



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to [REDACTED]
MAILING DATE: August 24, 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' licensing inspection on May 6, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22199 - 05/06/2016 - Valence, Duane
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Staff person "A" signed resident # 1's medication administration record on 3/20/2016 to indicate that resident #1 had received his/her medication at the prescribed time of 8:00PM. The medications listed in regulation 2600.187(d) of this report were not administered as prescribed but were found in a cup in resident #1's room on the morning of 3/21/2016 by another 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 employee involved was started in our progressive disciplinary process and removed from medication administration responsibilities. All staff with medication administration responsibilities will be re-inserviced on proper documentation by 6/21/16. Ongoing compliance to be monitored by the Executive Director or Resident Care Director. MAR reviews to be implemented by Adm.
 documentation to be retained by the home
 of 8-6-16

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

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

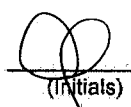
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

LEE D. DINNELL EXECUTIVE DIRECTOR 6/8/16

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

The above plan of correction is approved as of 8-6-16
 (Date)

Plan of correction implementation status as of 8-6-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22199 - 05/06/2016 - Valence, Duane
 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 #1 was not administered the following 8:00PM medications on 3/20/16 by staff person "A", Atorvastatin Calcium 10mg tablet, Colace Softgel 100mg capsule, Acetaminophen 500mg tablet, Metoprolol tartrate 50mg tablet and Oyster Shell Calcium with Vitamin -D, 500mg/200unit tablet. These medications were left in a cup on a table in resident #1's room and were not discovered until the next morning on 3/21/16 by another 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 employee involved was started in our progressive disciplinary process and removed from medication administration responsibilities. All staff with medication administration responsibilities will be inserviced on proper administration of medications, and the need to observe the resident take the medication as per the directions of the prescriber. Ongoing compliance to be monitored by the Executive Director or Resident Care Director.

MAR reviews will be conducted by the Adm/Designee at minimum monthly. This will assist the home to attain and maintain ongoing compliance. Q 8-6-16

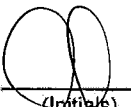
Repeat Violation: Yes	Date(s) of Previous Violation(s):		
-----------------------	-----------------------------------	--	--

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 6/8/16

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

The above plan of correction is approved as of 8-6-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-6-16
 (Date)

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

Violation Report: 22199 - 05/06/2016 - Valence, Duane
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Staff person "A" failed to administer to resident#1 his/her medication at 8:00PM on 3/20/16 as noted in regulation 2600.187(d) of this report. There is no documentation to indicate that the home immediately reported the medication error to resident #1 and resident #1's designated person as required by this regulation.

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, a medication error will be immediately reported to the resident, the resident's responsible party, and the physician, upon discovery of the error. This will be communicated to staff via inservice training by 6/21/16. Ongoing compliance to be monitored by the Executive Director or Resident Care Director. —
 via MAR reviews and cart audits performed on unannounced random basis. 8-6-16

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 DWYER - EXECUTIVE DIRECTOR Date 6/2/16

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

The above plan of correction is approved as of <u>8-6-16</u> (Date)	Plan of correction implementation status as of <u>8-6-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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