



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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 Human Services' annual licensing inspection on April 13, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 22199 - 04/13/2016 - Rushin, Julianne
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The home's letter from the Fire Inspector dated 10/20/15 determines that residents should be evacuated from the home within 8 minutes and 1 second. On 04/13/16, there were 61 residents present in the home; 25 of these residents reside in the secured dementia unit and 36 of these residents reside in the personal care wing of the home. Of the residents that reside in personal care, 2 are determined to be immobile and require physical assistance (1:1) with evacuation. On 03/25/16 from 11:00pm - 7:00am, there were 3 staff persons working in the home. Three staff persons cannot evacuate all residents safely based on the residents mobility needs.

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.

3/15/16 is the only day out of the two weeks reviewed that had 3 staff members scheduled. All other days staffing was higher and maintained. Moving forward staffing will be changed by the RCD, based on the acuity and number of residents with mobility needs, in order to meet the needs of the residents in the event of an emergency.

The administrator will be responsible for monitoring and ongoing compliance

[Signature]
 5/5/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DUNN* Date *4/27/16*

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

The above plan of correction is approved as of <u>5/5/16</u> (Date)	Plan of correction implementation status as of <u>5/5/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 04/13/2016 - Rushin, Julianne
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa. Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident #6 has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety 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 bar was covered the day of inspection. Staff will be inserviced by 4/30/16 on the importance of ensuring enabler bars have a cover on them. Staff will check enabler bars every shift and document on TAR that they are covered. RCD will monitor for compliance.

The administrator shall monitor and assure ongoing compliance.

m
 4/28/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

Lee Dinnac

Date 4/27/16

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

The above plan of correction is approved as of	<u>4/28/16</u> (Date)	Plan of correction implementation status as of	<u>4/28/16</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 - 04/13/2016 - Rushin, Julianne
 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 home does not have the current week or the following week menu posted in the home's secured dementia units.

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 complete two weeks of menus will be posted in the secured dementia unit by the Director of Culinary Services. He will also maintain them ongoing, and make changes and new postings as needed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEE DINNAL</i>	Date <i>4/27/16</i>
---	---------------------

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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: 22199-04/13/2016 - Rushin, Julianne
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the ford bus did not contain scissors or tweezers.

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 scissors and tweezers were replaced the day of inspection. The first aid kit will be inspected monthly for correct contents. Compliance to be monitored by RCD or designee.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lee Duran</i>	Date <i>4/27/16</i>
--	---------------------

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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: 22198 - 04/13/2016 - Rushin, Julianne
 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

The 2015 Medication Administration Training Annual Practicums for the following staff persons do not indicate the student's pass date and were not signed by the Trainer: Staff persons A, B, C, D and E.

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 practicums were signed the day of the inspection. Moving forward the med trainer will sign the Med Training Practicums at time of completion. Compliance will be monitored by the RCD.

The administrator shall monitor and assure ongoing compliance.

[Signature]
4/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DUNN* Date *4/27/16*

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 04/13/2016 - Rushin, Julianne

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

The Advair Diskus[®] prescribed for resident # 4 and resident #5 were not dated to indicate when they were opened.

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 techs and LPN's will be inserviced by 5/6/16 on proper dating of Advair Diskus[®]. The RCD will conduct random checks to ensure ongoing compliance.

The administrator shall monitor and assure ongoing compliance.
m
 4/28/16

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 - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/28/16</u> (Date)		Plan of correction implementation status as of <u>4/28/16</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 - 04/13/2016 - Rushin, Julianne
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2609
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 The OTC Melatonin 3mg. prescribed for resident #1 was not labeled with the resident's name.
 The Globetamol 5% topical ointment prescribed for resident #2 was not labeled with the resident's name.

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 techs and LPN's will be inserviced by 5/6/16 on labeling OTC meds with the resident's name. Periodic cart audits will be conducted to ensure all medications are labeled appropriately. Ongoing compliance to be monitored by the RCD or designee.

The administrator shall monitor and assure ongoing compliance

[Signature]
 4/28/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date *4/27/16*
Leo Divinae

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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 - 04/13/2016 - Rushin, Julianne

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 Rite-Aid brand allergy relief prescribed for resident #2 was noted in the medication cart but not indicated on the MAR.

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 techs and LPN's will be inserviced by 5/6/16 regarding meds stored in the med cart must have an order on the MAR. Periodic cart audits will be conducted to ensure compliance. Ongoing compliance to be monitored by the RCD or designee.

The administrator shall monitor and assure ongoing compliance. m 4/28/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/07/2015
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DINNICK* Date *4/27/16*

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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 - 04/13/2016 - Rushin, Julianne
 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 Novolog with a sliding scale. On 4/11/16 at bedtime, the resident's blood sugar level measured at 221; 4 units of insulin was needed; 2 units were given.

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 med tech was counseled by the ED on 4/14/16. The RCD will check MARs regularly. A diabetic flow sheet will now be used to facilitate proper coverage of sliding scale insulin. The RCD will perform regular checks to maintain ongoing compliance.

The administrator shall monitor and assure ongoing compliance.

ms
 4/28/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 4/27/16
 LEE DORVAL

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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 - 04/13/2016 - Rushin, Julianne
 PCH Name: BERKSHIRE COMMONS, GENESIS HEALTHCARE

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
 The support plan for resident #7 dated 2/19/2016 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support 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.

Moving forward, all support plans will be signed by the resident, or indicated that they refused or are unable to sign, and two staff members will then sign. Ongoing compliance to be monitored by the RCD.

• The administrator shall monitor and assure ongoing compliance.

[Signature]
 4/28/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/07/2015
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LEE DWIGHT	4/27/16

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</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