



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

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' annual licensing inspection on March 17, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: BERKS LEISURE LIVING		License Number: 20569
Address: 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533		County: Berks
Administrator: Patricia Maynor		Region: NORTHEAST
Legal Entity Name: BERKS LEISURE LIVING INC		
Legal Entity Address: 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533		
Certificate(s) of Occupancy C-2 LP 01/02/2000 Dept. of Labor & Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 46 Waking Staff: 35		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/17/2016: Rushin, Julienne; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 49 Number of Residents Served: 45 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 1	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 43 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 20569 - 03/17/2016 - Rushin, Julienne
 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
 Based on information from an Employee Warning Notice, Staff person "B" received a written warning on 4/6/15 for failing to administer alprazolam to resident #4 on 4/5/15 at 9:00pm. The home did not report the medication error to the Department.

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 this facility know that all medication errors should be reported. It is inexcusable that this Incident was not reported. It is unknown why this has happened, most likely miscommunication occurred to cause this oversight. This incident has now been reported, obviously late. See attachment "A".

This Administrator is responsible to ensure all medication errors are reported. The Administrator will discuss the errors with the Medical Manager to determine that all are being reported. The next Staff meeting will include the review of Reportable Incidents.

• The Administrator will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	03/11/2015
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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 **4/3/16**

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

The above plan of correction is approved as of <u>4/11/16</u> (Date)	Plan of correction implementation status as of <u>4/11/16</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 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The resident home contract for resident #1 completed on 2/1/16 is not signed by the resident.

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 was admitted to this facility on [redacted] 16. The contract and other paperwork was completed with the resident's POA, while the resident was settling in. This administrator intended to go to the resident's room and have [redacted] sign the contract but apparently was interrupted and this was missed. The contract has since been signed. See attached "B." This administrator will have the Medical Manager review the resident's chart check list to catch any over sights. *The administrator is responsible for compliance to this rule.

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 *4/3/16*

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- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident room, Rose Wing 1. Department Representatives were accompanied by the Administrator of the facility. The resident's door was unlocked. The resident room was not occupied by the resident. Observed on the floor in the bathroom was a bottle of Clorox Bleach 2, with a manufacturer's label indicating to "immediately contact a poison control center in the event of accidental ingestion." There are residents of the facility that are not assessed as capable of safely using and or avoiding poisonous materials.

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.

Bleach was used by this resident who is capable of handling poisonous materials. When questioned, it was determined that the bleach was being used to sanitize a humidifier. Resident was very apologetic about the violation and was instructed to keep her door locked when not present in the room.

- This administrator will monitor the situation and give reminders if necessary to remain in compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **PATRICIA MAYNOR** Date **4 | 3 | 16**

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Violation Report: 20569 - 03/17/2016 - Rushin, Julienne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Department Representatives interviewed staff person "A". Staff person "A" indicated that staff of the facility is instructed to retest resident's blood glucose levels in the event the resident's blood glucose level is extremely High/Low. If the second reading confirms the extreme High/Low Reading, staff is then instructed to use another residents meter to ensure the accuracy of the resident's meter. Sharing glucometers is strictly prohibited and promotes the risk of transmitting communicable disease.

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 strives to maintain sanitary conditions at all times.
 This facility was not aware that glucometers could be contaminated.
 All glucometers have since been replaced with new ones. The attachment shows the residents and their glucometers which have been replaced.
 All of the staff involved with taking blood sugar readings have been retrained with this new protocol that glucometers cannot be used by anyone but the owner. They also were instructed to record all readings if multiple readings happened to be taken for accuracy. During the actual inspection, the DME's of the residents involved were given to the inspectors for verification that no communicable diseases were reported by the doctors.
 • The Medical Manager is responsible in overseeing the use and documentation of blood sugar readings. *The Administrator will monitor for compliance.

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the Pantry area of the facility. Located in the pantry is an Amano upright refrigerator/freezer where the facility stores food for residents. The internal temperature of the freezer was measured on two separate occasions. In both instances the internal temperature of the freezer read 10 degrees Fahrenheit.

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 very important to maintain proper temperatures of the freezers to prevent any chance of food spoilage for obvious health reasons.

Upon further inspection of the freezer in question, this administrator observed that the temperature setting of the freezer was at the "1". This was the lowest setting, as "9" was the coldest. An adjustment was made immediately. Although the temperatures were being checked and recorded consistently, the administration was not notified of the temperature being higher than 0 degrees of this particular freezer. The Kitchen Supervisor who was new in this position was not aware of the requirements. Further instructions were made and the Kitchen Supervisor will be monitoring and reporting any discrepancies or problems to the Administrator. The Kitchen Supervisor also addressed this problem to the other cooks so they also know when they check and record the temperatures that they must report any problem as soon as possible.

- The Administrator will monitor weekly to ensure compliance.

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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>4/3/16</i>	
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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the laundry area in Maria wing. The lint trap of the Samsung Dryer was coated with a heavy accumulation of lint.

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.

