



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: January 7, 2015

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 Human Services' licensing inspection on October 23, 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



Violation Report: 20569 - 10/23/2014 - Novak, Ryan  
 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 11/11/13 Resident #1's blood sugar was 306, 3 units of insulin was administered - according to the sliding scale 4 units was the correct amount.  
 On 11/18/13 Resident #1's blood sugar was 205, 1 unit of insulin was administered - according to the sliding scale 2 units was the correct amount. The home did not submit an incident report to the Department of the medication error.

**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.*

Although we are not sure why this report of a medication error was overlooked, this facility fully understands that ALL medication errors should be reported. For the purposes of Compliance and Documentation it has been reported on 12/09/2014 although it's a year late.

The Medication Manager will review all medication errors with the Administrator so there will correct reporting of all errors.

The Administrator will monitor the activity for compliance of this rule.

*Per Telephone conversation with the Administrator and Medication Manager on 12-19-14, the following is added to the Plan of Correction. The Administrator shall do a quarterly in-service with all staff on what constitutes a reportable incident. The administrator shall educate all staff on the timely reporting of any and all reportable incidents. In the absence of the administrator, a designee shall be assigned the responsibility of securing and reporting reportable incidents within the timeframe required by regulation 2600.16(C). DCV 12-19-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/06/2014
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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 Administrator* Date *12/9/14*

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

The above plan of correction is approved as of 12-19-14  
 (Date)

Plan of correction implementation status as of 12-19-14  
 (Date)

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

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

*DCV*

Violation Report: 20569 - 10/23/2014 - Novak, Ryan  
 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**

The licensing inspection summaries dated 8/6/14 & 8/25/14 had the resident privacy coding documents attached. The summaries were posted on the bulletin board in the entry of the home. The privacy coding documents expose residents confidential information.

**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: Yes

Date(s) of Previous Violation(s):

03/19/2014

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 12/9/14

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The above plan of correction is approved as of

12-19-14  
 (Date)

Plan of correction implementation status as of

12-19-14  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

*DCV*

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 20569 - 10/23/2014 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 notes Coumadin 5 mg 1 tablet once daily or as directed. The actual order is 2.5mg once daily on Sunday, Tuesday, Wednesday, Thursday and Saturday.

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.

There was an incorrect entry of the medication coumidin for Resident #2, resulting in an incorrect administration of the medication.

The Medical manager reviewed with all the Med techs which residents use Coumidin and how to correctly read the Doctor's Pro-time orders from the weekly lab test results. The direction has been given that only Nancy would document the correct dosages on the MAR to prevent errors.

*( See addendum 4-A of 6 attached )*

The Administrator will monitor for ongoing compliance.

*DCU 12-19-14*

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 Administrator* Date *12/9/14*

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The above plan of correction is approved as of 12-19-14 (Date)

Plan of correction implementation status as of 12-19-14 (Date)

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

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

*DCU*

Violation Report: 20569 - 10/23/2014 - Novak, Ryan  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 notes Coumadin 5 mg 1 tablet once daily or as directed. The actual order is 2.5mg once daily on Sunday, Tuesday, Wednesday, Thursday and Saturday.

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.

*Addendum 4-A of 6. Per telephone conversation with the administrator and medication manager on 12-19-14, the following is added to the Plan of Correction. The medication manager [redacted] stated she met individually with the medication techs about checking for proper doses prior to administration of any medication. The medication manager stated that she will check each resident's medication administration record (MAR) on either Monday or Thursday of each week to ensure MARs are maintained accurately. This review will be conducted on Mondays or Thursdays when resident medications are ordered. In addition, the administrator shall do a weekly review of resident MARs to ensure that the medication manager is monitoring medications correctly.*

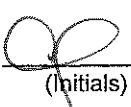
*12/12/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>12-19-14</u> (Date)	Plan of correction implementation status as of <u>12-19-14</u> (Date)
The above plan of correction was approved by  (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 - 10/23/2014 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 is ordered 2.5mg of coumadin on Sunday, Tuesday, Wednesday, Thursday and Saturday. On 10/7/14 12.5mg was administered.

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 medication error was reported to the bureau on 10/8/13 as soon as it was discovered. The resident's doctor and family was notified. Labs tests were done for the resident and he was taken to the hospital for observation. Medical Manager reviewed with the Med Techs the correct procedure reading the Pro-time orders for those residents taking Coumidin. No one else but the Medical Manager will record the doses on the MAR. The Administrator will monitor for ongoing compliance.

*See addendum page 5-A of 6 attached  
 DCV 12-19-14*

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 12 / 9 / 14
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-19-14</u> (Date)	Plan of correction implementation status as of <u>12-19-14</u> (Date) DCV
The above plan of correction was approved by <u>Op</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 - 10/23/2014 - Novak, Ryan

PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered 2.5mg of coumadin on Sunday, Tuesday, Wednesday, Thursday and Saturday. On 10/7/14 12.5mg was administered.

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.

Addendum 5-A of 6. Per telephone conversation with the administrator and Medication Manager on 12-19-14, the following is added to the Plan of Correction. The Medication Manager, [redacted] stated she met individually with the Medication Techs about checking the proper doses on each medication against the doses listed on each resident's Medication Administration Record (MAR) prior to administration of any medication. The Medication Manager stated she will check each resident's medication administration record (MAR) on either Monday or Thursday of each week to ensure that each resident Medication Record is maintained accurately and that medications follow the directions of the prescribing doctor. In addition, the administrator will do a random weekly review of resident MARs to ensure that the Medication Manager is monitoring medications correctly and timely. DCV 12-19-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Date

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Plan of correction implementation status as of 12-19-14 (Date)

- Plan of correction implementation status as of 12-19-14 (Date) DCV
[ ] Fully Implemented
[x] Partially Implemented - Adequate Progress
[ ] Partially Implemented - Inadequate Progress
[ ] Not Implemented

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

Violation Report: 20569 - 10/23/2014 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.188(e) - There shall be documentation of the follow-up action that was taken to prevent future medication errors.

2a. DESCRIPTION OF VIOLATION

On 10/7/14 a medication error was documented at the home. There is no documentaiton of follow-up action taken to prevent future medication errors.

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.

Medical Manager reviewed with the Med Techs the correct procedure reading the Pro-time orders for those residents taking Coumidin. No one else but the Medical Manager will record the doses on the MAR. The MAR's for those residents taking Coumidin have written instructions for checking the correct dosages with the doctor's orders so there is a check and double check system in place.

The Administrator will monitor for ongoing compliance. *Per telephone conversation with the administrator and Medication Manager on 12-19-14, the following is added to the plan of correction. The Medication Manager [redacted] stated she reviewed with medication staff the medication administration protocol which included the 5 checks medication technique to do prior to administering medication. Staff will be monitored closely for compliance with training protocol. Individual progressive training will be ongoing. Failure of staff to adhere to medication administration training + protocol will be dealt with progressive disciplinary action and possible employee termination. Medication Manager [redacted] and Administrator will continue to monitor medication administration weekly DOL 12-19-14*

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 *12/9/14*

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

The above plan of correction is approved as of <u>12-18-14</u> (Date)  The above plan of correction was approved by <u>OP</u> (Initials)	Plan of correction implementation status as of <u>12-19-14</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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