

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

December 29, 2023

[REDACTED], ADMINISTRATOR
PHOEBE BERKS HEALTH CARE CENTER, INC.
[REDACTED]

RE: PHOEBE BERKS VILLAGE
1 READING DRIVE
WERNERSVILLE, PA, 19565
LICENSE/COC#: 20536

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/28/2023 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PHOEBE BERKS VILLAGE* License #: *20536* License Expiration: *07/30/2024*
 Address: *1 READING DRIVE, WERNERSVILLE, PA 19565*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PHOEBE BERKS HEALTH CARE CENTER, INC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *11/28/2023*

Inspection Dates and Department Representative

11/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *103* Residents Served: *31*

Secured Dementia Care Unit
 In Home: *Yes* Area: *entire unit* Capacity: *37* Residents Served: *31*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

11/28/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2023*

12/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/29/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

12/29/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

Resident #2 had a fall that necessitated the resident to be sent out to the hospital for evaluation. The incident occurred on [redacted] at [redacted] however was not sent to the Department of Human Services until [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 12/29/2023)

Administrator and or designee to provide education to all licensed nursing staff on 2600.16c by no later than 1/23/24. In education will emphasize the department's recommendation to follow "when in doubt, send it out" rule. During education licensed staff will be reminded to speak to administrator on campus or who is on call if they should have any questions. Audits will be completed status post reportable incidents to ensure they were timely. Audits and reportable incidents will be reviewed at quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ([redacted] - 12/29/2023)

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #3 was physically aggressive towards resident #4 on the 3 occasions. On [redacted] resident #3 struck resident #4 on the upper right arm. On [redacted], resident #3 slapped and punched resident #4 on the arm and threatened with a fork. On [redacted] resident #3 elbowed resident #4 in the back of the head. No injury or impairment reported.

Plan of Correction

Accept ([redacted] - 12/29/2023)

Resident #3 after first incident on [redacted] was sent to the hospital on [redacted] with a request for a psychological evaluation. The hospital did not feel resident #3 met the criteria for mental health stay or evaluation and was returned to facility on [redacted]. For the second incident PCHA placed resident #3 on safety checks Q-15 minutes x 24 hours, Q-30 minutes x 24 hours, and then Q-1 hour for 24 hours with no incidents occurring during that time. PCHA, activity coordinator, direct care staff member, social worker, and resident #3's 3 children were in attendance to have a safety meeting to work together for interventions to help resident #3 when agitated. On [redacted] for 3rd/final altercation PCHA had daughter bring resident #3 to the emergency room for psychological evaluation/treatment. Resident #3 did not return to our facility and discharged to another. For future occurrences staff to monitor residents for behavioral changes and report to PCP and family/resident representative. If altercation occurs PCHA to review incident with PCP to evaluate if higher level of care is needed to care for the resident who initiated the altercation. The "aggressive" resident will temporarily be placed on closer supervision protocols until they have been deemed no longer a threat to others. If aggressive behaviors continue despite closer supervision the resident will be sent out to hospital for evaluation and treatment if needed. Licensed staff will be educated on this process by administrator or designee by no later than 1/22/24.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented ([redacted] - 12/29/2023)

141a - Medical Evaluation

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Medical Evaluation for Resident #1, dated [REDACTED], does not include the resident’s date of birth. The Documentation of Medical Evaluation dated [REDACTED] for resident #3 does not include height, weight, pulse rate, blood pressure, or temperature of the resident.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

Re-education to be provided to licensed staff who conduct preadmission assessments to review medical evaluation forms to be completed in their entirety by administrator or designee by no later than 1/22/24. All admission and preadmission forms will be audited within 7-days prior to admission to the facility to ensure compliance by the administrator and or designee. If forms are found to be incomplete. The medical professional who completed the form will be contacted so it may be completed by the admission date. These audits will be reviewed at quarterly QA meeting by the administrator and or designee. This process will be implemented by no later than 1/22/24.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented [REDACTED] - 12/29/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1’s Assessment and Support plans dated [REDACTED] and [REDACTED], do not include addendums of all of the falls resident #1 had to include what the home was doing to ensure the safety of resident #1 including when Neurological checks were done and the frequency.

Resident #2 was placed on Neurological checks after sustaining a fall on [REDACTED]. The resident’s Resident Assessment Support Plan dated [REDACTED] was not updated to include that the resident was placed on neurological checks.

The support plan dated [REDACTED] for resident #3 was not updated after any of 3 events of aggression towards another resident.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

Re-education to be provided to licensed staff on appropriately updating Resident Assessment Support Plans to be in harmony with 2600.227d by administrator or designee by no later than 1/22/24. Audits will be done by administrator or designee after reportable incidents to ensure the resident's RASP has been updated with the incident and interventions. If audits discover that RASPs are missing the incident and or interventions that licensed staff person who was working when the incident occurred will be provided by re-education by the administrator or designee. These audits will be reviewed at quarterly QA meeting by the administrator and or designee.

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█ - 12/29/2023)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's Resident Assessment Support plan dated █ and Resident #3's support plan dated █ was not signed by the residents. There was no documentation that the residents refused to sign or was unable to sign the Resident Assessment Support Plan.

Plan of Correction

Accept (█ - 12/29/2023)

Re education to be provided to licensed staff on having resident's sign, or indicate they are unable to, and or refused on their Resident Assessment Support Plans to be in harmony with 2600.227g by administrator or designee by no later than 1/22/24. Audits will be done by administrator or designee after admissions and or RASP updates to ensure they are completed in their entirety. If audits discover that RASPs are missing signatures or othered required information the licensed staff person who was working on the RASP will be provided with re education by the administrator or designee. These audits will be reviewed at quarterly QA meeting by the administrator and or designee.

Licensee's Proposed Overall Completion Date: 01/22/2024

Implemented (█ - 12/29/2023)