



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to BERKS LEISURE LIVING INC  
LEGAL ENTITY

To operate BERKS LEISURE LIVING  
NAME OF FACILITY OR AGENCY

Located at 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 49  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 23, 2017 until February 23, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205691**

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**AUG 23 2017**

Mr. Ray C. Miller,  
Owner/Administrator  
Berks Leisure Living, Inc.  
1399 Fairview Drive  
Leesport, Pennsylvania 19533

**RE: Berks Leisure Living  
License #: 205691**

Dear Mr. Miller:

As a result of the Department of Human Services' (Department) licensing inspections on March 23, 2017, March 24, 2017 and June 28, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #205690 dated May 19, 2017 to May 19, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated May 19, 2017 to May 19, 2018 is **NOT** reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187a	II	46	\$5	\$230	5 calendar days from mailing date of this letter
187d	II	46	\$5	\$230	5 calendar days from mailing date of this letter
188b	II	46	\$5	\$230	5 calendar days from mailing date of this letter
16c	III	46	\$3	\$138	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Ray C. Miller

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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 the information from the Employee 'A's' First Written Warning dated [redacted] 17, Employee "A" received a written warning on [redacted] 16 for being disrespectful to resident # 1. The home did not submit an incident report to this Department or to the Aging Office.

On 3/3/17 at 11:40pm, Resident # 2, date of admission [redacted] 17, was found at 11:40pm on the floor. The resident was sent to the hospital at 12:15am via ambulance. The resident was diagnosed with an acute avulsion fracture of the right greater trochanter that was new from the study completed on 2/1/17 as well as multiple rib fractures. The home did not submit an incident report 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.*

Incident Reports were not filed on these two occasions, this facility must be more vigilant on our reporting procedures.

The first incident regarding the disrespectful treatment of a resident was not filed because it was addressed immediately with the offending staff person and the resident. An argument about colored pencils and their return while insulins were being giving. The staff person was reprimanded with a written warning notice and apologized to the resident, who seemed fine at the time. An incident report has been filed on 3/27/17. Incident reporting procedures has been reviewed with staff at our meetings. Forms were given to staff so they are able to write a report immediately after an incident to be given to Administration for submission.

The second incident regarding a resident's injury from a fall was also belatedly reported on 3/30/17. The fall happened on a Friday evening, and over the weekend the resident had returned to the facility and the incident was never written. The Medical Manager and Administrator have been discussing with caregivers the protocols of Reportable incidents, made accessible the forms, and will continue to monitor that all appropriate measures are being done.

The Administrator is responsible for ongoing compliance. The Adm will also ensure there is a protocol to submit Incident Reports w/in 24 hours, and that the protocol is followed. The home will retain written documentation of the protocol & evidence it is followed. *QA 6/20/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/17/2016      10/26/2016

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

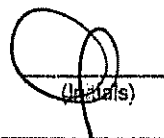
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **PATRICIA MAYNOR**      Date 5/17/17

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

The above plan of correction is approved as of 6/20/17  
 (Date)

Plan of correction implementation status as of 6-28-17  
 (Date)

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

The above plan of correction was approved by   
 (Date)

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 2/20/17, Staff Person "A" was disrespectful to resident # 1 for responding inappropriately to the resident in a raised voice and with a disrespectful attitude toward resident # 1 over the use of colored pencils.

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 has had our annual review of Resident's Rights just days before the annual inspection. Our Ombudsman from the Office of Aging always gives a good presentation. This staffperson did get disciplined immediately after the incident occurred, therefore corrective action had already been done. The staffperson was then directed to avoid the resident (at the resident's request). All staff was informed about the situation so they realize that even minor incidents such as this should be taken seriously and reported. This staffperson is no longer employed by this facility due to other circumstances so the situation between them no longer exists. The Administrator is responsible and will monitor for compliance.

*The Administrator will also facilitate a presentation by the Ombudsman for the residents so they are also fully informed of their rights and know how to express a problem or concern regarding their rights if the occasion arises. P. 6-2-17  
 Sign in sheet will be sent to NERO upon completion.*

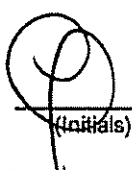
Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) PATRICIA MAYNOR Date 5/17/17

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The above plan of correction is approved as of 6/2/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/28/17  
 (Date)

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- Not Implemented

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Staff person "B" , ( Date of Hire [redacted] 17) did not have a completed criminal background check.

**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 Administrator is responsible to perform the Criminal Background checks. Unfortunately this one was missed because at the time of the new hire, a background check was given to the Administrator, unfortunately it was not from PATCH. The background check was done belatedly and it is included in this report. The Administrator will scrutinize new hires documentation to ensure ongoing compliance in obtaining the Criminal Background checks from PATCH.

