



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
Mailing Date: August 9, 2018

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

RE: Berks Leisure Living  
License #: 205690

Dear Mr. Miller:

As a result of the Department's Bureau of Human Services Licensing inspection on June 11, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

*Anne Graziano*  
Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 20569 - 08/11/2018 - Valence, Duane  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 56 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 2/18/2018, there was a verbal confrontation between staff person "A" and resident #1. Staff person "A" was verbally abusive to resident #1. Staff person "A" told resident #1 initially "stop acting like a child and act his/her age." Staff person "A" then told resident #1 later "to grow up." The abuse was not immediately reported to Aging and the Department's Licensing Office in accordance with the Older Adults Protective Services Act. The Mandatory Act-13 Abuse Report was not submitted by the home to the Berks County Aging Office until 3/1/2018 after being advised by a Berks County Aging Office Protective Services worker on 2/28/2018. An incident report and a copy of the Mandatory Act-13 Report regarding the incident of suspected abuse was not received by the Department's Personal Care Home Regional Office until 3/1/2018.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

in going, the home will report suspected abuse of a Resident in accordance with older Adult Protection Services Act and comply with the requirements regarding restrictions on staff personal. This reporting will be done by the Administrator. Also training will be done with all staff regarding reporting abuse in a timely manner by administration and designee.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nancy Miller Medical manager*      Date *7/31/18*

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The above plan of correction is approved as of 8/17/18  
(Date)

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

Plan of correction implementation status as of 8/17/18  
(Date)

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

Violation Report: 20569 - 06/11/2018 - Valencia, Duane  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 56 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

The home failed to immediately submit a plan of supervision to the Personal Care Home Regional Office for approval of their plan of supervision or notice of suspension for staff person "A" because of a verbal abuse incident that occurred on 2/18/2018 between staff person "A" and resident #1.

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.)

on going the home will immediately submit a plan of supervision to the regional office for approval of their plan of supervision or suspension regarding the alleged staff person involved. Administration will submit the plan of supervision or suspension to the department. & maintain it in the home. *Op.*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Mully / medical manager*      Date *7-31-18*

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The above plan of correction is approved as of 8/2/18  
(Date)

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

Plan of correction implementation status as of 8/2/18  
(Date)

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

Violation Report: 20569 - 06/11/2018 - Valencia, Duane  
PCH Name: BERKS LEISURE LIVING

1. REGULATION 65 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

The home failed to submit a timely report within 24 hours of a suspected verbal abuse incident involving resident #1 and staff person "A" that occurred on 2/18/2018. The incident report submitted by the home to the Personal Care Home Regional Office was received via fax on 3/1/2018.

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.

ongoing. The home will submit report within 24hrs. of the incident. The home will follow the guideline in section 2600-15 in relating to abuse reporting

Administrator will also insure that all staff in the home are familiar w/ the 19 reportable events. and the process to make such reports, including nights, weekends and holidays. CP

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Manager / medical manager* Date *2-31-18*

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

The above plan of correction is approved as of 8/7/18 (Date)

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

Plan of correction implementation status as of 8/7/18 (Date)

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