

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 11, 2023

[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 02/28/2023, 03/01/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BERKS LEISURE LIVING* License #: *20569* License Expiration: *03/23/2024*
 Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA 19533*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/04/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *43* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/01/2023*

Inspection Dates and Department Representative

02/28/2023 - On-Site: [REDACTED]
 03/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *49* Residents Served: *44*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *43*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/28/2023 - Full
 Lead Inspector: *Ryan Yankow* Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2023*

03/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2023*

Inspections / Reviews *(continued)*

04/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/10/2023

04/11/2023 - Document Submission

Submitted By: [REDACTED] asaba

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The Pennsylvania Code Chapter 2600 regulations were not posted in a public conspicuous area of the home.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 3.c is important because it permits residents, families and visitors to learn the regulations and regulatory compliance status of the home.

The regulation was violated because Chapter 2600 regulations were not posted .

The Root cause of the violation occurred because regulations were not posted in a public area of the home. The violation was corrected on site on 2/28/23 by the Administrator. The regulations were posted by the administrator in the front foyer of the building which serves as the main entrance.

Ongoing the Administrator [redacted] and /or Designee [redacted] will monitor the area daily to ensure the regulations remain posted in the public conspicuous area of the home.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Certificate of Boiler Pressure Vessel Operation from the Department of Labor and Industry for the hot water heater boiler and other vessel storage expired 2/3/23.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 18c is important because it ensures compliance with other applicable health, safety and wellness requirements.

The regulation was violated because the certificate was expired.

The Root cause of the violation occurred because inspector fell ill and did not inspect until 3/9/23. Upon inspection, repairs were found that needed to be made. Upon completion of repairs on 3/16/23 an appointment was scheduled to re-inspect. Inspector will get back with date and time of reinspection. Upon approval a certificate will be issued. Re inspection occurred on 3/28/23 and more repairs were found. Awaiting date for additional repairs to be completed.

Ongoing Administrator [redacted] and Maintainece [redacted] will schedule annual inspections to be done in a timely manner to avoid expiration of certificate.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

25b - Contract Signatures

3. Requirements

25b - Contract Signatures (*continued*)

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated [REDACTED] and Resident #2's contract dated [REDACTED] were not signed by the resident.

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 25.b. is important because the resident must be given the opportunity to sign for themselves.

The regulation was violated because the contract was not signed by the resident as well as the payor.

The Root cause of the violation occurred because the resident was not given the opportunity to sign the contract as well. On 2/28/23 the Office Manager documented on the contract that Resident #1 [REDACTED] and # 2 [REDACTED] did not wish to sign on day of admission and wanted payor to sign instead.

Ongoing the Administrator [REDACTED] will initiate Resident contract and Office Manager [REDACTED] will complete financial aspect of resident contract and both will ensure that the resident has an opportunity to sign the contract as well as the payor. If the resident refuses to sign notation will be made with explanation as to why the resident was unable to sign contract.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Ancillary staff member A hired [REDACTED] did not complete the first day fire safety orientation until [REDACTED].

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 65.a is important because it ensures that the staff persons are immediately trained to respond to an emergency situation.

The regulation was violated because Ancillary staff member did not complete fire safety orientation training on first day work.

The Root cause of the violation occurred because fire safety orientation training was not included in the first day work training of [REDACTED].

Ongoing department supervisors [REDACTED], will ensure that prior or on the first work day all staff including ancillary will be trained in fire safety and emergency preparedness. In addition to ensure compliance

65a - FS Orientation 1st Day (continued)

office manager [REDACTED] will review all new hire paperwork for completion. Both the department supervisor and office manager will sign off on training compliance. Effective 3/29/23 and ongoing.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

82a - Poisonous Materials

5. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A bottle of yellow liquid was located on the cleaning cart without an original manufacturer label on it. Ancillary staff member B identified the liquid as H2 orange cleaner labeled if swallowed contact a poison control center.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 82.a. is important because it minimizes the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance.

The regulation was violated because the bottle on the cart did not have original manufacturers label on it on 2/28/23.

The Root cause of violation occured because manufacturers label was not on bottle.

Ongoing Housekeeping staff member [REDACTED] will examine all cleaning supplies on delivery to ensure they are stored in original manufacturers labeled bottles. Effective 3/29/23 Administrator [REDACTED] will monitor related supplies to ensure proper storage and labeling. Items not meeting compliance will be removed.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

123b - Emergency Procedures Posted

6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures and the procedures for the local municipality are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 123.b. is important because it allows for easy access to critical information by any person during an emergency.