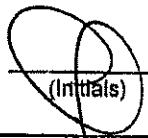
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) PATRICIA MAYNOR	Date 5/17/17
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 (Date)

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 (Initials)

Plan of correction implementation status as of 6-28-17  
 (Date)

- Fully Implemented
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Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/23/17, at 9:14am, there were three trash bags sitting in a cart to the left of the stairs as you descend into the parking lot in the rear of the building. The home's dumpster lids were also open allowing the possibility for the penetration of rodents and insects.

**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 know the importance of avoiding any problems with insects or rodents. We have an exterminator in periodically to be proactive at the start of a season. We have a trash cart near the building for staff to put trash bags into conveniently and then this is carted back to the dumpster. At the time of the inspection, the trash cans were not on the cart. New cans with lids were placed in the cart immediately after this inspection. Maintenance, kitchen and caregivers were all instructed that after putting trash bags in the cans, the lids must be closed on them at all times. The same instructions about the dumpsters was also given.

The Administrator will monitor and is responsible for ongoing compliance.

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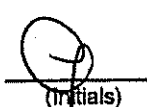
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative Administrator  
 (Required on EVERY Page) PATRICIA MAYNOR Date 5/17/17

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The above plan of correction is approved as of 6-2-17  
 (Date)

Plan of correction implementation status as of 6-28-17  
 (Date)

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 (Initials)

- Fully Implemented
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Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The homes G.E.Refrigerator, located in the kitchen, contained the following items which were not labeled or dated : 1 cube of scrapple, 1 package of waffles and 1 large bag of french fries .

In the home's pantry, 1 bag of waffles and 1 bag of french fries were also not labeled or dated. These items were contained in a Gibson Upright Refrigerator.

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 importance of having all foods labeled and dated it to ensure that all foods are safe for consumption. Although these items were discovered unmarked or dated, we are sure that they were safe because they were popular food items that were consumed regularly. Nevertheless, for compliance these items were discarded immediately.

The Administrator and Food director will monitor for ongoing compliance and the Administrator is responsible.


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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 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/28/17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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 annual medical evaluation for resident # 3, with an evaluation date of 12/15/16, is a faxed document. The left hand side of the document is cut off and illegible. It cannot be determined if section 4) special health and dietary needs, section 5) allergies, and section 8) body positioning and movement is completed. There were no medications listed in section 7) medication addendum and there were no medications attached.

The medical evaluation for resident # 4, dated 1/16/17, does not include height or weight.

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.*

Unfortunately faxes do come through crooked at times. It was not detected on this DME that information was cut off. It implies that the report was not read thoroughly to notice the missing information.

The doctor was contacted and we did receive a more suitable and legible document. See #4,5.

Both the Medical Manager and the Administrator review these documents when they are received and we need to scrutinize to avoid any further occurrences of this nature.

The Administrator is responsible and will monitor for ongoing compliance.

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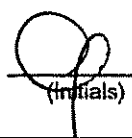
Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrator</i> <i>PATRICIA MAYNOR</i>	Date <i>5/17/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6-2-17  
 (Date)

Plan of correction implementation status as of 6-28-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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

The annual medical evaluation for resident # 3, with an evaluation date of 12/5/16, is a faxed document. The faxed document has pen and ink changes made to it after it was signed and faxed to the home by the physician as follows: the check next to annual, the date the resident was evaluated 12/5/16, the date the form was completed 12/5/16 and the medication addendum was circled. The physician signed the form on 12/1/16. This date is prior to the date the evaluation was completed according to page one of the DME. Page two of the DME has the date the resident was evaluated as 11/29/18 and the form completed as 12/1/16.

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 on the DME's is necessary to determine that we are meeting the needs of a resident.

The Medical Manger admitted that she had filled out some missing information on this DME. She is not authorized to do so. The doctor was notified to complete the DME and it was resent to us. The Medical Manager was reminded that no one is allowed to change the content of a DME except registered or licensed staff.

The Administrator will monitor and is responsible for ongoing compliance.

*The home will audit all existing current DMEs to ensure ongoing compliance. Documentation will be retained by the home. Of 6-2-17*

Repeat Violation: ~~NO~~ YES Date(s) of Previous Violation(s): 03-17-16 (a)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Date 5/17/17  
 PATRICIA MAYNOR

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

The above plan of correction is approved as of 6/2/17  
 (Date)

Plan of correction implementation status as of 6-28-17  
 (Date)

The above plan of correction was approved by *Of*  
 (Initials)

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

X

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION  
 The home's smoking policy does not include the area at the end of Rose Hall that is the resident 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.

