

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

May 11, 2026

[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 03/10/2026 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: 03/23/2027
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: 0	Total Daily Staff: 34	Waking Staff: 26

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 03/10/2026	

Inspection Dates and Department Representative	
03/10/2026 - On-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 49		Residents Served: 33	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 4		Are 60 Years of Age or Older: 30	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 4	
Have Mobility Need: 1		Have Physical Disability: 0	

Inspections / Reviews		
03/10/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/03/2026
04/03/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/11/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/10/2026

Inspections / Reviews *(continued)*

04/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/17/2026

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted] but their criminal background check was not requested until [redacted]
Staff person B was hired on [redacted] but their criminal background check was not requested until [redacted]

Plan of Correction

Accept ([redacted] - 04/03/2026)

Immediate Action – The Administrator re-educated the Business Office Manager about 2600.51 that all criminal history background checks (CBC) must be completed prior to commencing employment.

Ongoing Action

- 1. The Business Office Manager is responsible for completing the CBC. The BOM shall submit the determination to the administrator prior to the applicant commencing employment.
2. An audit of all staff files will be completed by the BOM on or before 4/17/2026.
3. The administrator or designee will review the CBC prior to scheduling new hire orientation to ensure compliance with 2600.51

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ([redacted] - 05/11/2026)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The home did not have verification of a high school diploma, GED document, or active registry as a certified nurse's aide for direct care staff person B.

Plan of Correction

Accept ([redacted] - 04/03/2026)

Immediate Action – The BOM verified that staff person B has a high school diploma, GED or active registry as a certified nurse's aide.

Ongoing Action

- 1. On or before 4/17/2026, the administrator will re-educate the BOM on educational credentials required by 2600.54a.
2. The BOM is responsible to verify that a prospective direct care staff applicant has a high school diploma, GED or active registry status on the PA Nurse aide registry prior to commencing employment. The BOM shall submit verification documentation to the administrator prior to approval for hire.
3. An audit of all staff files will be completed by the BOM or designee on or before 4/17/2026.
4. The administrator or designee will review applicant educational credentials prior to approval for hire and scheduling of new hire orientation.

Licensee's Proposed Overall Completion Date: 04/17/2026

54a Direct Care Staff (continued)

Implemented () - 05/11/2026

85a Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 2:00 p.m., in freezer #1 and freezer #2 located in the kitchen, there were 4 ice cube trays that appeared to have a tan substance frozen into the ice cubes.

At approximately 2:30 p.m., Freezer #9 located in the gymnasium had a brown sauce like substance covering the front portion of 2 boxes of frozen chicken.

Plan of Correction

Accept () - 04/07/2026

Immediate Action - On the day of inspection the inspection the 4 trays of ice cubes in freezer #1 and freezer #2 were discarded; trays washed and refilled with fresh water for ice. The 2 boxes of frozen chicken located in freezer # 9 in the gymnasium were discarded.

Ongoing Compliance

1. On or before 4/17/2026, the administrator will re-educate the Food Service Manager and kitchen staff on regulation 85a to ensure all food in the refrigerator and freezer is maintained under sanitary conditions.
2. Beginning the week of 4/6/26, the Food Service Manager or designee will complete an audit of visual inspection of the refrigerator and freezer daily for 2 weeks, then weekly for 2 weeks to ensure all food items are maintained under sanitary conditions.
3. Beginning the week of 4/6/26, the administrator will complete random audits once weekly for 4 weeks to verify sanitary conditions in the refrigerator and freezer to ensure compliance with 85a. Results of the audits will be maintained for department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026

91 Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 9:50 a.m. there were no emergency telephone numbers to include the nearest hospital and fire department on or near the resident's designated telephones in the front hallway or dining room.

Plan of Correction

Accept () - 04/07/2026

Immediate Action – On the day of inspection, the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home

91 - Telephone Numbers (continued)

complaint hotline were posted by the resident's designated telephones in the front hallway and dining room.

