

Department of Human Services
Bureau of Human Service Licensing

February 23, 2021

██████████ ADMINISTRATOR
BERKS LEISURE LIVING INC
1399 FAIRVIEW DRIVE
LEESPORT, PA 19533

RE: BERKS LEISURE LIVING
1399 FAIRVIEW DRIVE
LEESPORT, PA, 19533
LICENSE/COC#: 20569

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2021, 01/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

01/13/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/08/2021*

2/10/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/22/2021*

2/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/22/2021*

2/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89d - Contaminant Level

1. Requirements

2600.

- 89.d. If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

Description of Violation

While testing the water temperature in room C-5's bathroom sink, a spurt of brown water lasting approximately 10 seconds came out of the faucet. The representative was accompanied by the home's maintenance Director "B" who also witnessed the brown water.

Plan of Correction

Accept

1. Regulation 2600.89d is important to protect the residents against contaminants in the drinking water.
2. This regulation is violated when the drinking water does not appear safe to drink.
3. The root cause of the violation was as follows: Room C-5 had a spurt of brown water lasting 10 seconds coming out of the faucet in the residents bathroom sink. Immediately the residents were given bottled water to drink.
4. To fix violation right away the following was done. (See attachment).
5. To prevent a future violation, ongoing weekly flushing of water tanks and weekly testing in designated areas will be done.
6. The Administrator and maintenance staff will be directly responsible for the ongoing compliance of the regulation.

Completion Date: 02/04/2021

Document Submission

Implemented

see attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

In Room [REDACTED] a bedside lamp was not within reach for the resident whose bed was closest to the door.

Plan of Correction

Accept

1. Regulation 2600.101j7 is important because it prevents a resident from falls during the night.
2. This Regulation is violated when the bedside lamp is too far away from reach for the resident to turn on.
3. The root cause of the violation was as follows: The bedside lamp was not within reach for the resident to turn on.
4. To fix the violation right away the bedside lamp was placed in reach for the resident to be able to operate at night as to prevent any falls from occurring.
5. To prevent a future violation daily checks will be done during rounds every two hours on every shift to make sure amp is located at bedside.
6. Housekeeping and Direct Care are directly responsible for the ongoing compliance of this regulation.

Completion Date: 02/04/2021

Update - 02/10/2021

Document Submission

Implemented

see attached

183e - Storing Medications

1. Requirements

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.

Description of Violation

Resident # 2 is prescribed Albuterol Sulfate 90 mg. Inhale 2 puffs into lungs every 6 hours P.R.N. The inhaler's original box could not be located. It also could not be determined when the inhaler was first used.

Plan of Correction

Accept

- 1. Regulation 2600-183e is important because it ensures compliance with all applicable health, safety, and wellness requirements.
- 2. This Regulation was violated because it did not have the original box the medication came in.
- 3. The root cause of the violation was as follows: The resident was a new admission and brought the inhaler from home without the original box.
- 4. To fix the violation right away a new inhaler was ordered for the resident from the pharmacy by [REDACTED] PCP.
- 5. To prevent a future violation, weekly cart audits will be done to check for original containers and for open and expiration dates.
- 6. Ongoing the medical manager and the Administrator will be directly responsible for the ongoing compliance of this regulation.

Completion Date: 02/04/2021

Document Submission

Implemented

ongoing weekly cart audits being done

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident # 1 is prescribed to have their blood glucose checked 4x daily before breakfast, before lunch, before supper and before bedtime. On 1/9/21 before bedtime, the blood glucose reading was recorded at 223. The resident's glucometer indicated a reading of 229. On 1/12/21 at bedtime the blood glucose reading for resident # 1 was recorded at 96. The resident's glucometer indicated a reading of 93.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

- 1. Regulation 2600.185a is important because it includes the information of the resident to ensure compliance with the health, safety, and wellness of the resident.
- 2. The regulation is violated when the information is not properly documented.
- 3. The root cause of the violation right away the medical manager corrected the reading from the glucometer,
- 4. To fix the violation right away the medical manager corrected the reading from the glucometer.
- 5. To prevent future violations the medical manager scheduled an inservice for all med techs regarding diabetic training and documentation of glucose readings on Friday, February 05, 2021. (See attached) Cop of record of training.

Ongoing the Administrator and the Medical Manager will audit Glucometers and documentation twice weekly to ensure proper documentation of glucose readings.

Completion Date: 02/04/2021

Document Submission

Implemented

see attached documentation

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Residents # 3 and # 4 did not have annual assessments completed in 2020. Resident # 3's last assessment was completed 4/8/19. Resident # 4's last assessment was completed 10/9/18.

Plan of Correction

Do Not Accept

- 1. Regulation 2600.225c is important because it assures compliance with all applicable health, safety, and wellness requirements,
- 2. This Regulation is violated when current documentation is not available for the needs of the resident.
- 3.The root cause of the violation was not completing assessments for 2020.
- 4. However addendums were completed in 2020 for the residents. Residents were unable to go out to their PCP due to covid -19 restrictions.
- 5. To prevent future violations all residents are being scheduled for their annual physicals and assessments will be completed on time.
- 6. Administrator and medical manager are directly responsible for the ongoing compliance of this regulation.

Completion Date: 02/04/2021

Update - 02/10/2021

See # 4.

Instead of an Update, when the residents are next seen by their PCPs, the home will do new RASPs for each resident rather than an addendum.

Upon resubmission of the Plan of Correction, the Home will acknowledge this change in their Plan of correction for this Regulation.

AG, 2-10-21

225c - Additional Assessment (continued)

Plan of Correction

Accept

1. Regulation 2600.225c is important because it assures compliance with all applicable health, safety, and wellness requirements,
2. This Regulation is violated when current documentation is not available for the needs of the resident.
3. The root cause of the violation was not completing assessments for 2020.
4. Ongoing when the residents are next seen by their PCPs. the home will do new RASPS for each resident.
5. To prevent future violations all residents are being scheduled for their annual physicals and assessments will be completed on time.
6. Administrator and medical manager are directly responsible for the ongoing compliance of this regulation.

Completion Date: 02/10/2021

Update - 02/11/2021

Upon the Resubmission of the Plan of Correction, the Home will submit a copy of their tracking sheet or tickler file for the upcoming RASPs, or the DMEs which then in turn generate the new dates for the RASPs to be completed.
AG, 2-11-21

Document Submission

Implemented

tracking sheet submitted for upcoming RASPs/DMEs for 2021