This facility has had the same smoking policy in our policy book for many years. It was never updated to current practices due to the habits and room locations of our smoking residents. The outside of Rose hall was deemed the smoking area because Rose hall was where our smoking residents resided. Our smoking residents are well aware of their designated smoking area. An updated policy has been posted in the Rose hall and in our policy book. See #7  
 The Administrator is responsible and will monitor for ongoing compliance.

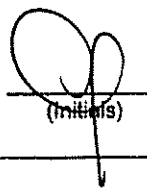
*The Administrator will also convene a resident meeting and redistribute a copy of the rules to all residents. A sign in sheet will be circulated and signed by all present. The home will retain signed copies & a copy of the sign in sheet. P. 6-2-17*

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) Administrator  
 PATRICIA MAYNOR Date 5/17/17

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

The above plan of correction is approved as of <u>6/2/17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6-28-17</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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Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.181(e) - To be considered capable to self-administer medications, a resident shall:

- (1) Be able to recognize and distinguish his/her medication.
- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2 self- administers medication. This resident is unable to recognize and distinguish their medication and know how much medication is to be taken.

**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 resident was admitted to our facility with the assurance from family and doctor that [redacted] was able to self-medicate. Upon investigation that this was not the case, all medications were removed from [redacted] room and transferred to the Med cart. The family and doctor were informed. MAR's were written, documents were updated to record that [redacted] could not self medicate. See #8

To ensure that there are no reoccurrences of this nature, the Medical Manger will have to interview a prospective resident more thoroughly if they are deemed self medicating. The prospective will be tested to make sure they are able to recognize and distinguish their medication and know how much medication is to be taken.

The Medical Manager is responsible for this process and the Administrator will monitor for ongoing compliance.

*The home will also follow up w/ the PCH to obtain the updated correct information regarding how medication is to be managed for the resident(s). CP. 6-2-17*

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) *Administrator* Date *5/17/17*  
*PATRICIA MAYNOR*

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 (Date)

The above plan of correction was approved by *CP*  
 (Initials)

Plan of correction implementation status as of 6-28-17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 1/8/17 at 9pm, staff person 'C' did not follow the 7 steps of proper medication administration. This staff person poured medications for residents # 3 and resident # 8 who share a resident room. This staff person handed resident # 3 the med cup that belonged to resident # 8. As a result, resident # 3 received the wrong medications and resident # 8 went without medications.

**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 incident was addressed immediately after it occurred. The Med Tech reported the error to the Medical Manager. The Med tech was reprimanded with a warning notice and met with the Medical Manager to review the 7 steps for Proper Medication Administration. An incident report had also been sent to the state.

The Administrator will monitor and is responsible for ongoing compliance.


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 Administrator  
 (Required on EVERY Page) Patricia Maynor Date 5/17/17

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

The above plan of correction is approved as of 6/2/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6-28-17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit is kept in the resident dining area near the office. The first aid kit is kept unlocked. The first aid kit contained the following medications: Antibiotic Ointment, First Aid and Burn Cream, and Insect Sting Relief Antiseptic and Pain Reliever.

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 new first aid kit had recently been purchased to replace a broken box. It went undetected that it included these medications. They were removed immediately to be in compliance.  
 The Administrator does check the first aid kits periodically and will monitor and is responsible for compliance.

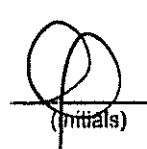
Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/26/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator      Date 5/17/17  
 PATRICIA MAYNOR

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

The above plan of correction is approved as of 6/2/17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6-28-17 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 6 is prescribed Aspirin Lo-Dose 81 mg tablets, take two tablets by mouth once daily. This is written on the current Medication Administration Record (MAR). The home's medi planner has the correct medication dose, two tablets, in the package, however the label on the medi planner indicates, "Aspirin Lo-Dose 81mg, take one tablet by mouth once daily".

Resident # 6 is prescribed terazosin HCL 2mg, take one capsule by mouth daily at bedtime. This is written on the current MAR. The medi planner label states, "Terazosin 1mg cap take one capsule by mouth once daily at bed time" and identifies the capsule as "grey/oblong". The medication in the medi planner is a pale yellow oblong capsule; however it is the correct 2mg capsule.

Resident # 6 is prescribed Poly-Iron 150mg capsule, take one capsule by mouth once daily at lunch, noon. It is on the resident's MAR. This medication was in the resident's medi planner; however there was no pharmacy label for it on the medi planner.  
 Resident # 6 is prescribed Vitamin E 200 unit capsule, 200 units, take one capsule by mouth once daily, 8am. This medication is written on the current MAR. The home's medi planner label states, "Vitamin E 100 IU, one capsule by mouth once daily". The medi planner has the correct dose.

