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

June 6, 2024

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BERKS LEISURE LIVING* **License #**: *20569* **License Expiration**: *03/23/2025*

Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA 19533*

County: *BERKS* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *BERKS LEISURE LIVING INC*

Address: *1399 FAIRVIEW DRIVE, LEESPORT, PA, 19533*

Phone: **Email**:

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *45* **Waking Staff**: *34*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *04/10/2024*

Inspection Dates and Department Representative

04/10/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* **Residents Served**: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

04/10/2024 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/11/2024*

05/24/2024 - POC Submission

Submitted By: **Date Submitted**: *06/05/2024*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/31/2024*

Inspections / Reviews *(continued)*

06/03/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/07/2024*

06/06/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

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

The enabler bar in Resident #5's and Resident #6's room was not attached to the bed frame and held in place only by the weight of the mattress, posing a possible limb or head entrapment.

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 81b is important because it ensures equipment used by residents is clean and in good repair and free of hazards.
The regulation was violated because the enabler bar was not attached to the bed frame putting the resident at risk of injury.
The root cause of the violation occurred because the bed enablers were not attached to the bed frame.
On going the administrator and Director of Wellness will oversee with the assistance of the Maintenace personnel that equipment and such apparatus will be clean and in good repair and free of hazards such as the instillation of enabler bars that would be attached to bed frames. Pending further assessment for the need of enabler bars devices were removed on 4-11-24. If the need is determined enabler bars will be securely attached to the bed frame. Also on 4-11-24 families and staff notified of the violation and the immediate plan of correction which would include the removal of the enablers bars until assessed by PCP for further follow up evaluation and treatment by trained physical therapist and occupational therapist to determine the need of enabler bar. Effective June 01, 2024 The action taken to ensure the violation will not occur again is that bed mobility will be assessed by Administrator and/ or Director of Wellness during preadmission screening, annual RASP, and DME. Should need be identified, PCP will be made aware to determine assessment and evaluation by trained PT/OT to determine appropriate cause/use of such devices as enabler bars to promote adequate bed mobility. Device will be secured to bedframe as per regulation 81b. Correct verbiage will be documented in the RASP.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 06/06/2024)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A container of clear yellow liquid, identified by staff as a cleaner, was found in the laundry room across from room #3 and did not have an original manufacturer's label.

Repeated Violation 2-28-23

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 82a is important so that accurate identification of the contents of bottles and containers can be noted prior to use.
The regulation was violated because the bottle identified did not contain the original manufacture label that would

82a Poisonous Materials (continued)

list the contents.
The root cause of the violation occurred because the container of clear yellow liquid could not properly be identified as "cleaner". Violation was corrected onsite on date of survey 4 10 24 by [redacted] Medical Manager.
On going General Manager [redacted] with the assistance of current housekeeping staff [redacted] will examine containers on delivery for accurate manufacture labels and maintain that supplies contents remains in original labeled container and that staff will receive reminders to use and keep supplies in original labeled containers.
The actions taken to ensure the violation will not occur again are on 4 11 24 educational fliers citing regulation 82a were posted at areas relating to the inventory and storage of cleaners/ poisonous materials. 5 17 24 staff meeting held to inform and educate on the violation, root cause, and plan of correction. As part of the plan of correction and preventative action, an inventory checklist has been created to assist the General Manager [redacted] in maintaining compliance with regulation 82a.
Administrator [redacted] will perform monthly reviews of inventory checklist and document with signature.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented ([redacted] - 06/06/2024)

85d - Trash Receptacles

3. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The 3 trash cans located in the kitchen of the home were found uncovered.

Plan of Correction ***Accept ([redacted] - 06/03/2024)***

The regulation 85d is important to avoid the potential penetration of insect and rodents through receptacles not being covered.
The regulation was violated because the trash cans in the kitchen were left uncovered by dietary staff members causing a violation of uncovered trash cans.
The root cause of the violation occurred because staff did not replace lid on the trash cans when not in use. This violation was corrected on 4 10 24.
On going Gerneral Manager [redacted] with the assistance of current dietary lead cook [redacted] will post reminders at the trash can locations and follow up with related staff as needed to ensure lids are on all trash cans when not in use. The actions taken to prevent the violation from occurring again are as follows. 4 11 2024 regulation 85d has been discussed with staff and posted in kitchen and bathroom areas. On 5 17 24 during staff meeting, staff were educated by Administrator [redacted] and General manager [redacted] on plan of correction and ongoing actions to prevent repeat violation.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented ([redacted] - 06/06/2024)

85e - Trash Outside Home

4. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home *(continued)*

Description of Violation

The home has 2 dumpsters which are located in the home's parking lot. The lids to both dumpsters were open at the time of inspection.

