



AUG 03 2018

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's Bureau of Human Services Licensing annual inspection on June 12, 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.

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](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, appearing to read "J. Rowe", written over a faint, larger version of the signature.

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 HEALTHJ CARE CENTER INC   |   |  |
| Legal Entity Address: 1 HEILDELBERG DRIVE, WERNRESVILLE, PA 19565   |   |  |
| <b>Certificate(s) of Occupancy</b>  |   |  |
| I-1<br>10/06/2010<br>BOROUGH OF WERNERSVILLE  | C-2 LP<br>08/04/1994<br>LABOR & INDUSTRY  | C-2 LP<br>05/31/1994<br>LABOR & INDUSTRY |
| <b>Staffing Hours</b>   |   |  |
| Resident Support: 0   | Total Daily Staff: 102  | Waking Staff: 77                         |
| Type of Inspection: Full  | BHA Docket Number:  | Notice: Unannounced                      |
| <b>Reason(s) for Inspection(s)</b><br>Renewal, Complaint, Incident  |   |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>06/12/2018: Dumas, Gerald; O'Haire, Anne   |   |  |
| <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: 91<br>Number of Residents Served: 75<br>Secured Dementia Care Unit in Home: Yes<br>Area: FIRST FLOOR WING<br>Secured Dementia Unit Capacity, if Applicable: 25<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 24<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 4 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 75<br>Have Mental Illness: 1<br>Have an Intellectual Disability: 1<br>Have a Mobility Need: 27<br>Have a Physical Disability: 0 |  |

Violation Report: 20536 - 08/12/2018 - Dumas, Gerald  
 PCH Name: PHOEBE BERKS VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident #1 slapped resident #2 on the right side of his/her face on 05-14-18. Resident #2 suffered a reddened area on the right side of his/her face. Resident #1 was psychiatrically hospitalized which resulted in medication changes/additions and was placed on one to one supervision upon his/her return to 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.*

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Erin Garcia*

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

ERIN GARCIA PCHIA

Date

7/11/18

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

The above plan of correction is approved as of 7/23/18  
 (Date)

Plan of correction implementation status as of 7/23/18  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

P2A 96

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| <b>Regulation 2600.42.c- A resident shall be treated with dignity and respect.</b>   |   |   |
| <b>Description of Violation:</b> Resident #1 slapped resident #2 on the right side of his/her face on 5-14-18. Resident #2 suffered a reddened area on the right side of his/her face. Resident #1 was psychiatrically hospitalized which resulted in medication changes/additions and was placed on one to one supervision upon his/her return to the facility. |   |   |
| Regulation PA Code 2600  | Target Date by Which Correction will be completed                     | Plan of correction  |
| 42(c)  |   |   |
|  | 7/13/18   | DCS will attend training titled: Dementia: Managing Aggressive Behavior- a live inservice conducted by staff development  |
|  | 7/1/18 and ongoing  | DCS staff will participate in training via Relias monthly on Dementia and Dementia related behaviors. Nursing Supervisor will monitor attendance of inservices for compliance.  |
|  | 6/14/18 and ongoing<br><br>* updates are to be completed w/in 5 days. | Staff (DCS, Community life, Nursing, Administrator, Housekeeping, Dietary, etc) will review Resident #1 and any other appropriate resident during monthly team meetings called "The Garden Chew" and identify areas of intervention, document those interventions on a form titled "interventional guidelines," and the nursing supervisor will add those interventions to the resident RASP. |
|  | Ongoing   | Garden Chew minutes will be reviewed at Quality management meetings   |
|  | Ongoing   | Administrator will monitor resident RASP and staff interactions for compliance.   |
|  | 5/15/18   | Administrator met with family and discussed resident #1   |

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7/23/18

Erin M. Garcia RHA 7/11/18

P2B96

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|  |         | current behavioral needs and interventions. Family was agreeable to Psychiatric intervention.  |
|  | 5/15/18 | PCP and Psychiatrist Doctor Sealey were in agreement to an inpatient psychiatric stay and resident #1 was transferred to Spruce Pavilion   |
|  | 5/24/18 | Resident #1 returned to Village Gardens where the administrator met with family and discussed ongoing interventions. 1:1 private duty care was provided starting 5/24/18 from 3pm to 10pm. Private duty aide was given suggestions on positive interventions for Resident #1 to reduce behaviors or aggressive interactions with fellow residents. |
|  | 5/24/18 | Medications adjustments were put in place prior to resident #1 returning to the facility   |
|  | 6/21/18 | Follow up with Psychiatrist Doctor Sealey to discuss resident #1 aggressiveness and medication adjustments were made.  |
|  | 7/2/18  | Administrator met with family to discuss ongoing behaviors and need for additional level of care.  |
|  | 7/4/18  | Resident #1 transferred to a higher level of care for long term placement and discharged from the facility.  |