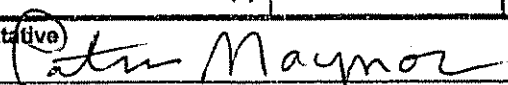
Resident # 3 is prescribed Arthritis Pain 650mg; take one tablet by mouth every 6 hours as needed. It is on the resident's MAR. This medication was in the resident's medi planner, however the medi planner label stated, "Acetaminophen tablet 650mg, take one tablet every 6 hours as needed".

Resident #6 had recently been discharged from the hospital with some changes to [redacted] medications and orders were sent to our pharmacy. The pharmacy did not change the prescriptions' labels on the back of the mediplanner but they did send the new medications. Therefore the correct medsa were given incorrect labels. The pharmacy was notified after this discovery and new labels were sent to us by the pharmacy. To prevent any similar reoccurrences from hospital discharges with medication changes, the medications will be scrutinized to make sure everything is in order and labeled correctly. The 7 steps Of Medication Administration was reviewed with the Med Techs. The Medical Manager oversees the Medication Administration and writes the MAR's. She must be more vigilant to ensure accuracy in all areas. The Medical Manager and the Administrator are responsible and will monitor for ongoing compliance.

For Resident #3, the pharmacy explained that the dosage of 650 mg is acetaminophen for Arthritic Pain and the labeling was simply abbreviated for convenience. The description should have been made clearer on the MAR. The medical manager must be careful to describe the medication accurately.

**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.*

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
PATRICIA MAYNOR Administrator			5 / 17 / 17

*See next page*

Violation Report: 20589 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

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The above plan of correction is approved as of 6/2/17  
 (Date)

Plan of correction implementation status as of 6/28/17  
 (Date)

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

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

Two incidents, same # violation

Pat Maynor

PATRICIA MAYNOR ADMINISTRATOR

5/17/17

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION  
 Sample packages of Glyxambi 10mg/5mg belonging to resident # 7 were located in the home's back room. The labels for these samples did not include the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the 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.

We discourage families from giving us med samples from their doctors but families are cost conscious. A copy of the doctors orders were placed onto the sample meds. In the future, this will be done immediately, so that all medications are labeled. The Medical Manager is responsible and the Administrator will monitor for compliance.

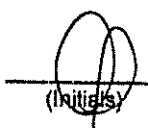
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator  
 PATRICIA MAYNOR Date 5/17/17

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

The above plan of correction is approved as of 6-28-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/28/17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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 # 8 is prescribed Levemir Flextouch Inj twice a day and Novalog Flex Pen at 8am, noon, and 5pm. The Medication Administration Record (MAR) does not have the injection site listed.

Resident # 8 is prescribed Novalog Flex Pen on a sliding scale dose, as needed, PRN, before meals in addition to a standing order. This was written on the Medication Administration Record (MAR) twice.

It is very important for the medication record of a resident to be complete and accurate. We did not keep records of the injection site for insulin. This is now in practice. Example page is included. This is filled out to for each resident to show the injection site of each administration of insulin.

This mistake was corrected, the Novolog is a PRN, should not have been written on the MAR as a standing order. It has been crossed off and remains on the PRN list. The Medical Manager fills out the MAR's. She will have to be more careful to ensure there are no misunderstandings about the orders and the completion of the MAR's. The Administrator is responsible and will monitor for ongoing compliance.

**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.*

Repeat Violation: ~~No~~ **YES**

Date(s) of Previous Violation(s): **03-17-16**

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Patricia Maynor*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **Administrator**  
**PATRICIA MAYNOR**

Date **5/17/17**

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The above plan of correction is approved as of **6-2-17**  
 (Date)

Plan of correction implementation status as of **6-28-17**  
 (Date)

Fully Implemented

*see next page please*

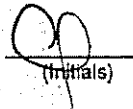
Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
PCH Name: BERKS LEISURE LIVING

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.

The above plan of correction was approved by

  
(Initials)

~~Partially Implemented - Adequate Progress~~

Partially Implemented - Inadequate Progress

Not Implemented

Q-8-7-17

This page is a duplicate 1/2 page of

Page 16.

Possibly error in printing?

Pat Maynor

PAT MAYNOR

Administrator

5/17/17

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 3/15/17 at 8am, resident # 6 refused to take a scheduled dose of Colace 100 mg capsule. The home did not report the refusal to the resident's doctor as required.

**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 #6 had refused [redacted] Colace and did not get reported to her doctor. It has since been reported to [redacted] doctor. Because this resident has refused [redacted] Colace a number of times, the doctor has been requested to change this order to a PRN. The Staff has been instructed to always report to the doctor ANY time a resident refuses a medication.  
 The Medical manager is responsible and the Administrator will monitor for ongoing compliance.


