



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2017

Ms. Erin Garcia,
Personal Care Home 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. Garcia:

As a result of the Department of Human Services' annual licensing inspection on June 22, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "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: Erin Garcia		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 L&I	C-2 LP 05/31/1994 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/22/2017: Harvey, Jason; Yellenic, Cindy		
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: 69 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 1

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
 PCH Name: PHOEBE BERKS VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 Resident #1 admitted [redacted] 16, did not sign the contract upon admission to the home and no reason was given whether able to or not.
 Resident #2 admitted [redacted] /11, did not sign the contract upon admission to the home and no reason was given whether able to or not.

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 Attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ERIN GARCIA ADMINISTRATOR* Date *7/3/2017*

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

The above plan of correction is approved as of <u>7-7-17</u> (Date)	Plan of correction implementation status as of <u>7-7-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 9

1. Regulation 55Pa Code 2600

2600.25 (b) the contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2. Description of Violation

Resident #1 admitted [REDACTED] 16, did not sign the contract upon admission to the home and no reason was given whether able to or not.

Resident #2 admitted [REDACTED] 11, did not sign the contract upon admission to the home and no reason was given whether able to or not.

3. Plan of Correction:

Administrator will audit on admission agreements (contracts) upon admission to identify if the resident has signed the agreement and if not that there is documentation to support the lack of signature.

Admission department staff were provided an inservice on 6/26/17 on the rules and regulations on contract signing.

ERIN
6-27-17

Erin Garcia PCA
Erin Garcia Gibson
Administrator

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was discharge on [redacted]/16, the resident was not issued a refund until 12/16/16.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin Garcia Administrator* Date *7/3/2017*

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

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

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

P3 a g 9

1. Regulation 55Pa Code 2600
2600.28 (f1) Within 30 days of either the termination of services by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2. Description of Violation

Resident #3 was discharged [REDACTED] 16, the resident was not issued a refund until 12/16/16.

3. Plan of Correction:

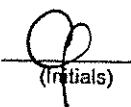
Administrator will audit all refunds to ensure compliance.

An inservice was provided to the billing department 7/3/17 in regards to the regulation in regards to refunds. The Financial Counselor has been asked to also document on the refund documentation when payment was received, as in this instance the payment for the bill was not received until 11/28/16 (which is after the discharge date of [REDACTED]/16) and therefore the refund was only issued on the 16th of December. With additional documentation it will be clearer to identify when the refund is due.

Adm will oversee to ensure ongoing compliance. Ep. 7-7-17.

Erin Garcia PCHA

Erin Garcia Administrator 7/3/2017

Violation Report: 20536 - 06/22/2017 - Harvey, Jason	
PCH Name: PHOEBE BERKS VILLAGE	
<p>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.</p>	
<p>2a. DESCRIPTION OF VIOLATION The emergency telephone numbers required by this regulation was not posted by the phone located in room #200.</p>	
<p>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.</p> <p style="text-align: center; font-size: 1.2em;">See Attached</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/10/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>Erin Garcia RHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin Garcia Administrator</i>	Date <i>7/3/2017</i>
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1. Regulation 55Pa 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.

2. Description of Violation

The Emergency telephone numbers required by this regulation was not posted by the phone located in room #200.

3. Plan of Correction:

An inservice was provided to all staff on 6/30/17.

Numbers required by this regulation have been posted in picture frames in the village commons (personal care) that remain on the walls so that they are never removed. Village Gardens will have the numbers stickered on the walls so that residents can no longer remove stickers and if a phone is brought in without staff being aware the telephone numbers are always available.

Adm will oversee to ensure ongoing compliance. Cp 7-7-17

Erin Garcia 7/3/2017

Erin Garcia Administrator

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 admitted [redacted] 16, was originally evaluated by a physician on 9/9/16. The Doctor signed the DME on 11/21/16 that the resident was evaluated on 12/13/16.

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.

See Attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Erin M Garcia PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ERIN GARCIA Administrator* Date *7/3/2017*

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(Date)

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

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

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

PSa 9

1. Regulation 55Pa Code 2600
2600.141 (a) (1) A resident shall have a medical evaluation by a physician, physician assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.
2. Description of Violation
Resident #1 admitted [REDACTED] 16, was originally evaluated by a physician on 9/9/16. The Doctor signed the DME on 11/21/16 that the resident was evaluated on 12/13/16.
3. Plan of Correction:

An explanation sheet for physicians was created reminding physicians of the importance of dates and explanation of items on the DME. This will appear in all Admission packets provided to families prior to admission and along with faxes to physicians when a new DME is requested.

Adm will oversee the process and outcome to ensure compliance. EP. 7-7-17

Erin Garcia 7/3/17

Erin GARCIA Administrator

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The Annual Practicum for 2015-2016 completed by staff person A was not completed in its entirety as only 3 of 4 medication administration reviews were completed. The Annual Practicum did not contain a date, trainer signature or indicate if staff person A was recertified.