Ongoing Action

1. The Maintenance Director is responsible to ensure the emergency telephone numbers for the nearest hospital, police and fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline are posted on all telephones with an outside line. The Maintenance Director is no longer employed by the home.

Ongoing Action.

1. Upon hiring a new Maintenance Director, the administrator will educate the new Maintenance Director about 2600.91 posting of emergency telephone numbers.

2. Beginning the week of 4/6/26, the Administrator or designee will complete a weekly audit for 4 weeks to ensure emergency telephone numbers are posted on or near each telephone with an outside line. Documentation of the audits will be maintained for department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 2:05 p.m., in the kitchen there was an opened bag of breadcrumbs on the counter that was not dated and what appeared to be Raisin Bran cereal in a plastic container that was not labeled or dated.

Plan of Correction

Accept () - 04/03/2026

Immediate Action – At the time of inspection the opened bag of breadcrumbs and Raisin Bran cereal in a plastic container were labeled and dated.

Ongoing Action

1. On or before 4/17/26, the administrator will re-educate the Food Service Manager and Staff on the requirements of 2600.103e on labeling and dating opened food items.

2. The Food Service Manager or designee is responsible to ensure opened food items are labeled and dated.

3. Beginning the week of 4/6/26 the Food Service Manager will complete a daily audit x 2 weeks, then weekly audit x 2 weeks to ensure opened food items are dated and opened. Noncompliance will be corrected immediately and staff reminded of the requirements of 2600.103e to reinforce daily habits of compliance.

4. Beginning the week of 4/6/26, the administrator will complete a random weekly audit for 4 weeks to ensure compliance with 2600.103e. Documentation of audits will be maintained for department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026

103f - Refrigerator/Freezer Temps

6. 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

At approximately 2:05 p.m., in refrigerator #1 located in the kitchen there was no thermometer.

At approximately 2:05 p.m., the temperature in freezer #1 located in the kitchen was 10 degrees Fahrenheit.

At approximately 2:30 p.m. the temperature in freezer #5 and #7 located in the gymnasium was 10 degrees Fahrenheit and freezer #11 located in the same area was 40 degrees Fahrenheit.

Plan of Correction

Accept (█) - 04/03/2026

Immediate Action – On the day of inspection a thermometer was placed in refrigerator #1. The food vendor was on site at the time of inspection and the refrigerators and freezers were actively open and closed for prolonged periods in order to put the food away, which is the reason why temperatures were increased in the freezer.

Ongoing Action

- 1. A temperature log was added for each refrigerator and freezer for staff to document daily temperatures.*
- 2. The Food Service Manager is responsible for ensuring refrigerator/freezer temperatures comply with 2600.103f and are recorded daily on the temperature logs.*
- 3. On or before 4/17/26, the dietary staff will be re-educated on appropriate refrigerator/freezer temperatures per 2600.103f.*
- 4. Beginning the week of 4/6/26 the Food Service Manager will complete a daily audit for 2 weeks; then weekly audit for 2 weeks to ensure compliance with 2600.103f*
- 5. Beginning the week of 4/6/26 the administrator will complete a random weekly audit for 4 weeks of refrigerator/freezer temperatures to ensure compliance with 2600.103f. Documentation of audits will be maintained for department review and QAPI.*

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/11/2026

103i Outdated Food

7. Requirements

2600.

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

Description of Violation

At approximately 2:16 p.m., in refrigerator #4 located in the dry goods there was a soggy green pepper that had a black and gray moldlike substance on it.

At approximately 2:16 p.m., in the dry goods area there was a 6 lb. 10 ounce can of fruit cocktail in light syrup that was dented.

Plan of Correction

Accept (█) - 04/03/2026

Immediate Action – On the day of inspection, the soggy green peppers were discarded in the trash and the dented can of fruit cocktail was discarded.