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) *Administrator* Date *5/17/17*  
*PATRICIA MAYNOR*

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

The above plan of correction is approved as of 6-2-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6-28-17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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

On 1/10/17 at dinner time, staff person "E" gave resident # 8 incorrect medication. Resident # 8 is prescribed Vicodin PRN, as needed, and was administered another resident's medication, Tramadol (2-50mg).

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 had been detected when it occurred In Jan. The report was sent into the state as a medication error and the staffperson was reprimanded with a warning notice. Both are included. The Medical manager met with this staffperson to review the 7 steps of Medication Administration. Both the Medical Manager and Administrator are responsible and the Administrator will monitor for ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s)

03/17/2016

10/26/2016

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 5/17/17

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

The above plan of correction is approved as of

*6-2-17*  
 (Date)

Plan of correction implementation status as of

*6/28/17*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 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**

On 1/8/17 at 9pm, staff person 'C' poured medications for residents # 3 and # 5 who share a resident room. This staff person handed resident # 3 the med cup that belonged to resident # 5. As a result, resident # 3 received the wrong medications and resident # 5 went without medications. The error was not reported to the resident's designated person or prescriber until 1/9/17.

**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.*

Administrator has addressed the misconception of 24 hours was allowed to report a Medication error. That is why this happened. Medical Manger and staff were informed that Medication errors must be reported Immediately to family and doctor. The Medical Manager and Administrator are responsible and the Administrator will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2016	10/26/2016
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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 5/10/17

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

The above plan of correction is approved as of 6-2-17  
 (Date)

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

Plan of correction implementation status as of 6-28-17  
 (Date)

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

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 The annual practicum for Staff Person, 'F' is incomplete. The fourth Medication Administration Record (MAR) Review was not completed. Additionally, The trainer did not sign the practicum and the Student Pass Date was left blank. The training form was not dated to indicate the training completion date.

**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.*

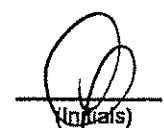
The Medical Manager is the Trainer for Medication Administration. This staffperson had been out on [REDACTED] leave for part of last year. Because of this the Medical Manager mistakenly thought it was appropriate to push back her dates for her required review. Medical Manager did meet with this person and the Med pass was performed satisfactory. The corrections were made to the forms and are attached. The Medical Manager now understands the time limits required. The Administrator is responsible to monitor for ongoing compliance.

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) *Administrator* Date *5/17/17*  
*PATRICIA MAYNOR*

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

The above plan of correction is approved as of <u>6-2-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6/28/17</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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Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 2's resident assessment support plan (RASP), dated 2/13/17, does not indicate that the resident is receiving visiting nursing services and how these needs will be met.  
  
 On 3/8/17, resident # 9's, physician determined that the resident needs a speech therapy evaluation. The resident began receiving speech therapy provided by Encompass twice weekly. The resident's support plan does not address how the home will assist the resident in meeting these needs.

**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 are aware that support plans must be signed by the resident. They are involved in a discussion about their needs. It is unknown why it did not get signed. Perhaps the resident was out for an appointment and the plan was left unsigned. It is not acceptable that 3 people missed this mistake. Belatedly the RASP has been signed by the resident. The RASP is handled by the Medical Manager, the Director and the Administrator. The Administrator is responsible and will monitor for ongoing compliance.

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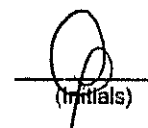
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative *Administrator*  
 (Required on EVERY Page) *PATRICIA MAYNOR* Date *5/17/17*

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

The above plan of correction is approved as of 6/2/17  
 (Date)

Plan of correction implementation status as of 6/28/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *8-7-17*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20569 - 03/23/2017 - Dumas, Gerald  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident # 9 participated in the development of their support plan on 5/19/16. The resident did not sign the support plan and the home did not check that the resident was unable, declined, refused to sign.

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 update the RASP for changing care for a resident so documentation is done to indicate that their needs are being met. The Medical Manager is involved with monitoring and observing the residents care by outside services. She has been reminded that this documentation is required on any residents RASP when they receive outside services. This resident's RASP has been updated with the information about receiving Speech Therapy from an outside source. The Administrator will confer with the Medical Manager about residents that do receive other care and will remind and monitor that the RASP must be documented with this information. The Administrator is responsible and will monitor for ongoing compliance.


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 5/17/17

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

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Plan of correction implementation status as of 6/28/17  
 (Date)

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

**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: Pat Maynor		Region: NORTHEAST
Legal Entity Name: BERKS LEISURE LIVING INC		
Legal Entity Address: 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533		
<b>Certificate(s) of Occupancy</b> C-2 LP 01/02/2000 PA Dept of L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/28/2017: Foulkes, Kimberli; Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 49 Number of Residents Served: 46 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 45 Have Mental Illness: 6 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 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**

Resident #1 is prescribed Meloclopram 10mg tablet, take one tablet by mouth with meals, three times a day. When the resident goes to work on Tuesdays the medication is not sent with the resident. On 6/8/17, 6/13/17, and 6/27/17 the resident did not receive the medication. The home did not submit an incident report to the Department.