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7/23/18

Erin M. Garcia 7/11/18

Violation Report: 20536 - 06/12/2018 - Dumas, Gerald  
 PCH Name: PHOEBE BERKS VILLAGE

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

2a. DESCRIPTION OF VIOLATION  
 The homes administrator A acknowledged that the maximum evacuation time given by the fire chief is 8 minutes. On 11/15/17 at 11:07 a.m. the home evacuated in 9 minutes 8 seconds in the Village Gardens Memory Care Unit exceeding the time given by the fire chief.

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

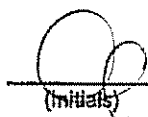
Administrator will review the home's fire drill Log(s) monthly to ensure ongoing compliance. A

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *E. Garcia*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *ERIN GARCIA PCHA*      Date *7/11/2018*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>7/23/18</u><br>(Date)  | Plan of correction implementation status as of <u>7/23/18</u><br>(Date)   |
| The above plan of correction was approved by <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

P3A 86

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| <p>Regulation 2600.132d- Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing with the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.</p> |  |   |
| <p>Description of Violation: The home administrator acknowledged that the maximum evacuation time given by the fire chief is 8 minutes. On 11/15/17 at 11:07am the home evacuated in 9 min 8 seconds in the Village Gardens Memory Care unit exceeding the time given by the fire chief.</p>        |  |   |
| Regulation PA Code 2600   | Target Date by Which Correction will be completed  | Plan of correction  |
| 132(d)  |  |   |
|   | 11/16/17   | A fire drill was conducted with a fire safety expert 11/16/17- where the facility was deemed to be within compliance of the timeframe of 8 minutes to evacuate.   |
|   | ongoing  | An unannounced fire drill will be held at least once a month to include during sleeping hours at every 6 months.  |
|   | ongoing  | Residents should be evacuated within the timeframe designated by a fire safety expert.  |
|   | Ongoing<br><i>a review should be done monthly - preferably following the home's monthly fire drill</i> | Nursing Supervisor will evaluate all residents of Village Gardens Memory Support ongoing for their ability to evacuate the facility safely within 8 minutes and update the Administrator as appropriate of any concerns. Any interventions put into place to assist residents to be able to evacuate the facility in the designated timeframe will be placed on the resident RASP. Administrator will monitor for compliance. |
|   | 6/3/18   | On 11/15/18 one resident was unable to evacuate the facility timely with multiple staff interventions. The Administrator continued to monitor this particular resident for the ability to   |

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7/23/18

Emily Garcia PCHA

P 3B86

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|  |         | evacuate the facility within 8 minutes. Therapy was consulted and multiple interventions put into place. Resident continued to functionally decline and was discharged from the facility 6/3/18 |
|  | Ongoing | Annual fire safety training will be provided for all staff  |
|  | Ongoing | Fire Drill times will be reviewed at Quality Management meetings.   |

ag  
7/23/18

Eunomia Garcia PCHA

Violation Report: 20536 - 08/12/2018 - Dumas, Gerald  
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The home had posted only the present week of menus in the Village Gardens secured unit dining area. The home did not have the upcoming week's menu posted.