Ongoing Action

- 1. On or before 4/17/26 the administrator will re-educate the Food Service Manager and dining staff about the requirements of 2600.103i.*

103i - Outdated Food (continued)

- 2. The Food Service Manager or designee is responsible to ensure ongoing compliance with 2600.103i.
- 3. Beginning the week of 4/6/2026, the Food Service Manager will complete a daily audit x 2 weeks; then weekly for 2 weeks to ensure that outdated or spoiled food or dented cans are not used.
- 4. Beginning the week of 4/6/2026, the administrator will complete random weekly audits x 4 weeks to ensure compliance with 103i. 103f. Documentation of audits will be maintained for department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026)

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the boiler room has not been inspected by a fire safety expert since November 2024.

Plan of Correction

Accept () - 04/03/2026)

Immediate Action – The Maintenance Director is responsible to ensure the fire safety expert inspects all extinguishers annually. The Maintenance Director is no longer employed by the home. The fire safety expert was already scheduled to inspect the fire extinguishers on 3.10.26 the day of inspection. He inspected all fire extinguishers on the day of inspection.

Ongoing Action

1. Upon hiring a new Maintenance Director, the administrator will educate the new Maintenance Director about 2600.131f annual inspection of all fire extinguishers. The Maintenance Director or designee is responsible to ensure all fire extinguishers are inspected annually. The Maintenance Director will maintain a tickler system to track when annual fire extinguisher inspections are due.

2. The administrator will add a calendar reminder for the month prior to when the annual fire extinguisher inspections are due to ensure the maintenance director has scheduled the fire safety expert for the annual inspections.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident 1's medical evaluation dated [redacted] was incomplete and did not have the medical professional certification boxes checked including if the resident's needs can be met in a personal care home.

Resident 1 's most recent medical evaluation was completed on [redacted], however, the previous medical evaluation

141b1 - Annual Medical Evaluation (continued)

was completed [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/03/2026)

Immediate Action – The annual medical evaluation was amended by the medical professional to add the medical professional certification, including that the resident’s needs can be met in a personal care home.

Ongoing Action

- 1. The Resident Care Coordinator responsible for oversight of annual medical evaluations is no longer employed by the home.*
- 2. Upon hiring a new Resident Care Coordinator, the administrator will educate the RSC on the requirements of 2600.141b1. The Resident Care Coordinator is responsible to ensure accurate and timely completion of resident annual medical evaluations.*
- 3. TabulaPro will be utilized by the RCC or designee to track due dates for completion of resident annual medical evaluations and ensure accuracy.*
- 4. The administrator will review all resident annual medical evaluations for accuracy, after completion by the medical professional, prior to filing and submitting on TabulaPro electronic health record.*

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 05/11/2026)

181c - Self-administration Assessment**10. 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 2 self-administers prescribed medication Fluticasone prop 50mcg daily at 8 a.m.; however, resident 2 has not been assessed by a physician, physician's assistant, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. The medication evaluation dated [REDACTED] and the Resident's assessment and support plan dated [REDACTED] had noted the resident can't self-administer any medications.

Repeat Violation: 4/1/25

Plan of Correction

Accept ([REDACTED] - 04/03/2026)

Immediate Action – At the time of inspection the Fluticasone prop 50mcg for Resident 2 was discarded, reordered and delivered by the pharmacy provider the same day, and placed in the med cart for administration by certified medication technicians.

Ongoing Action

- 1. The Resident Care Coordinator responsible for medication management oversight is no longer employed by the home.*
- 2. Upon hiring a new Resident Care Coordinator, the administrator will educate the RCC on the requirements of 2600.181c. The Resident Care Coordinator is responsible for ensuring accurate and timely assessment of a resident’s ability to self-administer by a physician, physician assistant or certified registered nurse practitioner.*
- 3. If a resident wishes to self-administer a medication, a new assessment will be completed by a physician,*

181c Self administration Assessment (continued)

physician assistant or certified registered nurse practitioner. A new DME and RASP will be completed reflecting any change and staff educated by the RCC or designee about the change. The medication pharmacy label and MAR indicate medication(s) that may be kept at bedside and self administered.