Resident #2 is prescribed Genteal Tear Mild Solution, place three drops in both eyes, twice daily. The resident did not receive this medication on 6/1/17 at 8am and 8pm due to the medication not being available in the facility. The home did not submit an incident report to the Department.

Resident #2 is prescribed Gabapentin 300 mg, take one capsule by mouth two times a day and two capsules by mouth at bedtime, 8am, 12 noon and 8pm. The resident is also prescribed Alprazolam 1 mg tablet by mouth four times daily, 8am, 12 noon, 4pm, and 8pm. On 6/1/17 and 6/15/17 at noon these medications were not administered due to the resident being out of the facility. The home has not submitted an incident report 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.*

A Personal Care Home must report all incidents when there is a medication error. A missed dosage is a medication error and must be reported to the Department and to the doctor. The incident reports regarding these incidents were faxed to the Bureau of Human Services Licensing on 7/18/2017. The Medical Manager must report any errors such as these to the Administrator so that Reporting procedures are followed. The Administrator will monitor with the Medical Manager and is responsible for compliance.

*The Administrator will also ensure there is a protocol to submit incident reports w/in 24 hours and the protocol is followed. The home will retain written protocol & evidence that it is followed timely*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	<u>03/17/2016</u>	<u>10/26/2016</u>
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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) *Administrator* Date *7/20/2017*  
*PATRICIA MAYNOR*

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The above plan of correction is approved as of 8-7-17  
 (Date)

Plan of correction implementation status as of 8-7-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberl  
 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

Resident #3 is diagnosed with dementia and deemed incapable of safely using and avoiding poisonous materials as per the preadmission screening form dated [redacted] 17. On 6/28/17 at approximately 3:00 pm, the following items were found in resident # 3's room: (1) 16 oz. bottle of Antiseptic mouthwash labeled "If accidentally swallowed, get medical help and contact poison center" and (1) 8 oz. Bottle of Equatine Nail Polish Remover labeled "If ingested, contact poison control".

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 must protect our residents that are unable to safely use poisonous materials.  
 Unfortunately our staff had not detected the nail polish remover in this resident's room. It was a revelation to us that the mouthwash was considered a poisonous material due to its alcohol content. Both items were removed from the resident's room and family was notified.  
 As the result of this revelation, we are scrutinizing other resident's mouthwash and are notifying families that they need to supply non-alcohol mouthwash for their family member because of the potential hazard.  
The Administrator will monitor and is responsible for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2016
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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)	Date
Administrator PATRICIA MAYNOR	7/20/2017

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

The above plan of correction is approved as of <u>8-7-17</u> (Date)	Plan of correction implementation status as of <u>8-7-17</u> (Date)
The above plan of correction was approved by <u><i>PM</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: 20569 - 06/28/2017 - Foulkes, Kimbert  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 1 large package of hamburger patties was found opened and unsealed in the home's upright Amana Freezer located in the home's gym.

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.

Food must be stored safely to ensure protection from spoilage or contamination for our residents.  
 The patties were thrown out and this problem was addressed with the cooks who are responsible for the safe storage of all food items. Notices were posted as reminders to the cooks. The Administrator will be making more frequent checks to ensure that food items are stored properly in the freezers.  
The Administrator will monitor and is responsible for compliance.

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 Administrator  
 (Required on EVERY Page) PATRICIA MAYNOR Date 7/20/2017

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

The above plan of correction is approved as of <u>8-7-17</u> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>8-7-17</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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Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 1 frozen package of Ravioli and 1 package of frozen chicken legs were found not dated or labeled in the homes upright Amana Freezer located in the home's gym.

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 all of our food is safe for use. Since these items were not dated, it cannot be determined if it could be used safely and these items were discarded. The cooks were reminded that all foods stored in the freezers must be labeled and dated. Notices were posted in several locations.  
 The Administrator will be making more frequent checks to ensure compliance by the cooks.  
The Administrator will monitor and is responsible for compliance.

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 Administrator  
 (Required on EVERY Page) PATRICIA MAYNOR Date 7/20/2017

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

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Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli

PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 6/28/17, at noon, the staff person administering resident #1's Novalog Flex Pen 100 units/ml, inject 7 units with breakfast, 12 with lunch, 13 with dinner, plus sliding scale did not follow the 7 steps of medication administration. The staff person did not complete the documentation upon the conclusion of the administration and was completing the documentation at 1:41pm.

