



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: January 31, 2014

Mr. Ray C. Miller, Administrator  
Berks Leisure Living, Inc.  
1399 Fairview Drive  
Leesport, Pennsylvania 19533

RE: Berks Leisure Living  
License #205690

Dear Mr. Miller:

As a result of the Department of Public Welfare's licensing inspection on January 8, 2014 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.

Sincerely,

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20569 - 01/08/2014 - Harvey, Jason  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 had two physical altercations with two residents in June and December of 2013, an incident of accusing a resident of stealing and an incident where the resident accused home's owner of choking the resident, which both incidents were unfounded. The home has not implemented adequate positive intervention to modify or eliminate a behavior that endangers other residents.

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 facility believes that appropriate measures were taken for a positive intervention to modify resident 1's behavior. We had many discussions with her when she had difficulties. She refused to speak to our in-house psychiatrist because he was a male.

After the incident that occurred on 8/19/13, (See report that was sent to ARL on 8/20/13) the resident was sent to Haven Behavioral Hospital of Reading PA. After 2 weeks she was discharged back to us. She was seeing a psychiatrist on a regular basis. She was receiving antipsychotic and antidepressant medication. Unfortunately this resident's personality prevents her from getting along with a roommate. A 30 day notice was given after the most recent incident. She is being discharged Jan 31, 2014.

This facility provides timely interventions with any resident that displays any sign of confrontational behavior.

- This administrator, the medical manager and the director will monitor all situations.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator  
 PATRICIA J. MAYNOR      Date 1/24/2014

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The above plan of correction is approved as of <u>1/30/14</u> (Date)  The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>1/30/14</u> (Date)  <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
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Violation Report: 20569 - 01/08/2014 - Harvey, Jason  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered-nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's Resident Assessment and Support Plan dated 3-14-2013 does not address the resident's incident on 12-27-13 where the resident pushed another resident to the ground and a plan to prevent the incident from happening again.

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.

After this incident, the resident went home to her family for the weekend. This facility took measures to change her room and roommate upon her return. We failed to document this in her RASP in the directed time frame. This information was documented in the RASP immediately after the inspection.

The administrator and medical manager reviewed the criteria to add to the support plan within 5 days after a significant change of a resident.

- The medical manager is responsible for the RASP and the administrator will monitor completion.

See included RASP pg 1.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator      Date 1/24/2014  
 PATRICIA J MAYNOR

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