



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

Ms. Amy Johnson Nelson, PCH Administrator
Phoebe Berks Health Care Center, Inc.
1 Heidelberg Drive
Wernersville, Pennsylvania 19565

RE: Phoebe Berks Village
1 Reading Drive
Wernersville, Pennsylvania 19565
License #: 205360

Dear Ms. Nelson:

As a result of the Department of Human Services' annual licensing inspection on June 10, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: PHOEBE BERKS VILLAGE		License Number: 20536
Address: 1 READING DRIVE, WERNERSVILLE, PA 19565		County: Berks
Administrator: Amy Nelson		Region: NORTHEAST
Legal Entity Name: PHOEBE BERKS HEALTH CARE CENTER INC		
Legal Entity Address: 1 HEILDELBERG DRIVE, WERNERSVILLE, PA 19565		
Certificate(s) of Occupancy		
I-1 10/06/2010 Borough of Wernersville	C-2 LP 08/04/1994 Department of L&I	C-2 LP 05/31/1994 Department of L&I
Staffing Hours		
Resident Support: NM	Total Daily Staff: 109	Waking Staff: 82
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/10/2016: Hummel, Jesse; Foulkes, Kimberli		
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: 91 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: First Floor Wing Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 32 Have a Physical Disability: 0	

Violation Report: 20535 - 05/10/2016 - Hummel, Jesse
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone located in the lounge area near room 76 as well as the telephone located on the wall of the Secured Dementia Care Unit near the pantry have outside lines. The Emergency numbers are not posted on or near these telephones.

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.

Stickers with emergency phone numbers were posted on the two phones on 6/10/16. All phones in common areas and offices were checked for emergency phone numbers. A list of all phones in common areas was created so that no phones are missed during audits. Quarterly audit will be completed by administrator or designee to ensure new stickers are applied after any replacement or change to common area phones. Admissions department will continue to post emergency phone numbers in resident rooms when a resident signs up for phone service. Audit of emergency numbers in resident rooms was completed 7/7/16 and all phones were in compliance. Emergency numbers in resident rooms will be audited semi-annually.

*Adm will insure ongoing compliance,
 OJ 7/23/16*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Johnson Nelson, Administrator* Date *7/7/16*

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

The above plan of correction is approved as of 7/23/16 (Date)

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

Plan of correction implementation status as of 7/23/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20536 - 06/10/2016 - Hummel, Jesse
PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa. Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed two portable electric fire places located on the first floor of village cottages and also in the activity room. Based on interviews with staff and residents, these electric fireplaces have been used by the home. These fire places are not hard-wired and are designed to be plugged in and capable of being moved from one place to another.

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.
Heating elements of the electric fire places were removed from the units on or prior to 7/7/16. There are no other fire places or items that could be considered portable space heaters located in the home.

*Done with gas use ongoing compliance
P. 7/23/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Johnson Nelson* Date

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(Date)

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(Date)

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(Initials)

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

Violation Report: 20539 - 06/10/2016 - Hummel, Jesse
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Gari-Lanta Suspension - 15 ml orally every 4 Hours as needed for indigestion. The facility does not have this medication on hand in the event the resident requested the medication.

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.

Medication for resident #1 was ordered from pharmacy on 6/10/16. The same medication was later discontinued by the physician (on 6/13/16) as the resident had not used the medication in over 2 months. An audit of all PRN medications was completed on 7/6/16 to ensure all PRN medications for all residents are on hand in the facility. Administrator or designee will audit PRN medications monthly to ensure that medications are on hand.

and to ensure ongoing compliance. Cp. 7/23/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Johnson Newton, Administrator* Date *7/7/16*

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Violation Report: 20536 - 06/10/2016 - Hummel, Jesse
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 65 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 #2 is prescribed Novolog insulin based upon a sliding scale of the resident's blood glucose level (BGL). On 6/5/16 at 6:12am, the resident's BGL was tested to be 490. The resident's Medication Administration Record (MAR) incorrectly indicates the resident's BGL was 290.

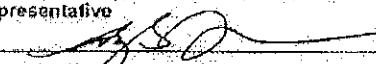
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

LPN who worked on 6/5 will be re-educated by Staff Development on appropriate blood sugar documentation, medication administration, and sliding scale administration prior to working any shifts in personal care (LPN's last shift worked was 6/5/16). All nurses who test blood sugars and administer insulin in personal care were re-educated on 7/8/16. Administrator and designee audited all glucometers on 7/7/16 to ensure accurate documentation on MAR for all residents. Administrator or designee will continue to audit glucometers at least monthly to ensure continued compliance.

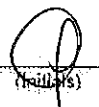
Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amy Johnson Nelson, Administrator Date 7/8/16

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Violation Report: 20536 - 06/10/2016 - Hummel, Jesse
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600 (b7)(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Novolog insulin based upon a sliding scale of the resident's blood glucose level (BGL). On 6/5/16 at 6:12am the resident's BGL was tested to be 490. The resident's Medication Administration Record (MAR) incorrectly indicates the residents BGL was 290. Based upon the resident's scale of BGL, the resident was due to receive 18 units of insulin, however the resident received only 6 units of insulin.

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.

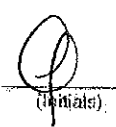
LPN who worked on 6/5 will be re-educated by Staff Development on appropriate blood sugar documentation, medication administration, and sliding scale administration prior to working any shifts in personal care (LPN's last shift worked was 6/5/16). All nurses who test blood sugars and administer insulin in personal care were re-educated on 7/8/16. Administrator and designee audited all glucometers on 7/7/16 to ensure accurate documentation on MAR for all residents. Administrator or designee will continue to audit glucometers at least monthly to ensure continued compliance.

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Amy Johnson Nelson, Administrator	7/8/16

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