

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

April 28, 2025

[REDACTED]  
BERKS LEISURE LIVING INC  
[REDACTED]

RE: BERKS LEISURE LIVING  
1399 FAIRVIEW DRIVE  
LEESPORT, PA, 19533  
LICENSE/COC#: 20569

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2025 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: *03/23/2026*  
 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: [REDACTED]  
 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: *42* Waking Staff: *32*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/26/2025*

**Inspection Dates and Department Representative**

03/26/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *49* Residents Served: *40*

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

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

03/26/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2025*

04/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/23/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/24/2025*

Inspections / Reviews *(continued)*

04/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The resident assessment and support plan dated [redacted] for resident [redacted] indicates the resident should be receiving assistance with bathing, and hygiene. On [redacted], at approximately 6:30a.m. staff person A entered resident [redacted] room, noticed towels on the wheelchair but did not check the resident for concerns of incontinence. When private duty staff arrived at approximately 7:00 a.m., they noticed a strong smell of feces from the hallway outside the resident's room. The resident was found with feces on body, on the walls, and on two towels still on the resident's wheelchair.

Plan of Correction

Accept ( [redacted] - 04/17/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 03/12/2025 immediate action was taken by the Administrator/ Clinical Manager to initiate additional details of Plan of Daily Care which identifies and addresses the roles and responsibilities of facility staff and private duty (additional support services). All related staff were educated and acknowledged the same. This is available as an update to the current RASP which indicates that resident should be receiving assistance with bathing and hygiene.
2. on 03/15/2025 Plan of Daily Care was made available by the Administrator to POA, Assured Assistance and BHSL. Contents had been reviewed with resident and POA. On 3/12/25 Alteration of Duties/ Responsibilities was reviewed and initiated for staff member prior to sending [redacted] home. Schedule was altered to accommodate the alterations. Copy of the proposed duties was sent to BHSL 3/17/25 and met with approval from MM.

To enhance the currently compliant operations, on 03/14/25 all clinical staff were given verbal updates and re-education on the purpose of communication and individual resident RASP to ensure resident needs are met appropriately. Ongoing, staff will continue to receive annual training related to pre-screenings, RASP, DME. Staff have been encouraged to make administrator/clinical manager aware of changes with residents as it relates to daily care and other contents of RASP. Administrator/clinical manager will update staff when changes occur and provide necessary training/education, as well as updating resident RASP. Weekly bathing/shower/hygiene schedule has been updated and reviewed with staff, with a completion date of 04/15/2025.

Effective 03/26/2025 the Administrator/clinical manager will perform monthly reviews/audits through 03/31/2026 to maintain ongoing compliance with individual initial and annual RASPs for completion and accuracy. Attention to Part III section #1. as it pertains to personal care needs will be addressed with staff and updated as needed. These practices/compliance efforts are so that staff will be providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented ( [redacted] - 04/28/2025)

85a - Sanitary Conditions

2. Requirements

85a - Sanitary Conditions *(continued)*

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED], at approximately 7:00 a.m., a private duty staff arrived and noticed the smell of feces from the hallway outside resident [REDACTED] room. The resident was found with feces on body, on the walls, and on two towels found on the resident's wheelchair. Staff Person A was in the room at 6:30 a.m. and covered the resident with a blanket and observed the towels on the wheelchair where they were found by the private duty staff.

**Plan of Correction**

Accept [REDACTED] - 04/17/2025)

In response to the violation on 03/26/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/12/2025 by the Administrator/ Clinical Manager to assess resident's room, bedding, soiled articles of clothing and bedding. Resident was also assessed for cleanliness and incontinence. Area was found to be clean, soiled clothing/bedding had been removed and resident had been bathed, no incontinence found at the time. Staff re-educated on the importance of maintaining sanitary conditions for all residents and areas of the facility.

To enhance the currently compliant operations:

1. on 04/01/2025 to prevent unsanitary conditions or risks of unsanitary conditions from occurring, Administrator and Office Manager along with input from related staff members, have developed and initiated a checklist and guideline for maintaining/supporting sanitary conditions throughout the facility, with a completion date of 05/30/25

Implementation of preventive actions will be overseen by the Office Manager/Housekeeper, with an overall completion date of 05/30/2025.

Effective 5/1/25, Office Manager/ Administrator will perform weekly visual assessments and checklists reviews to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented [REDACTED] - 04/28/2025)