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 85e is important because trash kept outside the home is to remain in covered receptacles to prevent penetration of insects and rodents.
The regulation was violated because the attached lift lids were left open after last used.
The root cause occurred because the lids remained open and the dumpster was not properly covered to prevent rodents from entering. The violation was corrected on 4-10-24.
On going verbal reminders and related signage will be posted at exits leading to outside dumpsters. This will be monitored by General Manager with the assistance Maintenace staff on a daily basis.
Preventive actions include signage citing regulation 85e have been posted at exits used to remove trash from the building to the trash dumpsters on 4-11-24 by General Manager . All staff educated on regulation 85e at that time and again on 5-17-24.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 06/06/2024)

103i - Outdated Food

5. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A bag of Roseli Mozzarella cheese located in the refrigerator in the pantry of the home was found to contain mold.

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 103i is important because outdated or spoiled food or dented cans may be unsafe to use.
The regulation was violated because mold had been found on mozzarella cheese in the refrigerator in the pantry.
The root cause of the violation was due to undetected moldy cheese. This violation was corrected on site on day of survey 4-10-24 by dietary staff . Cheese was removed and properly disposed of.
On going General Manager with assistance of dietary staff/lead cook Carol Lowery will review pantry items for outdated or spoiled food or dented cans and remove items immediately. Preventive actions to ensure compliance have been taken. This includes creating an inventory checklist on 4-11-24 which addresses inspection of perishable foods and dated items to avoid spoilage. Administrator reviewed checklist with General Manager . On 5-17-24 staff meeting held, violation and regulation 103i were discussed as well as plan of correction and ongoing compliance tool which will be used daily.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 06/06/2024)

181d -Storing Medication

6. Requirements

2600.

181d Storing Medication *(continued)*

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #4 self administers medications and leaves their medications in an unlocked bedside drawer. Resident #4 states that they don't lock their door when they leave the room.

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 181d is important because when medications are stored in the room of a resident who is self administrating of medication, medications should be stored locked in a safe and secure location to protect and prevent contamination, spillage and theft.
The regulation was violated due to resident not storing medications in a locked and secure area and does not lock their door when they leave the room.
The root cause of the violation is that the resident self administers medications and leaves the medication in a unlocked bed side drawer and also does not lock the door when they leave the room. Violation was corrected by Administrator providing a lock box with a key for resident use on 4 10 24. Resident educated on safe storage of medications and locking the room when they leave.
On going residents who are capable of self administration of medication will be educated on the requirement of safe storage of medication and will be required to keep all medications stored in a locked box at all times and lock their door when they leave. Director of Wellness will assist administrator in the education process and in monitoring this regulation.
Preventive actions for ongoing compliance are that all incoming and current residents who have been assessed by PCP to be capable of self administration will receive printed material on regulation 181 d referring to safe storage of medication upon admission.
Form created on 5 17 24. Staff will be reeducated by Director of Wellness on 6 18 24 in regard to safe storage of medication and residents who self administer medications.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (- 06/06/2024)

185a - Implement Storage Procedures

7. 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's glucometer was calibrated to .

Resident#2's glucometer was calibrated to

Resident#3's glucometer was calibrated to

Plan of Correction ***Accept - 06/03/2024)***

Regulation 185a is important because the accurate calibration of glucometers will provide the safe procedure for the use of that medical equipment by trained staff persons.

