



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: October 28, 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 October 2, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20569 - 10/02/2014 - O'Haire, Anne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's pre-admission screening form was not complete. The form does not indicate that the home is able to meet the resident needs at their facility.

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 error by omitting the check box to confirm the facility was able to meet the needs of the resident.

This truly was an Accidental Omission which the RPG states could be a non-violation. This question seems like a moot point on the Preadmission screening for if we were unable to care for the resident, the resident would not be residing in the facility and the form would not have been completed at all.

Nevertheless, a new procedure for the completion of Preadmission screening will include the Proofing of the form by the Medical Manager.

The Administrator is responsible 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 Administrator Date 10/27/14

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

The above plan of correction is approved as of 10/27/14 (Date) Plan of correction implementation status as of 10/27/14 (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 - 10/02/2014 - O'Haire, Anne
 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
 Resident #1 suffered a head injury due a recent fall. The facility reported that this resident began to have increased gait dysfunction and frequent falls which was not addressed in their assessment dated 08-13-14.

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 the Support Plan is to indicate the Health condition and the care required to meet the needs of each resident.

This plan must be updated whenever there is a significant change to the health of a resident to Indicate that more observation and care is needed for the welfare of the resident.

The Medical Manager is responsible for the Support Plans of the residents. She must be more Vigilant about updating the plans as the health conditions change for a resident.

The Administrator reviewed with the Medical Manager the Triggers for a Significant Change Of Condition of a resident as outlined in the "Best Practices" of the RPG.

The support plan was updated for this resident to indicate his fall risk and more observation was needed for him. That document is attached for review.

In the meantime, this resident has been moved to a facility with a higher level of care.

- The Administrator is responsible for ongoing compliance and will monitor the support plans with the Medical Manager.

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 10/27/14
---	---------------

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

The above plan of correction is approved as of <u>10/27/14</u> (Date)	Plan of correction implementation status as of <u>10/27/14</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

Violation Report: 20569 - 10/02/2014 - O'Haire, Anne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Support Plan was not updated to reflect that resident #1 had frequent falls and needed the assistance of 1 staff person while ambulating in the facility. The support plan did not reflect that resident #1 is receiving PT,OT and speech therapy through Patient Care Home Health Services 3 days a week at the facility.

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 the Support Plan is to indicate the Health condition and the care required to meet the needs of each resident.
 This plan must be updated whenever there is a significant change to the health of a resident to indicate that more observation and care is needed for the welfare of the resident.

The Medical Manager is responsible for the Support Plans of the residents. She must be more Vigilant about updating the plans as the health conditions change for a resident.
 The Administrator reviewed with the Medical Manager the Triggers for a Significant Change Of Condition of a resident as outlined in the "Best Practices" of the RPG.

The support plan was updated for this resident to indicate his fall risk and more observation was needed for him. That document is attached for review.
 In the meantime, this resident has been moved to a facility with a higher level of care.

- The Administrator is responsible for ongoing compliance and will monitor the support plans with the Medical Manager.

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 *10/27/14*

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

The above plan of correction is approved as of <u>10/27/14</u> (Date)	Plan of correction implementation status as of <u>10/27/14</u> (Date)
The above plan of correction was approved by <u><i>MM</i></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