



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 07 2014

Mr. Ray C. Miller, Owner  
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 March 19, 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.

Your regular license for the period May 19, 2014 to May 19, 2015 was issued on January 31, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
 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 3/19/2014, at 10am, the following Licensing Inspection Summaries from 10/9/2013, 3/5/2013, 7/10/2013, 1/8/2014 and 1/10/2013 were posted on the home's bulletin board in the front area of the home. The resident privacy coding was attached to each Licensing Inspection Summary.

**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 understands and realizes the confidentiality of each resident's records should be maintained at all times. The administrator has posted the violations reports in compliance with the state regulations, but overlooked pulling the last pages that contained some resident's names. The pages were pulled immediately and the reports were re-posted.

In the future, all posted reports will be scrutinized to be sure no resident's names are listed. The administrator will be more vigilant in ensuring the confidentiality of the residents' records.

The administrator and medical manager will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) PATRICIA J MAYNOR Date 4/11/14

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

The above plan of correction is approved as of 4/16/14  
 (Date)

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

Plan of correction implementation status as of 4/16/14  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is not evacuating during fire drills. The resident has been actively dying since May 2013. The administrator and the staff are not simulating an evacuation with the resident 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.*

The purpose of fire drills is to have everyone trained in the correct procedures in the event of a true emergency. Since a person on hospice care is incapable of evacuating, the staff must practice the evacuation of the hospice patient. We held a fire drill on March 24, 2014. During this drill, the administrator and another staff person simulated moving the hospice patient. This involved pretending to move the patient by lowering the bed and bed rails, lifting the air mattress with the patient lying on it and carefully dragging it on the floor and out into the hallway which is a fire safe area of the building because of the fire doors. If an true evacuation was required, we would proceed to carrying the hospice down the hall a short distance to the ramped exit doorway. This will be done for every fire drill during the hospice patient's residency with us. This procedure will be reviewed in our subsequent staff meetings to ensure all staff members are aware of the procedure.

The administrator is responsible for ongoing compliance.

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Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's Resident Assessment Support Plan dated 5/3/2013 does not include the resident's special evacuation needs while actively dying on hospice.

**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 purpose of a support plan is to identify and list the resident's needs. This resident's support plan was updated immediately during the inspection. See attachment "A". All future fire drills will have the simulation of evacuating the hospice patient. Future staff meetings will review this procedure. The medical manager is responsible for timely updates to resident's support plans. The administrator will monitor the process for ongoing compliance.

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Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
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**1. REGULATION 55 Pa.Code §2500**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct Care staff person A did not receive training in Resident Rights during 2013 training year.

**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.*

These topics are very important for all staff to be trained and knowledgeable in to ensure the safety and well-being of the resident's we serve. Staff person A failed to attend the staff training meeting when this topic was covered. A warning notice was issued to this staff person so that he/she was aware of the significant importance of the topic. •The administrator should have scheduled a make-up session for this required training.

A staff training session on the subject of Resident's Rights has been scheduled for April 22, 2014 with the Office of Aging leading the session. This training will be offered both afternoon and evening times. The administrator will again issue warning violations to staff that fail to attend and also arrange make-up sessions for those people.

- The administrator is responsible for ongoing compliance.

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Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
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1. REGULATION 55 Pa.Code §2800  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
 Resident bedroom #8 did not contain a grab bar, hand rail or assit bar next to the toilet.

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.

Grab bars by toilets and bath areas are essential for the safety of the residents. Although there was a grab bar across from the toilet, it was not close enough to the toilet. A grab bar was installed next to the toilet but it was awkward for the resident to reach behind to use. A toilet seat with handles was placed on the toilet and this was convenient and acceptable for the resident to use. See enclosed illustration "B".  
 The administrator will monitor for ongoing compliance.


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**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

The initial medical evaluation in the record of resident #2 (dated 5/1/13) was completed more than 60 days prior to admission. Resident #2 was admitted to the home on 8/1/2013.

**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.*

A doctor's medical evaluation must be current to enable the facility to determine that the medical needs of the resident can be met. For this resident #2, the date of the doctor's signature was within the proper time frame and was thought to be appropriate by the medical manager who had accepted it. This is now understood as being inaccurate. It must be the date of the actual evaluation. This resident was discharged on March 22, 2014 due to needing a higher level of care and no further action can be made for this resident.

- The medical manager is responsible for receiving and approving of acceptable DME's.
- The administrator will monitor and review the DME's for ongoing compliance.

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Violation Report: 20569 - 03/19/2014 - Harvey, Jason  
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**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 #3 admitted to the home on 5/1/2013, the initial resident assessment support plan was dated 10/10/2013. The initial assessment was not completed with-in 15 days of being admitted to the home.

**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 initial assessment of a new resident must be done within 15 days of admission to ensure that we can adequately support and care for the resident. This facility was negligent in having this done within the correct time frame. Extra precautions will be taken for new admissions that the assessment will be completed in a timely manner. New admissions records will be flagged till all reports are completed.

The medical manager is responsible for the timely completion of assessments.

- ♦ The administrator will monitor the process for ongoing compliance.

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**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 was admitted to the home on 5/1/2013 and the initial resident assessment support plan was dated 10/10/2013. The initial support plan was not completed with-in 30 days of being admitted to the home.

**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 initial support plan of a new resident must be done within 30 days of admission to ensure that we can adequately support and care for the resident. This facility was negligent in having this done within the correct time frame. Extra precautions will be taken for new admissions that the support plan will be completed in a timely manner. New admissions records will be flagged till all reports are completed.

- ▲ The medical manager is responsible for the timely completion of the support plan.
- ▲ The administrator will monitor the process for ongoing compliance.

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