The regulation was violated because emergency procedures were not posted in a conspicuous and public place in the home.

The Root cause of the violation occured because there was no easy access to critical information in case an emergency ensued. Corrected on site. On 2/28/23 the administrator posted emergency procedures for local municipality on bulletin board and placed copy of the homes emergency preparedness plan in a binder also at front foyer which is main entrance to facility allowing easy access.

Ongoing the Administrator [REDACTED] will monitor the area to maintain compliance.

123b - Emergency Procedures Posted (*continued*)

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent Documentation of Medical Evaluation (DME) was completed on 7/8/22, the previous one was completed on 6/4/21.

Plan of Correction*Accept (MM - 04/03/2023)*

Regulation 141.b.1. is important because it helps the home decide whether a resident needs are met.

The regulation was violated because the DME was not completed within the annual dated guidelines in this case the previous DME was completed 6/4/21 and current DME exceeded the guidelines'

The Root cause of the violation occurred because the DME was not completed in a timely manner.

Using the current system in place the Administrator [REDACTED] will initiate the process by maintaining a monthly review of annual DMES at which time [REDACTED] will transfer that information to a clinically designated white for the Medical Manager [REDACTED] to review and schedule PCP appointments for the completion of the annual DME. Routine communication will take place to ensure that the residents DME will be completed within 12 months of the most recent medical evaluation.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

144c2 - Smoking Area Distance

8. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

4 chairs were in the homes designated smoking area. Two of the chairs were made of a yellow nylon fabric and two of the chairs were made of green wicker. The chairs did not include tags confirming that it meets California's standards for fire resistance. The chairs pose a possible fire hazard.

Plan of Correction*Accept (MM - 04/03/2023)*

Regulation 144.c. is important because it greatly reduces the risk of fire.

The regulation was violated because 2 chairs by the smoking area did not meet California standards for fire resistance.

The Root cause of the violation occurred because the home was unaware that the chairs posed a fire hazard.

Violation was corrected on site 2/28/23. The two chairs that did not include tags confirming to California standards were removed by maintenance staff.

144c2 - Smoking Area Distance (continued)

Effective 2/28/23 Maintenance Personnel [REDACTED] will ensure and monitor that all furniture in smoking area will meet California standards for fire resistance.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

161d - Dietary Needs**9. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #2's Documentation of Medical Evaluation (DME) dated [REDACTED] notes the resident is not to have red meat. On 2/1/23 the resident was served a steak sandwich.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 161.d. is important because if not followed it may generate a dire health consequence for the resident. The regulation was violated on 2/1/23 because the DME dated [REDACTED] stated the resident could not have red meat. The Root cause of the violation occurred because the Resident was served red meat by a new dietary staff member. PCP was notified on 3/2/23 of the occurrence and then updated DME that resident have red meat on occasion. PCP also made aware no ill effects from ingesting red meat.

Effective 3/1/23 staff were re-educated on following resident's dietary guidelines. Ongoing the Administrator [REDACTED] and Medical Manager [REDACTED] will ensure education is provided to staff annually and as changes in diet occur.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

184a - Resident's Meds Labeled**10. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #4's current order for warfarin sodium is 5mg two tablets daily. The label to the medication notes warfarin sodium 5mg take 1.5 - 2 tablets every evening. The label is incorrect.

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 184.a. is important because it ensures the home properly dispense the correct dose. The regulation was violated because the label was incorrect. The Root cause of the violation occurred because the label was incorrect and the appropriate pharmacy was not notified. Effective 3/1/23 a correction label was applied to the bottle indicating directions changed see MAR. PCP and pharmacy were made aware at that time and on 3/3/23 PCP replied with a faxed order to take warfarin as directed. Pharmacy made aware and new supply delivered. On same date old supply was properly destroyed. Staff were verbally re-educated on the importance of reporting discrepancies in labels and MARS on discovery.

184a - Resident's Meds Labeled (continued)

Effective 3/1/23 the medical manager [REDACTED] will continue with the current procedure of validating Medication labels on delivery against current orders on MAR. Discrepancies will be reported and corrected on discovery. Administrator [REDACTED] will also review medications on delivery.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

187a - Medication Record

11. Requirements

2600.

