. Staff person A has been employed here since 3/28/2011.

Co Administrator [redacted] and Medical Manager [redacted] reviewed the criteria for Reportable Incidents. Any known abuse or suspected abuse of a resident will be reported within 24 hrs. Disrespectful treatment of a resident is a form of abuse and will not be tolerated. A listing of Reportable Incidents has been posted a a notification for all the staff and will be reviewed again at the next staff meeting on Aug 13, 2013.

- The Administrator shall monitor for ongoing Compliance.
- m 8/8/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) PATRICIA MAYNOR - Co Administrator      Date 8/5/2013

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

The above plan of correction is approved as of 8/8/13  
 (Date)

Plan of correction implementation status as of 8/8/13  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 20569 - 07/10/2013 - Hummel, Jesse  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through staff interviews that direct care staff person A is very rude and disrespectful to residents. Staff person A tells residents to "Shut up." Staff person A also will state to residents that "they are not in any pain, stop complaining, and deal with it." The actions of staff member A clearly do not display dignified, respectful treatment of the residents of the facility.

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 above mentioned incidents were not reported to the present Administrator, therefore could not respond. However present Administrator met with Staff person A to review and discuss. Resident's Rights and Elder abuse were reviewed with Staff Person A. Disrespectful treatment of a resident is a form of abuse and will not be tolerated. Staff person A was informed that she would be terminated if a repeat offense would occur.

\* The Administrator shall assure that all residents are treated with dignity and respect.  
 The Administrator shall be responsible for ongoing compliance and ongoing monitoring.  
 m  
 8/8/13

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) PATRICIA MAYNOR - Co. Administrator Date 8/5/2013

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The above plan of correction was approved by <u>m</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: 20569 - 07/10/2013 - Hummel, Jesse  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

On 8/16/13 direct care staff member A was providing care to resident #1. Resident #1 began flailing their arms in response to care being provided. Staff member A then held the residents arms behind the residents back in order to continue washing and dressing the resident. Restricting a residents movement is prohibited.

**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.*

Management met with staff member A the day after this incident. She was reprimanded with a written warning notice. We reviewed Resident's Rights, in particular her offense of restricting a resident's movement. CoAdministrator [redacted] and Medical Manager [redacted] informed Staff A that she would be terminated if there was a repeat offense. She must always step away and ask for help if a similar situation occurs again. Staff A had a retraining session on Resident's Rights and Elder Abuse.

\* The Administrator shall be responsible for monitoring and ongoing compliance.  
 m  
 8/8/13

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **PATRICIA MAYNOR - Co Administrator**      Date **8/5/2013**

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 (Date)

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- Not Implemented