

Department of Human Services
Bureau of Human Service Licensing

April 28, 2022

[REDACTED], ADMINISTRATOR

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 01/25/2022, 01/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *03/23/2023*
Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA 19533*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/04/2000* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/27/2022*

Inspection Dates and Department Representative

01/25/2022 - On-Site: [REDACTED]
01/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

01/25/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/16/2022*

03/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/04/2022*

04/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/19/2022*

04/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On 12/28/2021, Resident 1 received \$20 in cash from their account. There was no signed receipt to verify that they received the withdrawal amount.

Plan of Correction

Accept

Regulation 2600 20b is important because it keeps track of residents funds.

The regulation was violated because there was no documented signature from the resident.

The root cause of the violation no documentation that the resident received any money.

Ongoing the Administrator and office manager will make sure the resident signs log sheet the same day that the funds are dispersed.

Completion Date: 03/10/2022

Update: 03/28/2022

*Please attach proof of resident #1's financial transactions form 12-28-21 to current.
3-28-2022 MM*

Document Submission

Implemented

Please attach proof of resident #1's financial transactions form 12-28-21 to current.

3-28-2022 MM Already submitted.

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

The home has a joint resident bank account with Fulton Bank with a balance of \$19,550.78 as of 12/31/2021. This account holds the money of 38 residents.

Plan of Correction

Do Not Accept

Regulation is important because the Residents funds should not be commingled.

The regulation was violated because all residents funds were in one account.

The root cause of the violation was that all residents funds were in one account.

Ongoing the residents funds are now kept in separate envelopes with each residents name on the envelope and kept in a locked box in Office managers office.

Completion Date: 03/10/2022

Update: 03/28/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what

20b5 - No Commingling (continued)

action that person will take, and when that action will happen. 03-28-2022 MM

Plan of Correction

Accept

Implemented on 2/01/22 By Office Manager and Administrator who will both monitor the residents funds.

Completion Date: 03/30/2022

Document Submission

Implemented

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home was holding cash for Resident 2 in the amount of [redacted] on 10/31/2021, [redacted] on 11/30/2021, and [redacted] on 12/31/2021. There is no documentation that the resident was informed of opening an interest-bearing account.

Plan of Correction

Accept

Regulation 20b6 is important because it allows the resident the option to open an interest bearing account.

Regulation was violated because resident was not given the option whether or not they wanted to open such an account.

The root of the violation was resident did not sign the form wishing to opt out of opening an interest bearing account.

Ongoing the administrator and office manager will inform resident that they have an option to open an interest bearing account or sign refusal of assistance form.

Completion Date: 03/10/2022

Document Submission

Implemented

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home does not provide the residents/POA with quarterly accounts of their financial transactions.

20b8 - Quarterly Account (continued)

Plan of Correction**Accept**

Regulation 20b8 is important because it informs the resident and POA of available funds in the residents account and also gives an account of the financial transactions.

Regulation was violated because quarterly forms were not provided to the resident and POA.

Root of the violation was that the facility did not provide the resident/POA with quarterly account of residents financial transactions.

Ongoing Administrator and office manager will provide quarterly forms to resident/POA

Completion Date: 03/10/2022

Document Submission**Implemented**

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

25b SOPc - Rent Rebate: Signed Statement

1. Requirements

2600.

25b.c. A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident's record.

Description of Violation

There was not a signed rent rebate form in the case record of Resident 3. The home did file for a rent rebate for the resident in 2021.

Plan of Correction**Accept**

Regulation 25b is important because it informs the resident of a rent rebate,

The regulation was violated because the rent rebate form was not in the residents record.

The root cause of the violation was the form was not signed by resident.

Resident signed form on 1/26/22

Ongoing Administrator and office manager will have resident sign rent rebate form during the signing of contract.

Completion Date: 03/10/2022

Document Submission**Implemented**

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 4 moved out of the home for a higher level of care on [REDACTED]. The refund check was not mailed until 9/15/2021.

28f - Resident's Funds and 30-day Refund (*continued*)**Plan of Correction****Do Not Accept**

Regulation 2600 28f is important because it returns funds owed to resident after discharge.

