



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**Sent via e-mail: [pmaynor.bl@frontier.com](mailto:pmaynor.bl@frontier.com)  
Mailing Date: December 17, 2013**

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

RE: Berks Leisure Living  
License #205690

Dear Mr. Franiak:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 9, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20560-10/09/2013 - Dumas, Gerald  
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

The home did not submit an incident report for the late medication administration which occurred on 9/17/2013 for Resident # 1 within a 24 hour period.

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.

16c.

Staff person b was inexperienced giving 2<sup>nd</sup> shift meds, so she was running late with the med administration. Resident 1 received his medication 1/2 hour late ( 1 hour window). Incident report was not sent in as an oversight because the Medical Manager was on vacation at the time.

The belated Incident Report was sent in to Adult Residential Licensing on Nov. 4, 2013.

Staff and management have been re-educated on the protocol of reporting all medication errors in a staff meeting held 11/5/2013. Any medication errors are to be reported to the Medical Manager, if she is not available they are to be reported to the Administrator. Incident reports are filed by the Administrator or the Medical Manager.

The Administrator will monitor for ongoing compliance.

See attachment for Incident report.

See Staff notes on Inservice meeting.

|                      |                                   |            |  |  |
|----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 07/10/2013 |  |  |
|----------------------|-----------------------------------|------------|--|--|

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 - CoAdministrator

Date 11/11/13

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

The above plan of correction is approved as of 12-16-13  
(Date)

Plan of correction implementation status as of 12-16-13  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 205690 - 10/09/2013 - Dumas, Gerald  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On October 9, 2013 the medicine cart was left unlocked and unattended, outside the main office door, and was not in sight of any staff person.

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.

17

The security and confidentiality of the residents records is essential.

Staff Inservice Meeting was held Nov. 5, 2013. The Med Cart must be locked at all times when it is unattended. This important fact was reviewed at the staff meeting. Staff must constantly check that the Med cart is locked. The Medical Manager and the Administrator will monitor daily for ongoing compliance.

See Staff notes on Inservice meeting.

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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 - CoAdministrator* Date *11/11/13*

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205690

Violation Report: 20560 - 10/09/2013 - Dumas, Gerald

PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 accompanied staff Person C on an outing outside the facility. Staff Person C was not trained in first aid and certified in obstructed airway techniques and CPR.

**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.

63a

Staff person C had befriended Resident 3 (who had no known family or friends). While off duty, staff person C took Resident C to his home for a social visit. Staff person C did have First Aid and CPR training but it had expired. Staff person C had recertification on Nov. 8, 2013.

At the Staff meeting on Nov. 5, 2013, the Administrator reviewed with staff the requirement for any staff that would transport a resident for any reason to have current CPR and First Aid training.

The Administrator will monitor regularly for ongoing compliance.

See Staff notes on Inservice meeting

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 11/11/13

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205690

Violation Report: 20560- 10/09/2013 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Maintenance Employee C, (Date of Hire 6/14/13) did not have orientation training in any of the required areas (1) through (4). The employees responsibilities evolved since the date of hire.

**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.

65b.  
 Staff person C did have the proper orientation that is required for ancillary staff persons, but the Administrator had failed to document the training correctly. The form was written N/A on it, even though the standard training procedures for new employees was done. The Administrator reviewed the required topics; 1. Resident rights. 2. Emergency medical plan. 3. Mandatory reporting of abuse (OAPSA) 4. Reporting reportable incidents and conditions.  
 See Initial Training Orientation Documentation.


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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

Date 11 / 11 / 13

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|                                                                                                                                                |                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>12-16-13</u><br>(Date)                                                                       | Plan of correction implementation status as of <u>12-16-13</u><br>(Date)                                                                                                                                                                        |
| The above plan of correction was approved by <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

205690

Violation Report: 205690 - 10/09/2013 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Maintenance employee C (date of Hire 6/14/13) did not have a general orientation to the specific job functions as it relates to the employees position prior to working in that capacity. The employees responsibilities evolved since the date of hire.

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.

65c

Staff person C did have the proper orientation that is required for ancillary staff persons, but the Administrator had failed to document the training correctly. The form was written N/A on it, even though the standard training procedures for new employees was done. The Administrator reviewed the required topics; 1. Resident rights. 2. Emergency medical plan. 3. Mandatory reporting of abuse (OAPSA) 4. Reporting reportable incidents and conditions.

