



MAY 12 2014

Mr. Lee Dwinal, Executive Director  
5485 Perkiomen Avenue Operations LLC  
5485 Perkiomen Avenue  
Reading, Pennsylvania 19606

RE: Berkshire Commons, Genesis Healthcare  
License #: 221990

Dear Mr. Dwinal:

As a result of the Department of Public Welfare's licensing inspection on April 11, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 14, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 22199 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 The lint trap in the industrial dryer located in the basement was caked with a large accumulation of lint. The lint poses a possible fire hazard.

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 lint trap will be cleaned after each use. Staff that use the dryers will be in serviced on proper removal, and to initial lint removal log upon completion. Training to be completed by 4/30/2014. Ongoing compliance to be monitored by ED or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lee D'Amico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LEE D'AMICO - EXECUTIVE DIRECTOR	4/24/14

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 22199 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The exit located in the dining room was blocked with a table and 4 chairs, preventing immediate egress in the event of an emergency.

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 table and chairs were moved from in front of the door. Dietary staff will be in serviced by 4/28/2014 about proper placement of table. FSD or designee will continue to 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) <i>LEE DWINAL - EXECUTIVE DIRECTOR</i>	Date <i>4/24/14</i>
--	---------------------

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

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

The above plan of correction was approved by *[Signature]*  
 (Initials)

Violation Report: 22199 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff member A's most recent annual practicum was completed on 10/2013. The previous annual practicum was completed on 8/8/12. The annual practicum was not completed within the annual timeframe.

**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.

Direct care staff in need of annual practicum will have it completed within 12 months. The book containing the Med Training Certifications will be reviewed monthly by the RCD or designee to ensure 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)      Date  
 LEE DWINAL - EXECUTIVE DIRECTOR      4/24/14

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

The above plan of correction is approved as of <u>5-1-14</u> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>5-1-14</u> (Date) <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 - 04/11/2014 - Novak, Ryan  
 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 #3's Aspirin 81mg expired on 12/13.

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.

Medication cart audits will be conducted periodically by nursing staff. All meds nearing expiration dates will be replaced. Ongoing compliance to be monitored by RCD or designee utilizing the attached process.

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) <i>LEE DWINAL - EXECUTIVE DIRECTOR</i>	Date <i>4/13/14</i>
--	---------------------

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

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

Violation Report: 22199 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's Advair Diskus 500/50 and Resident #2's Advair Diskus 100/50 were not dated the day the diskus was opened. The manufacturer's instructions read: diskus good for one month after opening foil pouch.

**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 licensed staff and med techs will be in serviced by 4/30/14 on proper dating of Advair Diskus upon opening and on discard/replacing after 30 days of opening. RCD or designee will monitor for ongoing compliance.

*Documentation of training will be retained by the home. LP.*

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 DWINAL - EXECUTIVE DIRECTOR* Date *4/24/14*

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

The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The pharmacy label for Resident #4's Reno caps soft gel did not include the prescribed dosage.  
 Resident #4's Novolog flex pen 100u and Lantus Solostar pen 100u did not have a pharmacy label attached.

**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.

Spoke with resident's Pharmacy, moving forward all medications will have dosage displayed on pharmacy label, including standard doses.

*Adm/Designee will review monthly for compliance. RJ*

All opened insulin pens currently in use will be stored separately in med cart in a plastic bag with pharmacy generated label. RCD/designee to monitor.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DINNELL - EXECUTIVE DIRECTOR* Date *4/24/14*

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

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

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

Violation Report: 22199 - 04/11/2014 - Novak, Ryan  
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

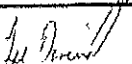
**2a. DESCRIPTION OF VIOLATION**  
 The directions for operating the home's locking mechanism next to the exit labeled Homestead #4 2nd floor reads 228. The code to open the magnetic lock is \*228. The directions are incorrect.  
 The keypad located in the courtyard of Homestead #1 does not have directions for operating the home's locking mechanism posted.

**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 code has been corrected to include the \* before the 228. The code now reads \*228 at the 2<sup>nd</sup> floor Homestead door.

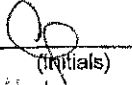
As per my phone conversation with Bob Bisignani on 4/22/2014, please find photos of code that is posted near the key pad listed on this violation report for the courtyard door. The code was there at time of inspection.

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) LEE D'AMICO - EXECUTIVE DIRECTOR	Date 4/24/14
--	-----------------

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

The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date)
The above plan of correction was approved by  (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