Regulation was violated because funds were not mailed to resident within the 30 day timeline.

The root of the violation was facility exceeded timeline of 30 days.

Ongoing funds will be reimbursed to resident within 30 days of residents discharge,

Completion Date: 03/10/2022

Update: 03/28/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-28-2022 MM

Plan of Correction**Accept**

Implemented on 2/02/22 by Office Manager who will reimburse funds to resident within 30 days.

Completion Date: 03/30/2022

Document Submission**Implemented**

revised POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

There was no verification that Staff Member A had a successful completion of the Department's direct care training course and passing of the competency test.

Plan of Correction**Accept**

Regulation 260065.d is important because it provides services and care to the residents.

The regulation was violated when direct care staff member did not complete on line Direct care training course.

The root cause of the violation was that the direct care staff member did not have certificate to allow her to care for the residents.

Staff was hired on [REDACTED]. Original certificate could not be found in personnel file. On 1/18/22 staff member completed training.

Ongoing Administrator and Office manager will see all new hires complete training on first day of hire.

Completion Date: 03/10/2022

Update: 03/28/2022

Please attach proof of Staff person A's competency test. 3-28-2022 MM

Document Submission**Implemented**

Please attach proof of Staff person A's competency test. 3-28-2022 MM Certificated submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 3 had a bedrail that was not covered at time of inspection. This poses as a possible entanglement hazard.

Plan of Correction

Accept

Regulation 2600.b is important because it keeps resident free of hazards.

Regulation was violated because bed rail did not have a protective cover.

The root cause of the violation was that there was no covering on the bed rail.

On 2/09/22 covering was placed on bedrail.

Ongoing Administrator and staff will see that all bed rails are covered keeping resident free of any hazards.

Completion Date: 03/10/2022

Update: 03/28/2022

Please attach proof of compliance (picture). 3-28-2022 MM

Document Submission

Implemented

Please attach proof of compliance (picture). 3-28-2022 MM Picture submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The snow was not removed fully from the steps exiting the building from the home's social room. Only 1 foot of the approximate 4-foot-wide steps were cleared.

Plan of Correction

Accept

Regulation 2600-100b is important for the safety of the residents. staff and visitors.

Regulation was violated because there was no full access to the steps.

The root cause of the violation was that all the snow was not removed from the steps.

On 01/25/22 all snow was removed from the steps .

Ongoing the Administrator will oversee the maintenance staff to make sure all steps and egress areas are, free of snow

Completion Date: 03/10/2022

Document Submission

Implemented

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer located in the 2 freezers in the home's kitchen.

Plan of Correction

Accept

Regulation 2600.103f is important because it protects the food from spoilage.

Regulation was violated because there was no thermometer in the freezer.

The root cause of the violation was no thermometer in the freezer.

Thermometer was placed in freezer on 01/27/22.

Ongoing Administrator and dietary supervisor will check freezers to make sure there are working thermometers in all freezers.

Completion Date: 03/10/2022

Update: 03/28/2022

Please attach proof of compliance (picture). 3-28-2022 MM

Document Submission

Implemented

Please attach proof of compliance (picture). 3-28-2022 MM Compliance picture submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification letter to the local fire department dated 10/28/2021, states that there are 40 residents in the home, but the current census is 38. It also states that Resident 5 may require some assistance and is located in room [REDACTED]. Resident 5 resides in room [REDACTED].

Plan of Correction

Accept

Regulation 2600-124 is important because it gives the fire dept.the current census and location of the residents rooms.

The regulation was violated due to the lack of updated information'

The root of the violation occurred because the fire dept. did not have current information on facility and residents

.Updated letter was sent to fire dept. on 02/02/22.

Ongoing Administrator and office manager will update letter as needed and send updated letter to fire dept.

Completion Date: 03/10/2022

Update: 03/28/2022

Please attach proof of letter sent to fire department. 3-28-2022 MM

Document Submission

Implemented

Please attach proof of letter sent to fire department. 3-28-2022 MM Letter to fire department submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 6 self-administers their own medications. They were assessed to safely self-administer on 7/24/2019. The next assessment to ensure they can safely self-administer medications was not completed until 6/4/2021.

