

Department of Human Services
Bureau of Human Service Licensing

September 16, 2021

[REDACTED]
BERKS LEISURE LIVING INC
1399 FAIRVIEW DRIVE
LEESPORT, PA 19533

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2021 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

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *BERKS LEISURE LIVING* License #: *20569* License Expiration Date: *03/23/2022*
Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA 19533*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: *Denise Kasaba* Phone: *6109168833* Email: [REDACTED]

Legal Entity

Name: *BERKS LEISURE LIVING INC*
Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA, 19533*
Phone: *6109168833* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/20/2021*

Inspection Dates and Department Representative

07/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *41*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/20/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/13/2021*

9/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/20/2021*

9/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

The home was made aware of an allegation of abuse regarding Direct care staff member A and Resident #1 on [REDACTED]/21. The home did not implement a plan of supervision with staff member A.

Plan of Correction

Accept

Regulation 2600.15b is important because it protects the resident during the investigation.

This regulation is violated when a plan of supervision is not implemented.

The root cause of the violation was that the home did not implement a plan of supervision with staff member A .

To fix the violation right away staff A was removed from the hall where the resident resides to another hall and was supervised by another staff member.

On going the home will implement a plan of supervision when there is an allegation of abuse of a resident.

The administrator and supervisor will monitor staff A's interaction with the resident on a daily basis.

Completion Date: 09/09/2021

Update - 09/13/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please also include that depending on the allegation, the home will consider suspending an employee while the investigation is underway. Also do not forget to notify the North East Regional Office to discuss and get the necessary Approval for these Plans of Supervision and retain in the record.

Documentation should be sent in the Portal.

AG, 9-13-21

Document Submission

Implemented

Ongoing the home will implement a plan of supervision depending on the allegation. The home will consider suspending an employee while the investigation is under way. The home will also notify the northeast regional office to discuss and get the necessary approval for the plan of supervision and retain in the record.

Update - 09/16/2021

Verification documents reviewed, AG, 9-16-21

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home was made aware of an allegation of abuse regarding Direct care staff member A and Resident #1 on [REDACTED]/21. The home did not report the allegation of abuse to the Department.

16c - Written Incident Report (continued)

Plan of Correction

Accept

2600.16c this regulation is important because it protects the resident during the investigation and also follows the guidelines covered by law.

This regulation is violated because the home did not report the allegation to the DHS.

The root cause of the violation was not reporting the allegation to the DHS within 24 hours.

To prevent a future violation the home will report the allegation to the DHS within the 24 hours.

On going the administrator and supervisor will report the allegation of abuse to the Departments Personal Care Home Regional Office within 24 hours.

Completion Date: 09/09/2021

Update - 09/13/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please include documentation of staff training on all 19 events that are to be reported to the Department's North East Regional Office as well as the protocol for Reporting to ensure that reports are received within the proscribed 24 hour time period including holidays and weekends.

Documentation should be sent in the Portal.

AG, 9-13-21

Document Submission

Implemented

Documentation to follow

Update - 09/16/2021

Verification documents reviewed, AG, 9-16-21