



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 26, 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 August 6, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Commonwealth of Pennsylvania
Department of Public Welfare
Bureau of Human Services Licensing

6 Easy Steps to Develop a Plan of Correction

1. Why is the regulation important?
2. How was the regulation violated?
3. What caused the violation?
4. What can be done right away to fix the violation?
5. What can we do to prevent future violations?
6. Who will be responsible for preventing future violations?

Tips

- An acceptable plan of correction must be submitted to the Department before a license can be issued to the residence.
- If your plan of correction does not fit on the page you may attach additional pages; additional pages must be signed and dated.
- A plan to request a waiver of the regulation cannot be accepted as a plan of correction, although you may indicate in the plan of correction that you intend to apply.
- It is important to attach supporting documentation to your plan of correction to verify compliance of any violation that has been corrected.
- If you need help with your plan of correction call your regional office or the operator support hotline at 1(866) 503-3926.

Violation Report: 20569 - 08/06/2014 - Hummel, Jesse
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa. Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 6/9/14 at approximately 8:00pm resident #1 and the resident's daughter were involved in a verbal altercation that led to a physical altercation. Resident #1 and the resident's daughter were observed on the floor in the hallway rolling around, hitting and kicking each other. Staff of the facility contacted 911. Prior to the police and EMS arriving at the facility, the resident's daughter placed resident #1 in a hold, restricting the resident's movement of the resident's arms and legs. Staff of the facility later determined that the resident's daughter had also recorded the audio of the verbal altercation as well as the physical altercation on the daughter's cell phone. The facility failed to report this incident of resident abuse to the local Area Agency on Aging 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 administrator made an oral report of this incident to the Local Area Agency of Aging on Fri. Aug 15, 2014. The Act 13 Report was filed with them on the same day. This facility had not filed previously because it was the intention of the daughter to calm the mother down. Resident #1 has a history of emotional instability. Never theless, in the future, discussion by the Administrator, Medical manager and Director will be held about any incident and reports will be made. The Administrator will monitor to see that this is done. Act 13 report is attached. Adm/Designee will review the reporting requirements with staff on all shifts so home may report w/in the required time frame as required.
 OP. 8-22-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patricia Maynor</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MAYNOR Administrator</i>		Date <i>8/18/14</i>	

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

The above plan of correction is approved as of <u>8-22-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20569 - 08/06/2014 - 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

On 6/9/14 at approximately 8:00pm resident #1 and the resident's daughter were involved in a verbal altercation that led to a physical altercation. Resident #1 and the resident's daughter were observed on the floor in the hallway rolling around, hitting and kicking each other. Staff of the facility contacted 911. Prior to the police and EMS arriving at the facility, the resident's daughter placed resident #1 in a hold, restricting the resident's movement of the resident's arms and legs. Staff of the facility later determined that the resident's daughter had also recorded the audio of the verbal altercation as well as the physical altercation on the daughter's cell phone. The facility failed to report this incident of resident abuse 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.

The incident report was filed to the regional office on Fri, Aug. 15, 2014 at 12 noon.

The administrator and medical manager will discuss each and every incident that occurs to ensure a report is filed in a timely matter. In this case, the report was overlooked, each one thought the other had made the report.

The administrator is responsible for report to be filed.

Incident report is attached.

Discussion will include how things will be reported that occur on weekends, at night and on holidays. *OP* 8/26/14

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Patricia Maynor</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MAYNOR Administrator</i>		Date <i>8/18/14</i>	

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

The above plan of correction is approved as of <u>8/26/14</u> (Date)	Plan of correction implementation status as of <u>8/26/14</u> (Date)
The above plan of correction was approved by <i>OP</i> (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: 20560 - 08/06/2014 - Hummel, Jesse
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The resident assessment of personal care needs completed for resident #1 and finalized on 2/11/14 does not include an assessment of the resident's behavioral or cognitive need including Agitation as the section was left blank.

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.

Resident #1 RASP has been updated to include the assessment of agitation. Medical Manager was amiss in omitting this.

The Medical Manager completes the RASP and must update it whenever resident has significant changes of behavior.

The updated support plan is included.

The Administrator will monitor and review with Medical Manager to ensure this is done.

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 Administrator Date 8/18/14

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

The above plan of correction is approved as of 8-26-14
 (Date)

Plan of correction implementation status as of 8-26-14
 (Date)

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

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

Violation Report: 20569 - 08/06/2014 - Hummel, Jesse
 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

On 6/9/14 at approximately 8:00pm resident #1 and the resident's daughter were involved in a verbal altercation that led to a physical altercation. Resident #1 and the resident's daughter were observed on the floor in the hallway rolling around, hitting and kicking each other. The facility failed to update the resident's assessment and support plan that was finalized on 2/11/14 to include this significant change of resident #1 and the facility's plan of meeting these needs to ensure the resident's safety.

It was also determined that on 6/4/13 resident #1 left the facility without notifying staff and walked 2 to 3 miles from the facility before staff were able to locate the resident. The facility again failed to include this resident's behavior on the resident's current assessment and support plan finalized on 2/11/14 and also has not documented a plan to meet these resident's needs to ensure the resident's safety.

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 RASP of resident #1 was updated to include these incidents.

Administrator will discuss behavioral changes of any resident with Medical Managers to ensure any changes of behavior will be noted in the RASP.

The Administrator will monitor on an ongoing basis.

Updated support plan is attached.

* Please review de-escalation techniques and positive interventions w/ staff.

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 Administrator* Date *8/18/14*

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The above plan of correction is approved as of 8-26-14 (Date)

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

Plan of correction implementation status as of 8-26-14 (Date)

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