



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: September 30, 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 25, 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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20569 - 08/25/2014 - O'Haire, Anne
 PCH Name: BERKS LEISURE LIVING

- 1. REGULATION 55 Pa.Code §2600**
 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 member "A" hired 5/21/12 did not receive training in fire safety for 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.

It is crucial for all staff to be familiar with Fire Safety. Staff Person A missed the Fire safety meeting in 2013 due to an illness in the family. This training had been made up with a fire safety video, but it had not been documented.

During a staff meeting held on Sept. 23, 2014, the topic of mandatory meeting was discussed. It was stressed that attendance at Mandatory Meeting was required by all. If there is a good reason for absence, then a makeup session must be scheduled as soon as possible.

The annual Fire Safety training has been scheduled for Tues. Oct. 14, 2014. The staff person A will most definitely attend this meeting as well as all other staff persons.

The Administrator 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 Maynor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATRICIA MAYNOR - Administrator* Date *9/30/2014*

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The above plan of correction is approved as of 9/30/14
 (Date)

Plan of correction implementation status as of 9/30/14
 (Date)

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

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

Violation Report: 20569 - 08/25/2014 - OHaire, Anne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The fire drills conducted from March 2014-August 2014 Resident #1 was noted as not evacuated during the fire drills due to receiving hospice services and actively dying. It has been determined that the person who activates the fire alarm will then go to Resident #1's room and inform staff that it is a fire drill and the resident is not to be evacuated. The informed staff member will then pretend to evacuate the resident with another staff person. The informed staff person should not be participating in the fire drill.

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 recognizes the importance of proper procedures during a fire drill and will strive for compliance, but the safety of the hospice resident is a priority.

The protocol involving a hospice resident during a fire drill was reviewed with every staff person by the administrator. The use of a "body bag" weighing 80 lbs. would simulate the hospice resident and would be moved for evacuation during a fire drill. The fire drill monitor will not be involved with the assimilation. After verifying that all other residents are in the fire safe areas, two staff persons will enter the hospice resident's room, go through the motions of preparing to move the resident, but then proceed to carry the body bag out to the fire safe area. The Monitor is observing only.

This procedure was accomplished successfully during the latest fire drill held on 9/22/2014.

The Administrator is responsible for monitoring this procedure 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 Maynor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) PATRICIA MAYNOR - Administrator Date 9/30/2014

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

The above plan of correction is approved as of <u>9/30/14</u> (Date)	Plan of correction implementation status as of <u>9/3/14</u> (Date)
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