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) *E. Garcia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ERIN GARCIA PCHA*      Date *7/11/2018*

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 (Date)

Plan of correction implementation status as of 7/23/18  
 (Date)

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 (Initials)

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

P4A 86

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| <p>Regulation 2600.162c- Menus stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.</p> |   |   |
| <p>Description of Violation: The home had posted only the present week of menus in the Village Gardens secured unit dining area. The home did not have the upcoming week's menu posted.</p>  |   |   |
| Regulation PA Code 2600  | Target Date by Which Correction will be completed | Plan of correction  |
| 162(c)   |   |   |
|  | 6/14/18 and ongoing                               | Dining Staff shall audit the menu board each meal for compliance with the posting of menus.   |
|  | 6/12/18   | A menu for the following week was posted prior to DHS exiting the building.   |
|  | 6/14/18 and ongoing                               | Dining Staff will maintain multiple copies of the current week and additional week in the dining area for immediate availability to re-post if the posted menus are removed from the board. |
|  | Ongoing   | Dining Director and Supervisor will audit and monitor for compliance. Those findings will be shared with the Administrator at a monthly dining meeting.                                     |
|  | 6/14/18   | Staff training was provided by the Administrator for dietary staff, DCS, Nursing, Community Life, Marketing, and housekeeping on the regulatory guidelines for posting menus.               |

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7/23/18

Erin M. [Signature] FCHA

Violation Report: 20536 - 06/12/2018 - Dumas, Gerald  
 PCH Name: PHOEBE BERKS VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The manufacturer of the Breo Inhaler provides a sticker on the device that requires the user to document the date the Inhaler was "opened." The inhaler Breo belonging to resident # 4 (take 1x daily) had 14 puffs left. The inhaler did not include when it was opened.

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) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *EMILY BERKS PCH*      Date *7/11/2018*

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 (Date)

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

Plan of correction implementation status as of 7/23/18  
 (Date)

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

PSA 86

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| <p>Regulation 2600.183e- Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.</p>  |   |  |
| <p>Description of Violation: The manufacturer of the Breo inhaler provides a sticker on the device that requires the user to document the date the inhaler was "opened." The inhaler Breo belonging to a resident #4 (take 1x daily) had 14 puffs left. The inhaler did not include when it was opened.</p> |   |  |
| Regulation PA Code 2600   | Target Date by Which Correction will be completed | Plan of correction   |
| 183(e)  |   |  |
|   | 7/1/18 and ongoing                                | The 11 to 7 supervisor will audit medications weekly for compliance. Any discrepancies will be shared with the Administrator.            |
|   | 6/12/18   | The date the inhaler was opened was placed on the medication.  |
|   | 7/1/18 and ongoing                                | Med techs will audit medications q shift for compliance. Any discrepancies will be shared with the nursing supervisor.                   |
|   | 6/13/18   | All nursing and med tech staff were trained on the guidelines for Breo Inhalers.   |
|   | Ongoing   | Medication audits and errors will be shared at Quality Management review along with any interventions put into place to eliminate error. |

AG  
7/23/18

Erin M. Sloneker ACHA

Violation Report: 20536 - 06/12/2018 - Dumas, Gerald  
 PCH Name: PHOEBE BERKS VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 3's Preadmission form dated 02-09-18 did not indicate that the home was able to meet his/her needs and it did not contain the resident's name. The document was found in the resident record and the home indicated that the Pre-Admission Screening was for the resident in question..

**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) *E. Garcia*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *E. Garcia PCHA*      Date *7/11/2018*

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| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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| <p><b>Regulation 2600.224a</b> A determination shall be made within 30 days prior to admission and documented on the Departments preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>   |  |  |
| <p><b>Description of Violation:</b> Resident #3's preadmission form dated 2-9-18 did not indicate that the home was able to meet his/her needs and it did not contain the resident's name. The Document was found in the resident record and the home indicated that the pre-admission screening was for the resident in question.</p> |  |  |
| <p>Regulation PA Code 2600</p>   | <p>Target Date by Which Correction will be completed</p> | <p>Plan of correction</p>  |
| <p>224(a)</p>  |  |  |
|  | <p>7/1/18 and ongoing</p>                                | <p>Resident admission documentation to include preadmission screen will be audited monthly by the marketing department.</p>  |
|  | <p>7/1/18</p>  | <p>Administrator will monitor for compliance.</p>  |
|  | <p>6/13/18</p>   | <p>Marketing staff was re-educated on the requirements of the pre-admission screen.</p>  |
|  | <p>6/13/18</p>   | <p>Unit secretary was trained on the requirements of the pre-admission screen and prior to the creation of all resident charts will audit the pre-admission screen for compliance.</p> |
|  | <p>Ongoing</p>   | <p>Results of audits and any interventions put into place to avoid discrepancies will be reviewed at Quality Management meetings.</p>  |

AY  
7/23/18

Elina M. Garcia PCHA