



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

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

RE: Berkshire Commons, Genesis Healthcare
License #: 221990

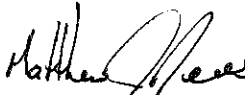
Dear Ms. Dwinal:

As a result of the Department of Human Services' licensing inspection on April 7, 2015 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, 2015 to June 14, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director, ^{13H}

Enclosure
License Inspection Summary

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

PCH Name: BERKSHIRE COMMONS, <i>Genesis Healthcare</i>		License Number: 22199
Address: 5485 Perkiomen Ave., Reading, PA 19606		County: Berks
Administrator: Lee Dwinal		Region: NORTHEAST
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 PA DEPT of L&I		
Staffing Hours		
Resident Support: 29	Total Daily Staff: 122	Waking Staff: 92
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2015: Yellenic, Cindy; Novak, Ryan		
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: 64 Secured Dementia Care Unit in Home: Yes Area: separate wing Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 28 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 1	

Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 3/6/15, 61 residents were present in the building. From 11pm-12am only one staff person was certified in First aid present in the building. On 3/7/15, 61 residents were present in the building. From 12am-7am only one staff person was certified in First aid present in the building.

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 staffing was checked to ensure there is the proper number of staff with the correct credentials to meet regulations. All direct care staff will receive the required training in both CPR and First Aide. CPR/First Aide classes have been scheduled for 5/12/15 and 5/26/15. The RCD will monitor the staff for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/29/15*

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

The above plan of correction is approved as of <u>5/14/15</u> (Date)	Plan of correction implementation status as of <u>5/14/15</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 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The two public restrooms, across the hall from the social room, have inoperable ventilation fans.

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 belt in the motor on the roof was found to be broken. Maintenance replaced the belt so the ventilation worked properly. Maintenance already checks this on a monthly basis. Going forward, housekeeping staff that clean these areas will also check the ventilation weekly to ensure the ventilation is working properly. The task will be added to their cleaning checklist and monitored by the housekeeping supervisor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 4/29/15
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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION
 A common bar of soap was found in the first floor shower room of the Secure Dementia Care Unit.

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 bar soap discovered during the inspection was removed immediately. Staff who assist with showers will be inserviced by 5/30/15 during a staff meeting about not having bar soap in the central bath as it is an infection control concern. If a resident is showered in the central bath with their own personal soap, staff will assist the resident to remove the soap when he or she is done. Ongoing compliance to be monitored by housekeeping supervisor or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

Located in the refrigerator in the dining area of the first floor Secure Dementia Care Unit were a container of brownies with no date or label, one hard boiled Easter egg in a baggie with no date or label, and a package of 6 chocolate Easter eggs with no date or label.

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 brownies, egg, and candy were removed from the refrigerator. The brownies were leftover from a snack served earlier that day, the egg and candy were brought in by a family. Staff will be trained by 5/30/15 during a staff meeting on the importance of labeling and dating all food placed in the refrigerators, and will check the refrigerators daily to ensure compliance. The foodservice manager or designee will check refrigerators for compliance routinely.

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lee Durnal*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LEE DURNAL - EXECUTIVE DIRECTOR* Date *4/29/15*

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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa. Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home does not have a letter to the fire department indicating the address of the home, location of the bedrooms and the assistance needed to evacuate in 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 letter to the fire department was updated on 3/14/15 with the required information. Updates will be sent ongoing to fire department by ED as changes to resident population occurs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>4/29/15</i>
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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 The laundry room, on the second floor of the Secure Dementia Care Unit, had a cloth napkin and several dryer sheets on the floor behind the dryer.

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 napkin and dryer sheets were removed at time of inspection. A staff member emptied the dryer of those napkins 2 minutes before the dryer area was inspected, the napkin and dryer sheets fell behind as she emptied it. The dryer was off at time of inspection and no threat of fire existed. Aides responsible for laundry will be trained by 5/30/15 during a staff meeting to examine area surrounding dryer after each use and spot checked by housekeeping.

The administrator shall monitor for ongoing compliance.

[Signature]
 5/14/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DWYAL - EXECUTIVE DIRECTOR* Date *4/29/15*

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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 FCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 3-11-15. This Resident's medical evaluation was completed on 11/11/14.

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.

Moving forward all DMEs will be audited by RCD or designee for compliance within state mandated time frames.

The administrator shall Audit all resident records for completed Medical evaluation (DME's).