**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 correct Medication Administration, all seven steps must be followed. Quite often the documentation of blood sugar readings and insulin injections are not done in a timely manner because of conflict with the Med Tech's documentation process on the MARs at the same time.

We have requested our Pharmacy to separate the MARs of our insulin dependent residents so that documentation can be done immediately after administration. Our Pharmacy has made the commitment that this will be in place for the start of August.

The Medical Manager has been involved with this request and will update the Administrator on the progress of this request. The Administrator will monitor and is responsible for ongoing compliance.

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) *Administrator*  
**PATRICIA MAYNOR** Date *7/20/2017*

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(Date)

Plan of correction implementation status as of 8-7-17  
(Date)

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(Initials)

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

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 PCH Name: BERKS LEISURE LIVING

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

The home did not implement procedures for the safe use of medications for when the resident is out of the facility or when medications are not available in the home.

Resident #1 is prescribed Metoclopram 10mg tablet, take one tablet by mouth with meals, three times a day. When the resident goes to work on Tuesdays the medication is not sent with the resident.

Resident #2 is prescribed Genteal Tear Mild Solution, place three drops in both eyes, twice daily. The resident did not receive this medication on 6/1/17 at 8am and 8pm due to the medication not being available in the facility.

Resident #2 is prescribed Gabapentin 300 mg, take one capsule by mouth two times a day and two capsules by mouth at bedtime, 8am, 12 noon and 8pm. The resident is also prescribed Alprazolam 1 mg tablet by mouth four times daily, 8am, 12 noon, 4pm, and 8pm. On 6/1/17 and 6/15/17 at noon these medications were not administered due to the resident being out of 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.

We must be accountable with our residents' medications to ensure the correct medication administration. We do have procedures in place when our residents are taken out of the facility by families. The families are always told to sign out the resident and to check if their meds must be taken along. In these cited incidents, the two residents were going out on their own, so there was no responsible party to take along the medications for them. Now the doctors have been notified and they have signed agreements that both of these residents may take along the appropriate when they go out. (Resident #1 to work on Tuesday and Resident # 2 to doctor appointments on the bus.) See attached documentation.

The Medical Manager oversees the Med Techs and will review with them this procedure. If we would have any other residents that a similar situation should occur, we will secure the doctors' permissions for a medication to go along with that resident so that there will be no missed dosages.

The Administrator will monitor and is responsible for ongoing compliance.

*\*written*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Pat Maynor</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MAYNOR Administrator</i>		Date <i>7/20/2017</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8-7-17</u> (Date)		Plan of correction implementation status as of <u>8-2-17</u> (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 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 #1 does not include the staff persons initials indicating administration on 6/26/17 at 8am for Novalog Flex Pen 100 units/ml, inject 7 units with breakfast, 12 with lunch, 13 with dinner, plus sliding scale. The resident's blood glucose was 257 and required sliding scale coverage and the sliding scale coverage was not initialed as administered also. On 6/28/17 at 1:41pm the noon dose was missing the staff initials indicating administration. This time the resident did not require sliding scale coverage.

The medication administration record for resident #2 does not include the staff persons initials indicating administration on 6/26/17 at 8am for Levemir Flex Touch inject 50 units, twice daily, 8am and 8pm. Also on 6/2/17 at 8am for Metformin 1,000mg take one table by mouth twice daily.

Resident #2 is prescribed Genteal Tear Mild Solution, place three drops in both eyes, twice daily. The staff person did not initial the Medication Administration Record indicating administration on 6/26/17 at 8am.

**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.*


*See next page*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2016		
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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) Administrator  
 PATRICIA MAYNOR Date 7/20/2017

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For correct Medication Administration, all seven steps must be followed. Complete documentation of the administration of medication is important. Quite often the documentation of blood sugar readings and insulin injections are not done in a timely manner because of conflict with the Med Tech's documentation process on the MARs at the same time.

We have requested our Pharmacy to separate the MARs of our insulin dependent residents so that documentation can be done immediately after administration. Our Pharmacy has made the commitment that this will be in place for the start of August.

The Medical Manager has been involved with this request and will update the Administrator on the progress of this request. The Medical Manager reviewed with the Med Techs that proper documentation of the Medication Administration MUST be done immediately after the administration.

The Administrator will monitor and is responsible for ongoing compliance.

Qef  
8-7-17

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 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 #1 is prescribed Metoclopram 10mg tablet, take one tablet by mouth with meals, three times a day. When the resident goes to work on Tuesdays the medication is not sent with the resident. On 6/6/17, 6/13/17, and 6/27/17 the resident did not receive the medication.  
 Resident #2 is prescribed Genteal Tear Mild Solution, place three drops in both eyes, twice daily. The resident did not receive this medication on 6/1/17 at 8am and 8pm due to the medication not being available in the facility.  
 Resident #2 is prescribed Gabapentin 300 mg, take one capsule by mouth two times a day and two capsules by mouth at bedtime, 8am, 12 noon and 8pm. The resident is also prescribed Alprazolam 1 mg tablet by mouth four times daily, 8am, 12 noon, 4pm, and 8pm. On 6/1/17 and 6/15/17 at noon these medications were not administered due to the resident being out of 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.