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

6. Dose.

Description of Violation

Resident #4's current order for warfarin sodium is 5mg two tablets daily. The February 2023 Medication Administration Record (MAR) notes warfarin sodium 5mg take 1.5 - 2 tablets every evening. The MAR is incorrect.

Repeat violation: 1/25/22

Plan of Correction

Accept (MM - 04/03/2023)

Regulation 187.a. is important because it ensures that changes in medications are made by an authorized person and that staff have the most current medication to avoid medication errors.

The regulation was violated because the order on MAR was incorrect.

The Root of the violation occurred because the order on the label did not match the order on the MAR.

Effective 3/1/23 MAR was updated to coincide with PCP order warfarin sodium 5mg. 2 tablets daily as directed.

Ongoing the medical manager [REDACTED] will update MAR as changes occur and ensure the medication label is correct with current order. Administrator [REDACTED] will be informed by the medical manager of changes and will review MARS and labels for accuracy.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

187c - Refusal of Medication

12. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 refused the prescribed furosemide 20mg on 2/10/23, the prescriber was not notified regarding the refusal.

Resident #5 refused the prescribed polyethylene glycol liquid daily from 2/22-2/27/23, the prescriber was not notified regarding the refusals.

187c - Refusal of Medication (continued)

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 187.c. is important because it ensures resident safety and protects the home if refusal of medication can lead to health complications.

The regulation was violated because physician was not notified regarding refusal.

The Root cause of the violation occurred because the home did not notify PCP within 24 hours or as otherwise instructed by PCP. On 3/2/23 respective PCPs for resident #4 and resident #5 were notified of medication refusal. On 3/3/23 resident # 4 PCP replied may hold Lasix when going outside the facility. On 3/6/23 resident # 5 PCP replied ok to change Polyethylene glycol liquid daily to prn.

Effective 3/2/23 Med tech staff will document refusal on MAR and notify medical manager [REDACTED] the refusal that [REDACTED] will then report to PCP and document on clinical white board for Administrator [REDACTED] to review and follow up outcome.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

191 - Resident Right to Refuse

13. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 and Resident #2 have not been educated on their right to question or refuse a medication if they believe there is an error.

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 191. is important because it protects residents rights to refuse medications that they believe will be erroneously administered.

The regulation was violated because the residents were not educated on their rights.

The Root cause of the violation occurred because although residents #1 and #2 did receive education on right to refuse or question a medication if they believe there is an error, signed documentation of that education was not located in their chart. On [REDACTED] both resident #1 and #2 were re-educated of their right to question or refuse a medication if they believe there is an error. A signed copy has been placed in their respective chart.

Effective 3/2/23 Administrator [REDACTED] will initiate new admission contract with resident and or family and will discuss residents rights, medical manager [REDACTED] will follow up with discussion of right to refuse medication and will have resident and or family sign a copy which will be reviewed by administrator and given office manager [REDACTED] to file in residents chart.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

225c - Additional Assessment

14. Requirements

2600.

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

1. Annually.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #3's most recent assessment was completed on 7/8/22, the previous was completed on 6/4/21.

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 225.c. is important because it allows the home to create a comprehensive profile of a residents need.

The regulation was violated because it was completed within the annual allotted timeframe.

The root cause of the violation occurred because assessment was not completed within the annual allotted timeframe as the previous assessment was completed 6/4/21 and the most recent was completed 7/8/22

Effective 3/1/23 using the current system in place Administrator [REDACTED] will continue to initiate the process by maintaining a monthly review of annual RASP at which time [REDACTED] will transfer that information to a clinically designated white board for the medical manager [REDACTED] to review and prepare a current /updated RASP for the designated resident within the allotted annual timeframe. Administrator [REDACTED] will participate and review completed RASP

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)

251b - Record Entries Legible

15. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #2's Documentation of Medical Evaluation (DME) dated [REDACTED] has correction fluid in section (6) influenza date.

Plan of Correction**Accept (MM - 04/03/2023)**

Regulation 251.b is important because it helps ensure that information stored in the residents record is detailed, accurate and unaltered.

The regulation was violated because documentation on DME was altered by family member of a new admission on [REDACTED]

The Root cause of the violation occurred because a new DME was not requested upon discovery that correction fluid was used to alter DME.

Effective 3/1/23 Medical Manager [REDACTED] will review all completed DMEs for completion and accuracy.

Administrator [REDACTED] will provide additional review for completion and accuracy. Both medical manager and administrator will document review with initial and date.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (MM - 04/11/2023)