Plan of Correction

Accept

Regulation 2600.c is important because it identifies that the resident can safely administer their own medications.

The regulation was violated because during covid-19 the residents doctors office was not open and emails and phone calls were not being returned.

On 2/7/21 Residents doctor faxed information that resident can self administer their own medication in their private room.

Ongoing Administrator and medical manager will have residents doctor complete yearly DME and both Administrator and medical manager will completed annual assessment plan and update as needed.

Completion Date: 03/10/2022

Update: 03/28/2022

Document Submission

Implemented

Order from pcp submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

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 7 has a glucometer that had a documented date and time of 3/26 and 3:47am on 1/27/2022 at 10:11am.

Plan of Correction

Accept

Regulation 2600185,a is important because it allows staff to document correct readings of residents blood sugars and verify accuracy.

Regulation was violated because date and time was incorrect.

The root of the violation occurred because the glucometer was not calibrated to correct time an date.

Ongoing Administrator and Medical manager will recalibrate glucometers monthly.

Completion Date: 03/10/2022

Document Submission

Implemented

POC submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record for Resident 8 did not list their prescribed PRN medication of Lorazepam .25mg 1/2 tablet which were available on the Medication Cart.

Resident 8 received PRN medication of Tylenol on 1/1/22, 1/2/22,1/3/22, 1/4/22, 1/5/22, and 1/6/2022 but the effectiveness was not documented on the MAR.

Plan of Correction

Accept

Regulation 2600187.a is important because it ensures the medication was given as doctor prescribed.

Regulation was violated because medication was not documented on MAR as ordered. Also PRN results not documented.

The root of the violation was medication not listed on MAR and documentation of effectiveness not completed.

Ongoing Administrator and medical manager will review MARS and make sure documentation is complete. As well as ongoing training for Med Techs,

Completion Date: 03/10/2022

Update: 03/28/2022

Please send proof of staff training. 3-28-2022 MM

Document Submission

Implemented

Please send proof of staff training. 3-28-2022 MM copy of staff training submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

There is no documentation that Resident 9 received their prescribed insulin on 1/21/2021 at 11am. They had a blood sugar reading of 156 and an order to receive +1 units with a BS reading of 151-200.

Plan of Correction

Accept

Regulation 187.d is important because it ensures correct administration of insulin in compliance with the prescribers directions,

Regulation was violated because unit of sliding scale was not documented as given.

The root of the violation was no documentation of insulin.

Ongoing Administrator and medical manager will review insulin documentation daily.

Completion Date: 03/10/2022

Update: 03/28/2022

Document Submission

Implemented

POC submitted

187d - Follow Prescriber's Orders (continued)

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 6 had a support plan completed on [REDACTED]. The previous support plan was completed [REDACTED]

Plan of Correction

Accept

Regulation 2600-227c is important because it contains changes in the residents needs.

The regulation was violated because there was no updated support plan for the year 2020.

The root of the violation occurred because no updated information was documented on a support plan for 2020. The addendum to the rasp was updated on 3/19/20 stating no support plan was completed due to covid19.

Ongoing Administrator and medical manager will have residents support plan completed annually with residents current needs.

Completion Date: 03/10/2022

Document Submission

Implemented

copy of addendum was submitted

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident 6 had an assessment plan completed on [REDACTED]. The previous assessment was completed [REDACTED]. Repeat Violation from [REDACTED]

Plan of Correction

Accept

Regulation 2600 225c is important because it updated residents current needs.

Regulation was violated because there was no assessment plan in 2020.

The root of the violation occurred because there was no updated assessment plan for 2020. Documentation of the needs of the resident was however documented on the addendum to the rasp.

Ongoing Administrator and medical manager will show comply with the regulation and an updated assessment plan will be completed annually.

Completion Date: 03/10/2022

Document Submission

Implemented

POC submitted

225c - Additional Assessment *(continued)*

Update: 04/28/2022

CP on-site verification 4-27-2022 -MM