The Audit shall be completed by 06/20/15.

Documentation of the Audit shall be maintained by the home.

M
 5/14/15

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: 4/29/15
 LEE DWINAL - EXECUTIVE DIRECTOR

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Violation Report: 22199 - 04/07/2015 - Yelleric, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa. Code §2600.
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #2, dated 7/18/14, had the following elements filled in after the physician signed the document: the height, the weight, the pulse rate, the blood pressure, the resident's temperature, the Td/Tdap date, other immunizations, the resident's diet, and the resident's need to live in the secure dementia unit.

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.

RCD or designee will monitor all DMEs to ensure all locators are complete prior to physician signature. If errors are found, the DME will be returned to the physician to correct errors.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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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>4/29/15</i>
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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

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

Staff person A's most recent annual practicum was completed on 10/4/13. The 2014 annual practicum only has 3 of the required 4 MAR reviews completed.

Staff person B's most recent annual practicum was completed on 1/7/15 and the initial training was completed on 8/27/13.

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.

Moving forward, timing on MAR reviews and medication observations will be adjusted to meet the required 12 month timeframe. Ongoing compliance will be monitored by the RCD or designee.

The administrator shall Audit all Direct Care Staff records responsible for administering Medications to residents. Documentation of Medication training shall be current and accurate. Audit shall be completed by 06/20/15. Documentation of Audit shall be maintained by the home. Mgt 4/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/11/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEE DWYRAL - EXECUTIVE DIRECTOR Date 4/29/15

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Plan of correction implementation status as of 5/14/15 (Date)

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

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

Violation Report: 22199-04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

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

Resident # 3's Lorazepam did not have a pharmacy label attached.
 Resident # 4's Lantus Solostar Pen 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.

Resident #3 medication did have a label, it was worn off with the information hand written on it. A new prescription was obtained with the pharmacy label. Going forward, medication bottles that have a fading label will have a clear piece of tape placed over the label by the unit LPN so the information cannot be worn off. Training to be completed by 5/15/30 during a staff meeting. Ongoing compliance to be monitored by the RCD or designee.

Resident #4 has an insulin pen that he receives through mail order with 5 in a pack. None of the pens will ever have a pharmacy label. The pharmacy also explained they legally cannot send other labels to us. The pharmacy label that comes on the outside of the box will be photocopied and placed with the individual pens. This will be completed by the LPN who receives each new delivery of mail order insulin pens. Training to be completed by 5/15/30 during a staff meeting. Ongoing compliance to be monitored by the RCD or designee.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/11/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lee Dwinial

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

LEE DWIVAL - EXECUTIVE DIRECTOR

Date 4/29/15

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5/14/15
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The above plan of correction was approved by

M
 (Initials)

Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 56 Pa.Code §2600
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 4's PRN deep sea saline mist and meclizine HCL was not available at the time of the inspection.
 Resident # 5's PRN Q Iussin was not available at the time of the inspection.
 Resident # 6 has an order for accu-checks 4 times daily per a sliding scale. On 4/1/15 at 4:00pm the MAR indicates a blood sugar reading of 252 and 9 units of insulin was administered. The glucometer for this reading indicates 243. According to the sliding scale 6 units of insulin should have been administered for a blood sugar range of 201-250.

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.

Med cart audits will be conducted periodically by RCD or designee. Any medication, including PRNs, will be reordered as needed. Any PRN not in use will be discontinued. Ongoing compliance to be monitored by the RCD or designee.

Upon discovery of the incorrect insulin administration for resident #6, it was reported to the State as a med error. Staff member responsible for the error received education and counseling. RCD or designee is conducting glucometer audits regularly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lee D'Amico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE D'AMICO - EXECUTIVE DIRECTOR* Date *4/29/15*

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Violation Report: 22199 - 04/07/2015 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS

1. REGULATION 55 Pa. Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 2, date of admission 7-19-14, did not sign their support plan and no indication was given if the resident was unable to or refused to sign.
 Resident # 7, date of admission 3-26-14, did not sign their support plan and no indication was given if the resident was unable to or refused to sign.

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.

Resident #2 and #7 had their support plan reviewed again and signed by resident or responsible part.
 • Every support plan will be reviewed with each resident or responsible party by the RCD or designee. A signature will be obtained by the resident or responsible party, or a notation made if the resident is unable or refuses to sign.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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: 4/29/15

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