

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 5485 PERKIOMEN AVENUE OPERATIONS LLC

To operate BERKSHIRE COMMONS, GENESIS HEALTHCARE

Located at 5485 PERKIOMEN AVENUE, READING, PA 19606

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 29

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 14, 2013 until June 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **221990**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11

JUN 15 2013

Mr. Walter J. Kielar, SVP, Operations
5485 Perkiomen Avenue Operations, LLC
Berkshire Commons, Genesis Healthcare
5485 Perkiomen Avenue
Reading, Pennsylvania 19606

Dear Mr. Kielar:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 29, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,



Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE		License Number: 221990
Address: 5485 PERKIOMEN AVENUE, READING, PA 19606		County: Berks
Administrator: Lee Dwinal		Region: NORTH
Legal Entity Name: 5485 PERKIOMEN AVENUE OPERATIONS LLC		
Legal Entity Address: 5485 PERKIOMEN AVENUE, READING, PA 19606		
Certificate(s) of Occupancy C-2 LP 08/14/1997 L&I		
Staffing Hours Resident Support: NA Total Daily Staff: 100 Waking Staff: 75		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/29/2013: Patton, Leslie; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 68 Secured Dementia Care Unit in Home: Yes Area: SDCU- located on portions of 1st and 2nd floor Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 28 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 0

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A (hired 5/23/12) did not receive training regarding the home's emergency medical plan.

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.

All staff are trained during new hire orientation on the emergency medical plan. The orientation checklist has been changed to include the emergency medical plan. Staff that have been oriented using the old form will be re-inserviced on the emergency medical plan. All newly hired staff will be oriented using the corrected form to include the emergency medical plan. The HR manager will monitor for compliance.

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
LEC DONORAL EXECUTIVE DIRECTOR			2/18/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>4/8/13</u> (Date)	Plan of correction implementation status as of	<u>4/8/13</u> (Date)
The above plan of correction was approved by	<u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

A plastic bag of baguettes located in the home's "Kolpek" brand freezer were not labeled or dated.
 A plastic bag of dinner rolls and cream cheese wrapped in cellophane located in the home's "Kolpek" brand refrigerator were not labeled or dated.

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.

Corrected at time of visit. The unlabeled food was not outdated and presented no potential harm to residents. Dietary staff will be inserviced on proper labeling and dating of food by 2/15/13. The Chef manager to monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lee Dwinan</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEE DWINAN EXECUTIVE DIRECTOR</i>		Date <i>2/13/13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/8/13</u> (Date)	Plan of correction implementation status as of <u>4/8/13</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home's current letter from "Dean Food Companies" states, "...will provide gallons of drinking water to your facility within 24-48 hours." The letter does not state the water will be delivered immediately or how much water would be delivered if needed. In addition, the home has 140 gallons of water on-hand, 204 gallons are required for the 68 residents being served at the time of the inspection.

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.

A three day supply of water has been ordered and delivered. The three day supply will be kept on hand at all times. In the event it needs to be used, a call will be placed to our emergency water supplier on the first day. Therefore, if it takes the full 48 hours for delivery, we still have sufficient water on hand until it arrives. The Chef Manager will monitor to ensure a three day supply is on hand at all times.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lee Dwinial*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LEE DWINIAL EXECUTIVE DIRECTOR

Date 2/13/13

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The above plan of correction is approved as of 4/8/13
 (Date)

Plan of correction implementation status as of 4/8/13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The following week's menu was not posted anywhere in the home. The menus posted were for the current week and the previous week.

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.

Corrected at time of visit. The menu will be displayed for the current week, and the week in advance at all times. The Chef Manger will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lee Dwinal

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

LEE DWINAL EXECUTIVE DIRECTOR

Date 2/12/13

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The above plan of correction is approved as of

4/8/13
 (Date)

Plan of correction implementation status as of

4/8/13
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Staff person B (hired 9/27/10) functions as the home's driver. The staff person routinely transports residents to appointments and other various outings but has not completed the DPW online competency test as required when transporting a resident without being accompanied by a direct care staff person.

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.

The van driver was employed before the requirement of the competency test. He subsequently left employment for a short time and was rehired. He then did not complete the test. Residents were provided with a staff member as an escort that completed the test until the driver passed the competency test. He passed the test and received certificate on 1/30/13 and is able to transport residents. Anyone who will operate the van in the future will pass the competency exam. The HR manger will monitor for compliance.

The administrator will monitor for overall ongoing compliance and assure staff have proper training.
mm
4/8/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Lee Dinnan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>LEE DINNAN</i> <i>Executive Director</i>		<i>4/13/13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/8/13</u> (Date)		Plan of correction implementation status as of <u>4/8/13</u> (Date)	
The above plan of correction was approved by <u><i>mm</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Lantus Insulin - inject 12 units at bedtime. The insulin was opened on 12/10/12 and was still being used as of 1/29/2013.

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.

The Lantus Insulin was disposed of at time of visit. A new vial was obtained from the pharmacy to administer the next dose. Insulin vials will be dated when opened with the open date, and the expiration date to ensure compliance. The open date will also be recorded on the MAR, with a statement that says must be used within 28 days, and then discard unused insulin. The dating will be monitored by the LPN and RCD.

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
LEE DUNNAN Executive Director		2/13/13

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Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for Resident #2 was missing initials on 1/9/13 that medication had been given at 7:00pm for Donepezil HCL 10mg; Quetiapine Fumarate 25 mg; and Thiamine 100mg.

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.

Staff assigned to med administration will be inserviced on the importance of signing/initialing, on the MAR by 2/14/13. The MAR will be audited by the Homestead Manager for that unit, and the RCD for the other residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lee Dinnac

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

LEE DINNAC EXECUTIVE DIRECTOR

Date

2/13/13

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4/8/13
 (Date)

Plan of correction implementation status as of

4/8/13
 (Date)

The above plan of correction was approved by

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Milk of Magnesia as a PRN. The medication was not available.

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.

The PRN medication was no longer in use. An order to discontinue the med was received from the doctor. During monthly recaps, the LPN will obtain an order to discontinue any PRN medications that were not in use during that previous month. The RCD will monitor for compliance on a monthly basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/02/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *L. Dwinna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>LEE DWINNA EXECUTIVE DIRECTOR</i>	<i>2/13/13</i>

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Violation Report: 22199 - 01/29/2013 - Patton, Leslie
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the facility on 12/28/12. The resident's assessment and support plan was finalized and all signatures were dated for 12/12/12.

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.

The assessment was completed within the 15 day window. The wrong date was recorded on the assesment, and corrected the same day of visit. The person completing assessments will be more careful moving forward.

The administrator will be responsible for ongoing compliance -

mm
 4/8/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lee Duvall</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEE DUVALL EXECUTIVE DIRECTOR</i>			Date <i>2/13/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/8/13</u> (Date)		Plan of correction implementation status as of <u>4/8/13</u> (Date)	
The above plan of correction was approved by <u><i>mm</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	