We realize the importance of keeping dryers clear of lint by cleaning the lint traps immediately after every use. We certainly do not want any fire hazards in our facility. The lint trap was cleaned by staff immediately when it was reported to them. This topic was also brought up to staff at our monthly Inservice meeting. The Maintenance man was also instructed to inspect periodically to help us maintain a safe laundry room and to apprise the Administrator of any recurrences he may find so that staff will be reprimanded if there any further violations of this policy. The Administrator will monitor to ensure compliance.

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600.
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the laundry area in Calvin wing. Located behind the clothing dryers were the following combustible items: a large cotton hand towel, a cotton wash cloth, and a dryer sheet. These combustible items pose a fire risk as they were in direct contact of a heat source.

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 and administration want to ensure the safety of all the residents. We must be vigilant in inspecting all areas to avoid any fire hazards. The objects found were removed at the time of discovery. The staff and Maintenance man were informed of the problems found and everyone was instructed to inspect behind dryers and washers in both laundry rooms to be certain there would be no flammable objects left there. The Maintenance man was instructed to make weekly checks of the areas and to report any problems found to the Administrator. The Administrator will monitor for compliance.

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Violation Report: 20569 - 03/17/2016 - Rushin, Julienne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 On 10/15/2015, the fire safety inspector conducted a supervised fire drill in the home and determined the home's exterior evacuation time as 13 minutes. Review of the home's fire drill logs indicate that during the drill conducted on 1/17/16 at 11:20 pm, residents evacuated in 13 minutes 15 seconds.

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 conducts the unannounced fire drills and is aware what our time allotment is. A truthful recording was made knowing that we were over the time by 15 seconds. Night time fire drills are quite difficult to hold but we are aware this is also the most dangerous time for actual fires to occur and awake and evacuate sleeping residents. We addressed this issue in our staff meeting with our third shift staff so they would be more urgent with the evacuations of sleeping residents. We know the timely evacuation is very important practice to ensure the safety of our residents in the event of a real emergency.
 The Administrator is responsible and will monitor for 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 *4/3/16*

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Violation Report; 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Review of the home's fire drill logs indicate that the most recent sleeping hour drill was conducted on 1/17/16 at 11:20pm. The previous sleeping hour drill was conducted on 6/9/15 at 10:35 pm. The recent sleeping hour drill was not conducted within the required 6 month time frame.

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 is responsible for conducting the unannounced fire drills and is aware that a night time drill must be held every six months. In this case, the Administrator miscounted and held the night time drill after the sixth month, thus it was held in the seventh month. Due diligence will be done to ensure that this will not happen again. The Administrator will mark a private calendar to schedule the night time fire drill in advance so there will be no place for error. Because the fire drills are unannounced, the Administrator is the only one who is responsible and will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATRICIA MAYNOR - Administrator* Date *4/3/16*

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1)- A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 was admitted to the facility on [redacted] 0. The resident most recently had a medical evaluation completed on 8/25/15. The resident's previous medical evaluation was completed on 5/20/14, which was more than one year prior.

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 this facility does their best to have DME's of residents completed in the appropriate time frame.
 In this situation, this resident had been in a rehab facility for two months, during which time [redacted] evaluation was due. An updated DME was not received at the time of discharge and despite repeated attempts was not received. from the doctor. Unfortunately this was missed and we were in violation.
 To avoid a repeat occurrence in this type of situation, the Medical Manager will strive to get a new DME for a returning resident upon discharge. The resident's chart will be flagged until the task has been accomplished. The Medical Manager is responsible for the residents' charts and the Administrator will monitor for 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: 4/3/16

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed several extinguished cigarettes as well as several white plastic cigar filters scattered along the grass adjacent to the facility front driveway. This is not the facility's designated smoking area.

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 this facility frowns upon smoking in general and wishes to be a Smoke free campus, but because we have 2 residents that smoke, we are not able to achieve this goal. We have outdoor smoking zones, one for residents and one for staff. It is true the front area is not a smoking zone. Although we cannot control the actions of visitors, we have spoken to staff. They are not to be smoking in the front entrance area whatsoever. "No Smoking" signs have been placed along the front driveway and the front entry steps. A photo is attached. The area has been cleaned up by a Volunteer picking up the littered butts.
 4. The Administrator will monitor the area to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Maysner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia Maysner - Administrator* Date *4/3/16*

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Two Advair Diskus inhalers, prescribed to resident #5 and resident #6, were noted in the home's medication cart. The inhalers are not dated to indicate when they were removed from their cellophane pouches.

One (.14 oz.) bottle of Septave Ultra lubricant eye drops with an expiration date of 12/2013 and a (4ml) bottle of Care Sens Control Solution with an expiration date of 01/2013 were noted in the home's medication cart.

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 very important that our residents have only current medications and items such as inhalers must be dated to monitor their usage and effectiveness. The Advair inhalers were dated immediately by backtracking from their usage. The outdated eyedrops and Care solution were discarded after discovery. Going forward to prevent any reoccurrence of this violation, the Medical Manager will have all Inhalers dated when received.