185a Implement Storage Procedures (continued)

The regulation was violated because the inaccurate date and time were noted on glucometers which were not properly calibrated to current date and time.
The root cause of the violation was inaccurate calibration of the time and date on glucometers for safe use by trained staff. Corrected on site by Medical Manager Nancy Miller at that time 4 10 24.
On going, administrator [redacted] with assistance of Director of Wellness [redacted], will complete weekly glucometer checks for accuracy and calibrate accordingly for continuous safe use by trained staff and educate staff on the importance of this regulation.
Preventive actions are as follows: On 4 29 24 and 5 6 24 new glucometers were provided for diabetic residents by Outlook Pharmacy. All glucometers we calibrated to current date and time by Administrator [redacted].
Glucometers will be audited weekly for correct information by Director of Wellness [redacted].
Training will occur on 6 18 24 for Med Techs to identify incorrect calibration and information on glucometers and the importance that this has for diabetics. Training will be provided by Director of Wellness [redacted].

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented ([redacted] 06/06/2024)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #7 has a prescription for [redacted] tablets. The resident's medication administration record does not list a diagnosis/ purpose for the medication.

Repeated violation 2 28 23

Plan of Correction ***Accept [redacted] 06/03/2024)***

Regulation 187a is important because the requirement is provide complete medication records with accuracy and to inform residents in health care personnel with a related diagnosis and or for the use of the medication being administered.
The regulation was violated because of the omission of a related diagnosis for the medication creating a incomplete medication record for this resident number 7.
The root cause of the violation occurred because of the oversite of pharmacy printing the medication record and related staff not identifying the omission of the diagnosis which also was overlooked by medical manager Nancy Miller at that time. On date of survey 4 10 24 medical manager [redacted] corrected the violation with necessary diagnosis for the medication.
On going effective 4 26 24 as preventive action Director of Wellness [redacted] along with Administrator [redacted] will continue to review medication records and physician order sheets (POS) on monthly deliveries from pharmacy. At that time checking for completion to meet this regulation and then will notify physician and pharmacy of any related omissions on discovery. POS and MARS will be updated once omitted information is obtained.
On 6 18 24 related training will be completed with staff by Director of Wellness [redacted].

187a - Medication Record *(continued)*

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (06/06/2024)

227d - Support Plan Medical/Dental

9. 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 #5 and Resident #6 have bedside mobility devices in their rooms. The Resident Assessment Support Plans dated for Resident #5 and for resident #6 do not note that the residents have bedside mobility devices, and the required verbiage relating to the specific device to be used, the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, and if a cover is required to meet FDA guidelines is not documented on the support plan.

Resident #5's Resident Assessment Support Plan dated does not include information relating to the residents needs with regard to hygiene. Information regarding the resident's ambulation is listed under the hygiene section of the Resident Assessment Support Plan.

Plan of Correction ***Accept (- 06/03/2024)***

Regulation 227d is important because this regulation is used to identify and support a resident's needs as it relates in this event to the bed mobility of resident number 5 and 6 and the hygiene of resident number 5.
The regulation was violated because bed mobility with the assistance of a bed side mobility devise was not identified in resident 5 and 6 assessment and support plan. Nor were the needs of hygiene services identified for resident number 5.
The root cause is that bed mobility needs have not been identified for resident number 5 and 6 by facility staff nor primary physician (PCP). Family members of resident 5 and 6 had provided the mobility devices based on the settings" at their homes where they had previously lived. Until further evaluation provided by residents physician to determine the necessity of the service for a bed mobility devise, the devises have been removed on 4-10-24.
On 4-11-24 residents, families and staff were notified of the regulation violation and the immediate plan of correction was the removal of the enablers until PCP notified of bed mobility needs and assessment could be obtained by trained PT/OT to determine if the use of enabler bars is necessary to provide adequate bed mobility.
On going preventive action will be that Director of Wellness with the assistance Administrator will educate residents, families and staff on the use and secure attachment of bed mobility devices once the need has been identified and assessed by the resident's physician, physician's assistant or certified registered nurse practitioner who will determine the necessity of this service. Administrator and or Director of Wellness will use the required verbiage when documenting in resident assessment and support plan based on the primary care physician, physician's assistant or certified registered nurse practitioner determination.
Services of hygiene will also be assessed and documented by Director of Wellness and or

227d Support Plan Medical/Dental (continued)

Administrator [redacted] on admission and ongoing to determine level of needed support required for resident on assessment and support plan.
On 5 17 24 during staff meeting, staff were educated and given reminders to make Director of Wellness [redacted] aware of changes in hygiene as well as bed mobility needs.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented ([redacted] - 06/06/2024)