4. All MedTech staff will be re educated on the requirements of 2600.181c on or before 4/17/26 by the DHS Medication Administration Train the Trainer.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 05/11/2026

185a - Implement Storage Procedures

11. 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 3 is prescribed Throat lozenges, cough drops, APAP 325mg, and Coricidin HBP 200mg as needed. On 3/10/26 the medications were not available in the home.

Plan of Correction

Accept () - 04/03/2026

Immediate Action On the day of inspection Resident 3's throat lozenges, cough drops, APAP 325 mg, and Coricidin HBP 200 mg were removed from the med cart as there was a discontinued order. The med tech was actively working on removing the medications from the med cart and discontinuing on the MAR but was interrupted by the inspector prior to finishing the task.

Ongoing Action

- 1. The Resident Care Coordinator responsible for medication management oversight is no longer employed by the home.
- 2. Upon hiring a new Resident Care Coordinator, the administrator will educate the RCC on the requirements of 2600.185a.
- 3. All MedTech staff will be re educated on the requirements of 2600.185a on or before 4/17/26 by the DHS Medication Administration Train the Trainer.
- 4. Beginning the week of 4/6/2026, the administrator, RCC or designee will complete a weekly med cart audit for 4 weeks to ensure all resident medication is available in the home. Documentation of the audits will be maintained for the department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 4's Medication Administration Record (MAR) for () indicated that staff person C had initialed the 8:00

187b - Date/Time of Medication Admin. (continued)

a.m. administration time for Acidophilus, documenting that the medication had been administered. Staff person C stated that the resident's prescribed Acidophilus, one tablet by mouth daily at 8:00 a.m., was not available in the home on 3/10/26 at the scheduled administration time.

Plan of Correction

Accept () - 04/03/2026

Immediate Action – On the day of inspection Resident 4's MAR was documented correctly with circled initials to indicate the medication was not administered; and the Acidophilus for Resident 4 was ordered from the pharmacy provider and delivered the same day. The administrator completed a DHS reportable incident that the medication was not administered as it was not available for the time of administration.

Ongoing Action

1. The Resident Care Coordinator responsible for medication management oversight is no longer employed by the home.
2. Upon hiring a new Resident Care Coordinator, the administrator will educate the RCC on the requirements of 2600.187b.
3. All MedTech staff will be re-educated on the requirements of 2600.187b on or before 4/17/26 by the DHS Medication Administration Train the Trainer.
4. Beginning the week of 4/6/2026, the administrator, RCC or designee will complete a weekly med cart audit for 4 weeks to ensure all resident medication is available in the home. Documentation of the audits will be maintained for the department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented () - 05/11/2026

187d - Follow Prescriber's Orders

13. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 5 is prescribed Fluticasone Prop 50 mcg 2 spray into each nostril every morning. This medication was not administered to resident 2 on 3/10/26 at 8 a.m. because the medication was not available in the home.

Resident 4 is prescribed Acidophilus one tab orally daily at 8 a.m. This medication was not administered to resident 4 on 3/10/26 at 8 a.m. because the medication was not available in the home.

Repeat Violation: 4/1/25

Plan of Correction

Accept () - 04/03/2026

Immediate Action – On the day of inspection Resident 4's Acidophilus and Resident 5's Fluticasone Prop 50 mcg was ordered from the pharmacy provider and delivered the same day. The administrator completed a DHS reportable incident that the Acidophilus for Resident 4 was not administered as it was not available for the time of administration.

Ongoing Action

187d Follow Prescriber's Orders (continued)

1. The Resident Care Coordinator responsible for medication management oversight is no longer employed by the home.
2. Upon hiring a new Resident Care Coordinator, the administrator will educate the RCC on the requirements of 2600.187d.
3. All MedTech staff will be re educated on the requirements of 2600.187d on or before 4/17/26 by the DHS Medication Administration Train the Trainer.
4. Beginning the week of 4/6/2026 , the Administrator, RCC or designee will complete a weekly med cart audit for 4 weeks to ensure all resident medication is available in the home. Documentation of the audits will be maintained for the department review and QAPI.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 05/11/2026)