



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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 Human Services' licensing inspection on March 11, 2015 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, 2015 to May 19, 2016 was issued on January 27, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director <sub>SH</sub>

Enclosure  
License Inspection Summary



Violation Report: 20569 - 03/11/2015 - 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 3/6/2015 to 3/9/2015 resident #1 did not receive their medication of Symbicort; the home did not submit a reportable incident form to the Department for 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.

It is important to report incidents to the Department promptly to avoid serious situations, which gives us the chance to provide all necessary information to the Department.

This incident was reported on 3/12/15. See the attached report "A". We had notified the Family and doctor that the medication was missed but failed to report it to Human Services, not realizing it was still considered a med error because it had not arrived on time from the VA. The Medical Manager is responsible for placing all the Med orders. To avoid a reoccurrence of this problem the Medical Manager will strive to use a 2 week window to reorder meds from the VA.

The home will also ensure that all employees are trained on reportable incidents & who to report them to. The home will also have a process in place to ensure incidents are reported w/in 24 hours, including nights, weekends & holidays. The home will retain training info on this regulation. *CP* 3/30/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/06/2014	10/23/2014
-----------------------	-----------------------------------	------------	------------

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 *3/30/15*

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

The above plan of correction is approved as of <u>3/30/15</u> (Date)	Plan of correction implementation status as of <u>3/30/15</u> (Date)
The above plan of correction was approved by <i>CP</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: 20569 - 03/11/2015 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa. Code §2600  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
 On 3/1/15 the homes census was 48, from 2pm-6pm no staff persons in the home was certified in first aid and CPR. On 3/7/15 the homes census was 48, from 2pm-10pm no staff persons in the home was certified in first aid and CPR.

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.

For the safety and well-being of our residents it is vital that the staff on duty 24/7 is appropriately trained to respond to an emergency. We had recent turnover with staff on second shift and the Administrator had difficulties getting a class scheduled earlier for training on CPR and First Aid. On March 24, we had nine people take the class. The certificates are included in this report. The Administrator will strive to have a class scheduled every spring and fall, and recommend to new staff where to take a class in the interim.

The Administrator/Designee will also ensure that employee work schedules - including substitutions - are scheduling at least one trained employee in First Aid & CPR at all times for every 50 residents. *JP 3/30/15*

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      Date 3/30/15

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

The above plan of correction is approved as of 3/30/15 (Date)

Plan of correction implementation status as of 3-30-15 (Date)

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

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

Violation Report: 20669 - 03/11/2015 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The fire drill conducted on 10/14/14 at 12:55pm notes 46 residents in the home at the time of the alarm and 43 residents evacuated. Administrator A reports that 46 residents were in the home at the time of the alarm and 45 residents were evacuated, one resident did not evacuate due to actively dying. The home improperly documented the fire drill logs.

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.

Recording the fire drill information helps this facility ensure compliance with all the regulations relating to fire drills. The Administrator has been conducting the monthly fire drills and recording the information. On this occasion, the Administrator is positive that all the residents were evacuated properly and merely recorded an incorrect number. The Administrator will strive to take care in recording the facts of the fire drill to ensure accurate documentation. The Medical Manager will be asked to proof the fire drill log to make sure there are no errors.


*Adm / Designee will review fire drill logs on a monthly basis to ensure ongoing compliance. CP. 3-30-15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 MAYNOR Administrator Date 3/30/15

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

The above plan of correction is approved as of <u>3/30/15</u> (Date)	Plan of correction implementation status as of <u>3/30/15</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 - 03/11/2015 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident #1 dated 12/24/2014 did not indicate the ability to self-administer medication.  
 The medical evaluation for resident #2 dated 1/29/2015 did not indicate temperature, special health or dietary needs or body positioning.

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.

Accurate Medical information is important for us to know that we can care for a resident and develop accurate assessments and support plans that ensures that the resident's needs will be met.  
 There was missing information on the evaluations listed above. We will scrutinize all Evaluations when they come in to us. Anything missing we will notify the doctor till all information required is obtained.  
 The Administrator and the Medical Manager is responsible for this and will work together to ensure complete Medical evaluations are obtained for everyone.

*Once information on medical eval is received, it will be double checked for completeness prior to placing in Resident Record - thereby ensuring ongoing compliance.*  
 CP. 3/30/15

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 3/30/15

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

The above plan of correction is approved as of <u>3/30/15</u> (Date)	Plan of correction implementation status as of <u>3-30-15</u> (Date)
The above plan of correction was approved by <i>CP</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: 20569 - 03/11/2015 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The menus posted outside the home's dining room only contained the current week's menu and not the following week's menu.

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 for the residents' benefit to have a posted menu one week in advance so they can plan their meals in advance.  
 The Head Cook is responsible for planning and posting the menus and failed to post the future menu in the correct timeframe.  
 The Director and Administrator both had discussions with the Cook so that he/she understands the regulations and must comply with them. The menus will be posted in the correct timeframe. Attached are the current menus that have been posted. B & C were posted on 3/22/15. C & D were posted on 3/29/15.  
 The Administrator and Director will monitor the postings to ensure they are done in a timely basis 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 Date 3/30/15

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

The above plan of correction is approved as of <u>3-30-15</u> (Date)	Plan of correction implementation status as of <u>3-30-15</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 - 03/11/2015 - Novak, Ryan  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa. Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member B's most recent annual practicum was completed on 2/15/14. 3 MAR reviews of the required 4 and 2 medication observations were completed for the 2015 annual practicum. Staff member B administered medications on 3/7/15.


**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 administration of medication may only be done by a staff person who has completed the Medication Administration program and complete the practicum every year.

The Medical Manager is our Trainer for the program and had missed that staff Person B was late on completing her practicum. This 4<sup>th</sup> review was completed on Mar. 17, 2015. See attached "E".

To ensure all reviews are done in the proper timeframe, the Administrator will review with the Medical Manager that all the Med Techs are up to date with their Training and reviews. *Reviews will be done at least*

*quarterly to maintain ongoing compliance.*   
 3/30/15

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* Date *3/30/15*

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

The above plan of correction is approved as of 3-30-15 (Date)

Plan of correction implementation status as of 3-30-15 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 20569 - 03/11/2015 - 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**

Resident #3's MAR does not indicate the amount of insulin given on 3/9/15 at 8pm.

**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*


Proper MAR use is critical. This record is necessary for doctors and medical personnel to know there is correct medication administration. The Med Tech is responsible in this situation. On this date the Med Tech had recorded the blood sugar of the resident on the flow sheet and gave the recommended dose of insulin to the resident but failed to record it on the MAR. The Medical Manager reviewed this error with the Med Techs and went over the proper procedure of administering insulin to a resident at the staff meeting on 3/24/15. Accurate recording must be done to ensure all medications have been administered as prescribed. The Medical Manager will perform weekly checks of MARs to ensure accurate recording by the Med Techs is being done. The Administrator will monitor and review this process with the Medical Manager.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/23/2014	
-----------------------	-----------------------------------	------------	--

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 3/30/15

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

The above plan of correction is approved as of <u>3-30-15</u> (Date)	Plan of correction implementation status as of <u>3/30/15</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