

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Berks County Home- Berks Heim		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 Berks Road Leesport, PA 19533	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to document the rationale for the continued use of as needed (PRN) anti-anxiety medications for one of five sampled residents who were on psychotropic medications. (Resident 83) Findings include: Clinical record review revealed that Resident 83 had diagnoses that included dementia with behavioral disturbance and anxiety. The Minimum Data Set assessment dated [DATE], indicated that the resident had been administered an anti-anxiety medication. A review of the care plan revealed that the resident used an anti-anxiety medication related to an anxiety disorder. There was an intervention for staff to administer medications as ordered. On June 24, 2025, a physician ordered for staff to administer an anti-anxiety medication, Lorazepam gel, for anxiety every eight hours as needed. Review of the Medication Administration Records revealed that the Lorazepam gel had been administered five times in July 2025, five times in August 2025, and nine times in September 2025. There was no documentation in the clinical record from the physician for the rationale to extend the PRN Lorazepam gel beyond 14 days from the original order on June 24, 2025. In an interview on October 10, 2025, the Director of Nursing confirmed that there was no stop date or rationale in the orders to extend the PRN Lorazepam medication. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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