See Initial Training Orientation Documentation.

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

|                                                                                                                             |                      |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>PATRICIA MAYNOR - Co Administrator</i> | Date <i>11/11/13</i> |
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 (Initials)

205690

Violation Report: 20560 - 10/09/2013 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**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**

On 9/17/2013, the home's Administrator A, administered Metoprolol to resident # 1 at 9:30 pm. Administrator A is not trained in medication administration. Med Tech. B inappropriately initialed the M.A.R. as the "administrator of the medication" for resident # 1.

**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.

Staff person b was inexperienced giving 2<sup>nd</sup> shift meds, so she was running late with the med administration. Resident 1 is very difficult and rude to staff and Staff person b was afraid of him, especially because she was late. The Administrator took the medication cup from staff person b (the med tech) and handed to Resident 1. The Administrator did not know this was not allowed. The Administrator now realizes that she should have accompanied staffperson b to resident 1 and have staffperson b administer the medication to resident 1. The Med Tech initialed the MAR because she was on duty as the Med Tech. The Administrator was not a Med Tech. Staff has been instructed that they should not sign for medications that they have not administered. The Administrator is in the process the Medication Administration training, having successfully passed the written test and has begun the practical administration training. Completion is to be expected by the end of November.

The Medical Manager will monitor for ongoing compliance.

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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 *11/11/13*

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Violation Report: 20560-10/09/2013 - Dumas, Gerald  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
On 9/17/2013 the medication, Metoprolol, prescribed for resident # 1 at 8:00 p.m. for resident # 1 was administered 1 hour and thirty minutes later then the prescribed time of administration.

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.

187d  
Staff person b was inexperienced giving 2<sup>nd</sup> shift meds, so she was running late with the med administration. Resident 1 received his medication 1/2 hour late ( 1 hour window).  
The Medical Manager has made some adjustments to the MARs to ensure all residents will get their Medications within the 1 hour window. The change was made according to the hallways, by the route the med cart makes the rounds during second shift Medical administration.

Staff and management have been re-educated on the protocol of reporting all medication errors in a staff meeting held 11/5/2013. Any medication errors are to be reported to the Medical Manager, if she is not available they are to be reported to the Administrator. Incident reports are filed by the Administrator or the Medical Manager.  
The Administrator and Medical Manager will monitor for ongoing compliance.

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 11/11/13

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(Initials)

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205690

Violation Report: 20560 - 10/09/2013 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

On 9/17/2013, Co-administrator A administered Metroprolol to resident #1 at 9:30 p.m. The Co administrator is not trained in medication administration.

**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.*

190a

Staff person b was inexperienced giving 2<sup>nd</sup> shift meds, so she was running late with the med administration. Resident 1 is very difficult and rude to staff and Staff person b was afraid of him, especially because she was late. The Administrator took the medication cup from staff person b (the med tech) and handed to Resident 1. The Administrator did not know this was not allowed. The Administrator now realizes that she should have accompanied staffperson b to resident 1 and have staffperson b administer the medication to resident 1.

The Administrator is in the process the Medication Administration training, having successfully passed the written test and has begun the practical administration training. Completion is to be expected by the end of November.

The Medical Manager will monitor for ongoing compliance.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
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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 - CoAdministrator* Date *11/11/13*

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 (Date)

The above plan of correction was approved by *DM*  
 (Initials)

Plan of correction implementation status as of 12-16-13  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20580- 10/09/2013 - Dumas, Gerald  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
Resident # 2, date of admission 5/1/2013, has not had the initial Resident Assessment and Support Plan completed as of 10/9/2013.

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.

225a  
Resident 2 did not have the Initial resident Assessment done in the required time frame. It is unknown Why this occurred. Our checklist system did not detect this omission. The RASP was completed on resident 2 on Oct. 10, 2013. We have had some 1<sup>st</sup> shift staff help audit the resident's records. The Administrator will audit all residents records to ensure a RASP has been completed for everyone. The Audit is to be completed by Nov. 11, 2013.  
The Administrator and Medical Manager will monitor for ongoing compliance.

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 11 / 11 / 13

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