- The Medical Manager is responsible and plans to check inhalers for dates and inspect OTC meds weekly to avoid any expired medications.
- The Administrator will monitor for 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 Date
 (Required on EVERY Page) *PATRICIA Maynor - Administrator* *4/3/16*

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Violation Report: 20568 - 03/17/2016 - Rushin, Julienne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
 The MAR for resident #5 indicates Spiriva inhaler was discontinued on 3/4/16. The home does not have a physician's order on hand for the discontinuation.

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 is aware that doctor's orders are always required in writing for any medication changes of the residents. In this case the resident's insurance had refused to cover the brand Spiriva, so the doctor had sent another prescription for a different brand of inhaler to the pharmacy. The first prescription was thought to be voided, so it was an oversight that a DC order was not given because we had a replacement inhaler of a different brand. The DC order for Spiriva was obtained from the doctor and is attached. The Medical Manager is responsible for the reception and documentation of doctor's orders and will strive to ensure that any medication change is accompanied by a written doctor's orders or will pursue it until accomplished. The Administrator will monitor for compliance.

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The above plan of correction was approved by <u><i>m</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

Violation Report: 20568 - 03/17/2016 - Rushin, Julianne
 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 is prescribed Humalog Insulin based upon a sliding scale. The resident's Medication Administration Record (MAR) indicates the incorrect sliding scale of blood sugars as: 151-200 = 1 unit, 201-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units, greater than 400 = call Physician. The resident's correct sliding scale order is as follows: 151-200 = 1 unit, 201-250 = 2 units, 251-300 = 3 units, 301-350 = 4 units, greater than 350 = 5 units.

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 that Medication Administration Records and complete and accurate. Apparently our pharmacy had failed to update their documentation of this resident and therefore inaccurate information was transferred onto the MAR by the Medical Manager. The Medical Manager is responsible for reviewing all documentation of medications. It was a mistake to have missed this and not have corrected it. This was corrected immediately upon discovery. The Medical Manager will be more vigilant in the future and scrutinize the pharmacy lists to ensure that any mistakes are found and corrected. Other Med Techs are asked to review to have more eyes on documentations. The Administrator will monitor for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/11/2015

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 4/3/16

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- Fully Implemented
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The above plan of correction was approved by *M* (Initials)

Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 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 #4 is prescribed Novolog with a sliding scale. On 3/11/16 at 8:04 pm resident #4's blood glucose level measured 244; 6 units of insulin was needed; "0" units were administered. On 3/12/16 at 7:05 pm resident #1's blood glucose level measured 171; 3 units of insulin was needed; "0" units were 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.

In the above description, it is apparent there is a typo listed. This violation only included one resident - #4, not resident #1 as mentioned twice. Also resident #4 does not require a nighttime insulin. See the documentation attached "C".

It is very important that all doctor's orders are followed for the protection of the health of our residents. The Med Tech that was responsible in this case was interviewed and was quite sure that she did indeed administer the insulin, but just failed to record it. It was quite a recent occurrence so she was certain about it. The Medical Manager spoke to all the staff that administer insulin to enforce the fact that timely and accurate documentation is crucial. The Medical Manager is responsible in overseeing the Med Techs and to check on their correct documentation of medication administration. Weekly reviews will be done to ensure accuracy and compliance. The Administrator will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Mayner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia Mayner - Administrator* Date *4/3/16*

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

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 (Date)

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M
 (Initials)

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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Based on information from an Employee Warning Notice, Staff person B received a written warning on 4/6/15 for failing to administer alprazolam to resident #1 on 4/5/15 at 9:00pm. The home did not report the medication error to resident #4's prescriber.

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.

A medication error is a serious incident that must be reported. It is unknown why this incident was not reported, but it has now been reported as attachment A illustrates. Although it is very untimely, it has also been reported to the resident's doctor.

The Administrator is responsible to ensure all medication errors are reported to the department, the resident, the resident's designated person and the resident's prescriber. The Administrator will discuss with the Medical Manger all occurrences as they happen and be attentive to follow through that all notifications are done in a timely manner. The Administrator will monitor for compliance.

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)		Date	<i>4/3/2016</i>
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Violation Report: 20569 - 03/17/2016 - Rushin, Julianne
 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 # 2 was admitted to the facility on [redacted] 10. The resident's personal care needs were most recently assessed on 9/10/15. The resident's personal care needs were previously assessed on 5/20/14, which was more than one year prior.

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 Administration does their best to have all the resident's assessments done on a timely basis. In this situation, this resident had been in a rehab facility for two months, occurring during the time the assessment was due. Because of the absence of the resident from the facility, there was a delay in receiving the DME, therefore the new assessment was not done. This was an oversight that we must avoid in the future. The Medical Manager will be diligent in obtaining updated DME's for residents returning from other healthcare facilities. The DME is vital to produce a current assessment so the two go hand in hand. We will flag a resident's chart till there is completion of the assessment. The Medical Manager is responsible for the resident's charts and the Administrator will monitor for 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 *4/3/2016*

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