

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395094	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/13/2025
NAME OF PROVIDER OR SUPPLIER: BERKS HEIM NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE: 1011 BERKS ROAD LEESPORT, PA 19533		
STATE LICENSE NUMBER: 021202				
(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)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated survey in response to a complaint completed on January 13, 2025, at Berks County Home-Berks Heim, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care; however, the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>Administrator, Assistant Administrator and Nursing Administration including Nursing Supervisors will review staffing ratios and PPD requirements.</p> <p>The DON or designee will re-educate the Nursing Supervisors and nursing schedulers on the ratio and PPD requirements.</p> <p>A daily audit of nursing hours/ratios will be completed by the DON or designee for 7 days, then weekly for three weeks and then every other week for 4 weeks. Results of the audits will be reported to the QAPI committee.</p>	<p>Completion Date: 01/24/2025</p> <p>Status: APPROVED</p> <p>Date: 01/22/2025</p>
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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for three of 14 days reviewed. Findings include: Review of nursing schedules for 14 days from December 22, 2024, through January 4, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on December 25, 2024, and January 1, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on December 31, 2024. During an interview on January 13, 2025, at 12:45 p.m., the Administrator confirmed that the facility	P 5520		

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P 5520	Continued from page 2	P 5520		
P 5640	<p>did not meet the required NA to resident ratios on the days identified.</p> <p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>Administrator, Assistant Administrator and Nursing Administration including Nursing Supervisors will review staffing ratios and PPD requirements.</p> <p>The DON or designee will re-educate the Nursing Supervisors and nursing schedulers on the ratio and PPD requirements.</p> <p>A daily audit of nursing hours/ratios will be completed by the DON or designee for 7 days, then weekly for three weeks and then every other week for 4 weeks. Results of the audits will be reported to the QAPI committee.</p>	<p>Completion Date: 01/24/2025 Status: APPROVED Date: 01/22/2025</p>

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P 5640	<p>Continued from page 3</p> <p>Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for two of 14 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing schedules for 14 days from December 22, 2024, through January 4, 2025, revealed the following total nursing care hours below minimum requirements:</p> <p>Wednesday, December 25, 2024: 3.14 care hours per resident. Wednesday, January 1, 2025: 3.10 care hours per resident.</p> <p>During an interview on January 13, 2025, at 12:45 p.m., the Administrator confirmed that the facility did not meet the minimum required nursing care hours on the days identified.</p>	P 5640		



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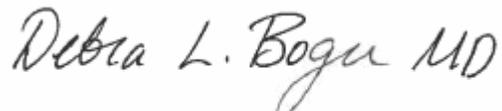
BERKS HEIM NURSING & REHABILITATION

STATE LICENSE NUMBER: 021202

SURVEY EXIT DATE: 01/13/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY