



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: dkasaba@yahoo.com
Mailing Date: July 3, 2019

Mr. Ray C. Miller, Jr.
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 January 17, 2019 and February 5, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 20569 - 01/17/2019 - Harvey, Jason
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 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 12/15/18 at approximately 8:15am staff person A witness the owner of the home kissing resident #1. The home did not submit an Act-13 to the office of Aging until 1/7/19.

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.

- Regulation 2600.15(A) is important to submit on time because it immediately starts the process of protecting the resident from suspected abuse and complies with the requirements regarding restriction on the staff person.
- This Regulation is a violation when a report is not submitted on time.
- The root cause of the violation was as follows. The home did not submit an Act 13 to office of Aging until 1/7/19. Alleged incident occurred on 12/15/18. But staff person did not report alleged incident to management until 12/20/18. Upon which management immediately notified OFC of Aging by phone. OFC of Aging returned call and requested an Act 13 abuse report be filed. Facility the report.
- The violation occurred because a report was not submitted to DHE in a timely manner.
- Ongoing Administration and management will submit a report in a timely manner to DHE.
- Administration and management will also train staff to report an incident to management immediately.

The Administrator will retain all training documents and related signature sheets for this staff training. ALL staff must be trained, not just direct care staff. 6-12-19

AG

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/11/2018

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise M. Karala Date 5-31-19

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

The above plan of correction is approved as of <u>6-12-19</u> (Date)	Plan of correction implementation status as of <u>6-12-19</u> (Date)
The above plan of correction was approved by <u>AG</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 - 01/17/2019 - Harvey, Jason
 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

On 12/15/18 at approximately 8:15am staff person A witness the owner of the home kissing resident #1. The home did not submit a Reportable Incident to the Department until 1/7/19.

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.

- Regulation 2600.16(c) is important because by submitting the report on time it immediately starts the process of protecting the resident from the suspected abuse and also complies with the abuse reporting guidelines.
- The regulation is a violation when a report is not submitted on time.
- The root cause of the violation was as follows: The home did not submit a report of the violation to the DHS in a timely manner. And did not submit an Act 13 to office of aging until 1/7/19.
- The violation occurred because reports were not submitted to DHS and OFC. OF AGING in a timely manner.
- Ongoing: The Administrator and management will submit a report to DHS and OFC. OF AGING in a timely manner.
- Administrator and management will continue to train all staff to report an incident to management immediately.

The Administrator will ensure that Incident Report training is provided for ALL staff, no later than 15 days from the receipt of this Plan of Correction. The Administrator will also retain the training handouts and signature sheets. 6-12-19

Completed and submitted 6-18-19

AG AG

Repeat Violation: Yes	Date(s) of Previous Violation(s)	11/08/2018	06/11/2018
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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 5-31-19

Denise M. Fasola

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The above plan of correction is approved as of <u>6-12-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>6-18-19</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 - 01/17/2019 - Harvey, Jason
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #1 and #2, have been caught in sexual compromising positions by staff on multiple occasions since October 2018. The home has not implemented positive interventions to modify or eliminate the behavior.

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.

Regulation 2600.201 is important because it helps to modify or eliminate a behavior that endangers the resident or others.
 The Regulation is a violation when the home does not implement positive intervention to modify the behavior.
 The root cause of the violation was as follows: The home did not implement positive interventions to modify the behavior of the residents therefore causing a violation to occur.
 Ongoing Administration and medical manager notified both residents' families regarding incident. 15 minute room checks were started to redirect residents and monitor them where abouts. Both families set up appt. with Geriatric DRG. to be evaluated. After evaluation were completed DRG confirmed that Resident 1 was in no danger and that Resident 1 knew what was going on and was comfortable with the situation. Both families had a meeting together at the facility and agreed that it was ok for Resident 1 and Resident 2 to continue share a room. DRG of Aging was present at the meeting.
 Ongoing on 2/28/19 training was provided by AAA regarding freedom of sexual expression in long term care facilities to Administration and management. Which was then provided to the staff on 3/2/19 by AAA during a residents rights intervice.

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) Denise M. [Title] Date 5/31/19

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The above plan of correction is approved as of 6-12-19 (Date)

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

Plan of correction implementation status as of 6-12-19 (Date)

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