



November 24, 2014

Amy Nelson Johnson, Director
Phoebe Berks Village Tranquility Place
1 Reading Drive
Wernersville, PA 19565

RE: Phoebe Berks Village Tranquility Place
License # 324410 - Regular

Dear Ms. Nelson Johnson:

As a result of the Department of Aging's licensing inspection of the above named facility on 10/01/2014, three areas of non-compliance were identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Longenecker', is written over a faint, illegible typed name.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to PHOEBE BERKS VILLAGE, INC.
LEGAL ENTITY

To operate PHOEBE BERKS VILLAGE TRANQUILITY PLACE
(NAME OF CENTER)

Located at 1 READING DRIVE WERNERSVILLE, PA 19565
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 34
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 01, 2014 until November 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324410 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: November 24, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 324410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2014
NAME OF PROVIDER OR SUPPLIER Phoebe Berks Village Tranquility Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1 READING DRIVE WERNERSVILLE, PA 19565		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on 10/01/2014 and it was determined that Phoebe Berks Village Tranquility Place was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 511	11.21(b) Emergency Procedures Written emergency procedures shall be reviewed with staff persons at least quarterly. This STANDARD is not met as evidenced by: Findings: Based on a review of six of thirty-two staff training records and an interview with the center director, it was determined that all center staff persons did not receive quarterly emergency procedures training each quarter over the past year. Staff persons last received the quarterly emergency procedure training on 6/17/2014.	1 511	Plan of Correction is required 11.21 (b) Quarterly training for all staff was completed on 10/01/14. Documentation was not available at the time of the survey. Program Director created a new quarterly training sign-in sheet to document emergency procedure training so that documentation is easily available as soon as the training is completed. Beginning with the quarterly training due 12/31/14 and ongoing thereafter, the quarterly emergency procedure training will be conducted by the Adult Day Supervisor/LPN and documented on the new form at the time of the training.	
11610	11.102(c) Client physical examination and med report The medical report shall include: (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and	11610	Program Director and Supervisor/LPN will audit quarterly training by the 20 th day of the last month of the quarter to ensure that all employees have received training	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 324410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2014	
NAME OF PROVIDER OR SUPPLIER Phoebe Berks Village Tranquility Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1 READING DRIVE WERNERSVILLE, PA 19565		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
11610	<p>Continued From page 1</p> <p>a schedule for client self-administration of medications.</p> <p>(2) The record of a general physical examination.</p> <p>(3) General sensory functioning; sensory aids.</p> <p>(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.</p> <p>(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.</p> <p>(6) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of six of forty-three client medical records, it was found that for one client the center failed to list the specific precautions to be taken, which will prevent the spread of a communicable disease to other individuals. The communicable disease statement of Client #1 indicated the client has a communicable disease but did not have a physician's statement stating the client was able to be in the center and what specific precautions are to be taken to prevent the spread of the disease.</p>	11610	<p>11.102 (e)</p> <p>The physical examination for client #1 was faxed to his personal physician and returned on 10/1/14 to correct the documentation error and indicate the client is free of communicable disease.</p> <p>Supervisor/LPN audited all other client records and all indicated clients are free of communicable disease.</p> <p>Program Director modified the form used for documenting physical examinations to prompt medical professionals to include whether or not a client with a communicable disease can safely attend an adult day center and, if so, what precautions must be taken.</p> <p>Supervisor/LPN will review all admission and annual physical examination forms upon receipt to ensure statement regarding communicable disease is accurately and completely answered.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 324410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2014
NAME OF PROVIDER OR SUPPLIER Phoebe Berks Village Tranquility Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1 READING DRIVE WERNERSVILLE, PA 19565	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
11873	11 123(2) Core Services - Nursing Services	11873	

The following essential core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:

- (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following:
- (i) Centers shall carry out the following standard nursing functions at least quarterly:
 - (A) A review of the client's health status, including dietary needs.
 - (B) Review of medication procedures, if necessary.
 - (C) Review of policies and procedures for personal

Quarterly training for all staff was completed on 10/01/14. Documentation was not available at the time of the survey.

Program Director created a new quarterly training sign-in sheet to document infection control training so that documentation is easily available as soon as the training is completed. Beginning with the quarterly training due 12/31/14 and ongoing thereafter, the quarterly infection control training will be conducted by the Adult Day Supervisor/LPN and documented on the new form at the time of the training.

Program Director and Supervisor/LPN will audit quarterly training by the 20th day of the last month of the quarter to ensure that all employees have received training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 324410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Phoebe Berks Village Tranquility Place	STREET ADDRESS, CITY, STATE, ZIP CODE 1 READING DRIVE WERNERSVILLE, PA 19565
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

11873 Continued From page 3
care.
(D) Training and education of staff persons regarding the needs of clients in centers, including infection control.
(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:
(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.
(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.
(C) Preparation of the client for self-administration of medications.
(D) Provision of restorative or rehabilitative nursing.
(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.
(F) Response to emergencies.
(G) Administration of parenteral treatments.
(H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.

This STANDARD is not met as evidenced by:

Findings: Based on a review of six of thirty-two staff training records and an interview with the center director, it was determined that all center staff persons did not receive quarterly infection control training

11873

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 324410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2014
NAME OF PROVIDER OR SUPPLIER Phoebe Berks Village Tranquility Place			STREET ADDRESS, CITY, STATE, ZIP CODE 1 READING DRIVE WERNERSVILLE, PA 19565		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
11873	Continued From page 4 each quarter over the past year. Staff persons last received the quarterly infection control training on 6/17/2014.	11873			