The Annual Practicum for 2016 completed by staff person B was not completed in its entirety as only 3 of 4 medication administration reviews were completed.

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.


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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) *Erin Garcia Administrator* Date *7/3/2017*

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Pbag 9

1. Regulation 55Pa Code 2600

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

A. A Physician, licensed dentist, licensed physician assistant, RN, CRNP, LPN or licensed paramedic.

B. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who present in the home.

C. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

D. A staff person who has completed the medication administration training as specified in 2600.190 for the administration of oral; topical eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. Description of Violation

The Annual practicum of 2015-2016 completed by Staff person A was not completed in its entirety as only 3 of 4 medication administration reviews were completed. The annual practicum did not contain a date, trainer signature, or indicate if staff person a was recertified.

The annual practicum for 2016 completed by staff person B was not completed in its entirety as only 3 of 4 medication administration reviews were completed.

3. Plan of Correction:

A review of the regulations and practices for med tech training was reviewed by the Administrator with staff development. This information was shared with all phoebe campuses.

Staff development will complete a monthly audit of all med tech documentation and the Administrator will review all annual practicum on a monthly basis to ensure compliance.

AG
7-7-17

Elin Garcia PCHA

Elin Garcia Administrator 7/3/2017

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
PCH Name: PHOEBE BERKS VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order for an Advair 250/50. The inhaler has a shelf life of 1 month after opening the foil pouch. The inhaler was opened on 4/29/17 and on 6/22/17 it was still in the medication cart available for use.

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.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Garcia PCHA

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

ERIN GARCIA ADMINISTRATOR

Date 7/3/2017

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(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

EG
(Initials)

P7 a g 9

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

2. Description of Violation

Resident #4 has a physician's order for an Advair 250/50. The inhaler has a shelf life of 1 month after opening the foil pouch. The inhaler was opened on 4/29/17 and on 6/22/17 it was still in the medication cart available for use.

3. Plan of Correction:

Administration has worked with Phoebe Pharmacy and the pharmacy will be placing a yellow bright sticker with open date and expiration date on all medications that are to be expired of within 30 days. They have provided additional stickers to be kept in the med carts for those residents that receive out of house medications or for new admissions.

All licensed nurses and med techs were inserviced on 7/3/17 in regards to the new process.

Adm will oversee to ensure ongoing compliance. *Q* 7-7-17

Erin Garcia RCHA

Erin Garcia Administrator 7/3/2017

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
 PCH Name: PHOEBE BERKS VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 Resident #5 has a physician's order for Demnacerin Cream to be applied 2 x daily. The cream was not available for use.

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.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ERIN GARCIA Administrator* Date *7/3/07*

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

The above plan of correction was approved by 
 (Initials)

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

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

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

2. Description of Violation

Resident #5 has a physician's order for Dermacerin Cream to be applied 2x/day. The cream was not available for use.

3. Plan of Correction:

Family supplies resident #5 medications. Family was immediately notified of the need to supply the medication and that the Dermacerin Cream would be ordered through phoebe pharmacy as it was currently unavailable in the facility.

Administrator included information in the July family newsletter reminding families that provide resident medication from outside pharmacies that the medication must be available or it will be ordered through phoebe pharmacy. Administrator also provided information in regards to the same in the resident weekly newsletter.

ADM will oversee to ensure ongoing compliance. Q. 7-7-17

Erin Garcia PEHA 713207

Erin Garcia ADMINISTRATOR

Violation Report: 20536 - 06/22/2017 - Harvey, Jason
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

It states in Resident #1's Resident Assessment and Support Plan (RASP), the resident wears an "all in one" garment, which is identified as a pair of pants and shirt sewn together that zips up the back. This garment is used to help control the residents' continuous behavior of trying to access his/her private areas. The resident is unable to remove this item of clothing independently and therefore it is considered a mechanical restraint.

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 Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Elin Garcia RCHA

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

Elin Garcia Administrator

Date *7/3/07*

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

Plan of correction implementation status as of 7-7-11
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Page 9

1. Regulation 55Pa Code 2600

2600.202 The following procedures are prohibited.

- A. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited.
- B. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- C. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- D. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior is prohibited.
- E. A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- F. A manual restraint defined as a hands on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2. Description of Violation

It states in Resident #1's RASP, the resident wears an "all in one" garment, which is identified as a pair of pants and shirt sewn together that zips up the back. This garment is used to help control the resident's continuous behavior of trying to access his private areas. The resident is unable to remove this item of clothing independently and therefore it is considered a mechanical restraint.

3. Plan of Correction:

The all in one garment was removed immediately. Facility provided education to the family, as resident had admitted to the facility with the all in one garment already being worn that the facility would no longer be able to use such item. Facility provided clothing for the resident until family was able to bring in traditional items that were not "all in one."

Administrator reviewed with the CCT (community care team) members that other behavioral interventions would be utilized and that "all in one" garments were no longer to be utilized within the facility.

Adm will oversee to ensure ongoing compliance. Op. 7-7-17

Erin Garcia PCHA 7/3/2017

Erin Garcia Administrator