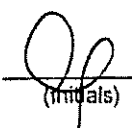
To ensure that our residents health is protected to the best of our abilities it is crucial that we follow the doctors' orders in all aspects of their care. This is why we must follow the directions of the prescriber of their medications. Because these residents did not receive their medications at the prescribed time, we failed to follow the prescribers' orders and we failed to protect and safeguard their health. The Medical Manager will review with the Administrator when any issues such as this arise so that all appropriate measure are taken.  
The Administrator will monitor and is responsible for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2016	10/26/2016
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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) Administrator  
 PATRICIA MAYNOR Date 7/20/2017

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The above plan of correction is approved as of <u>8-2-17</u> (Date)	Plan of correction implementation status as of <u>8-2-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20569 - 06/28/2017 - Foulkes, Kimberli  
 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**

Resident #1 is prescribed Metoclopram 10mg tablet, take one tablet by mouth with meals, three times a day. When the resident goes to work on Tuesdays the medication is not sent with the resident. On 6/6/17, 6/13/17, and 6/27/17 the resident did not receive the medication. The error was not reported to the prescriber.

Resident #2 is prescribed Genteal Tear Mild Solution, place three drops in both eyes, twice daily. The resident did not receive this medication on 6/1/17 at 8am and 8pm due to the medication not being available in the facility. The error was not reported to the prescriber.

Resident #2 is prescribed Gabapentin 300 mg, take one capsule by mouth two times a day and two capsules by mouth at bedtime, 8am, 12 noon and 8pm. The resident is also prescribed Alprazolam 1 mg tablet by mouth four times daily, 8am, 12 noon, 4pm, and 8pm. On 6/1/17 and 6/15/17 at noon these medications were not administered due to the resident being out of the facility. The error was not reported to the 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 Personal Care Home must report all incidents when there is a medication error. A missed dosage is a medication error and must be reported to the Department and to the doctor and family. These incidents were reported to the residents' doctors and families after the mistakes were noted.

The Medical Manager must report any missed doses for any reason to the Administrator so that all appropriate actions are taken immediately. The Administrator will monitor and is responsible for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2016	10/26/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Maynor*

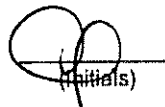
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator* Date *7/20/2017*  
*PATRICIA MAYNOR*

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

The above plan of correction is approved as of 8-7-17 (Date)

Plan of correction implementation status as of 8-7-17 (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 - 06/28/2017 - Foulkes, Kimberli  
 PCH Name: BERKS LEISURE LIVING

**1. REGULATION 55 Pa. Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Page 1 of the initial resident assessment and support plan (R.A.S.P.) for resident # 3, dated [redacted] 17, documented that "the resident becomes more confused at night, sees children and was found in a utility closet." On the day of the inspection, staff had expressed safety concerns for the resident. Staff are on a 1-to-1 with him/her when outside on walks otherwise, he/she may wander. The resident may also leave the building on their own at any time and wander. Resident # 3's support plan did not address the resident's cognitive functioning, a plan to meet their psychological need, frequency and responsible party. The R.A.S.P. failed to note the resident's confusion when walking outside and the fact of being a wander risk. Subsequent to staff interviews, a review of the resident's record and an interview with resident # 3, it was concluded that the current R.A.S.P. did not accurately identify the resident's current needs and supervision in assuring his/ her safety.

**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 RASP must provide up to date information on the residents' health and medical needs so that documentation is made to show that all the needs are being met. Any significant incidents regarding the resident's health or behavior should be noted along with our response to accommodate or provide a remedy to the problem. Resident #3 RASP was not updated to report the ongoing non-compliant behavior of going outside unescorted.

The RASP was updated and the pages that were updated are included in this report. Because Resident #3's behavior was not improving and was non-compliant, the family was given a 30 day notice for the resident to be placed in a more secure environment on [redacted] 2017. Several suggestions were given to the family. The Office of Aging was contacted. An Agent from the Office of Aging interviewed the resident on [redacted] 2017 to provide assessment to other facilities.

The Medical Manager must be mindful that updates on a RASP for every resident that has health or behavioral changes must be done immediately so it is not overlooked. The Administrator will monitor and is responsible for compliance.

Repeat Violation: Yes	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) <i>PATRICIA MAYNOR Administrator</i>		Date <i>7/20/2017</i>	

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