Ms. Diane Edwards,  
Executive Director  
Berks County Commissioners  
633 Court Street  
Reading, Pennsylvania 19601

RE: Berks County Residential Center  
1040 Berks Road  
Leesport, Pennsylvania 19533  
License #: 224580

Dear Ms. Edwards:

As a result of the Department of Human Services' licensing inspection on July 28, 2017 of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities), specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

[Signature]

Jacqueline L. Rowe  
Director

Enclosure
Licensing Inspection Summary
VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>License Number: 22458</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERKS COUNTY RESIDENTIAL CENTER</td>
<td></td>
</tr>
<tr>
<td>Address: 1040 BERKS ROAD, LEESPORT, PA 19533</td>
<td>County: Berks</td>
</tr>
<tr>
<td>Director: Diane Edwards</td>
<td>Region: NORTHEAST</td>
</tr>
<tr>
<td>Legal Entity Name: BERKS COUNTY COMMISSIONERS</td>
<td></td>
</tr>
<tr>
<td>Legal Entity Address: 633 COURT STREET, READING, PA 19601</td>
<td></td>
</tr>
</tbody>
</table>

Certificate(s) of Occupancy
- I-1
- 10/01/2015
- L & I

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Licensed Capacity</th>
<th>Number of Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services</td>
<td>96</td>
<td>32</td>
</tr>
</tbody>
</table>

Type of Inspection: Partial
BHA Docket Number: Notice: Unannounced

Reason(s) for Inspection(s)
- Monitoring

On-Site Inspections Dates and Department Representatives On-Site
- 07/28/2017: Roman, Erin; Piazza, Mark

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:
Random Indicators:

Child Demographic Data as of Inspection Dates

<table>
<thead>
<tr>
<th>Age of Children</th>
<th>Number of Children who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 years: 12</td>
<td>Are Adjudicated Delinquent: 0</td>
</tr>
<tr>
<td>6 to 13 years: 12</td>
<td>Are Dependent: 0</td>
</tr>
<tr>
<td>14 to 17 years: 7</td>
<td>Have Mental Illness: 1</td>
</tr>
<tr>
<td>18 to 21 years: 1</td>
<td>Have an Intellectual Disability: 0</td>
</tr>
<tr>
<td></td>
<td>Have a Physical Disability: 0</td>
</tr>
</tbody>
</table>
1. REGULATION 55 Pa.Code §3800
3800.19(b) - The following consent requirements apply unless in conflict with the requirements of applicable statutes and
regulations specified in subsection (a):
(1) Whenever possible, general written consent shall be obtained upon admission, from the child’s parent or legal
guardian, for the provision of routine health care such as child health examinations, dental care, vision care, hearing care
and treatment for injuries and illnesses.
(2) A separate written consent shall be obtained prior to treatment, from the child’s parent or legal guardian, or, if the
parent or guardian cannot be located, by court order, for each incidence of nonroutine treatment such as elective surgery
and experimental procedures.
(3) Consent for emergency care or treatment is not required.

2a. DESCRIPTION OF VIOLATION
The Consent for Treatment authorization for Child # 1 admitted to the facility on [date] was not signed upon admission.
The Consent for Treatment authorization for Child # 2 admitted to the facility on [date] was not signed upon admission.
The Consent for Treatment authorization for Child # 3 admitted to the facility on [date] was not signed upon admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed
immediately, include dates by which the steps will be completed.
Upon receipt of this plan of correction, the Facility Director or Designated Staff Person will conduct an audit of 50% of the current resident's files to be certain that the applicable documents are present and signed. If the documents are not signed, the director or designee will immediately correct this and have the resident sign where applicable.
Within 24 hours of any new intake, the Director or Designated Staff Member will review the resident's intake
information to be sure all necessary documentation is present, and that the resident has signed all of the applicable
documentation. If the resident did not sign, this will be immediately corrected. Records of the audit and file reviews
will be kept and made available to the Department upon request.

Repeat Violation: No Date(s) of Previous Violation(s): 

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of [Date]
Plan of correction implementation status as of [Date]

☐ Fully Implemented
☐ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

The above plan of correction was approved by [Initials]