



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2017

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 12, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22199 - 04/12/2017 - Harvey, Jason
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 On 4/12/2017, at 10:05am the home's designated smoking area located on the second floor balcony contained two chairs wrapped in fabric, the two chairs do not have manufacturing tags indicating that the furniture is fire retardant.

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 chairs were removed from the smoking area on 4/12/17. They were replaced with full metal chairs that have no material on so they are not flammable. Should these chairs need to be replaced in the future, similar ones with no material, or fire retardant material, will be used. The maintenance director and Executive Director will inspect any new chair for compliance before it is placed in the smoking area.


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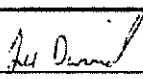

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lee Swinnal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEE SWINNAL EXECUTIVE DIRECTOR	Date 5/13/17
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The above plan of correction is approved as of <u>6/20/17</u> (Date)	Plan of correction implementation status as of <u>6/20/17</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

Violation Report: 22199 - 04/12/2017 - Harvey, Jason	
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 Liquid Tears eye drops, the manufacturer directions indicate the eye drops is to be used within 28 days of being opened. The Liquid Tears located in the medication cart on 4/12/2017 were opened on 3/1/2017 and expired on 3/28/2017.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The tear drops were removed and properly discarded on 4/12/17. New drops were used going forward and will be discarded before expired. The med carts will be audited by the 11-7 shift Med Tech starting 5/11/17 for any medication that is close to expiration so new medication can be obtained before- hand. Training for use of the audit will be completed for each person responsible before their next scheduled shift. All staff training will be completed by <u>5/24/17</u>. The Resident Care Director will review the audits to ensure compliance, and will be reviewed by the Executive Director ongoing.</p> <p style="text-align: center;"><i>Auditing will be done, at minimum, on a monthly basis. Ep, 6-17 6-20-17</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>04/13/2016</u>
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lee Dival</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEE DIVAL - EXECUTIVE DIRECTOR</i>	Date <i>5/13/17</i>
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Violation Report: 22199 - 04/12/2017 - Harvey, Jason PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Resident #2's Prodigy Auto Code glucometer was not calibrated with the correct time and date. Resident #3's Free Style Lite glucometer was not calibrated with the correct time and date. Resident #4's Prodigy Auto Code glucometer was not calibrated with the correct time and date. Resident #5 has a physician's order for Tylenol 325mg as needed. This medication was not available in the home for the resident.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The glucometers were calibrated with the correct time and date by 4/13/17. The correct calibration will be monitored ongoing for accuracy at each use. Staff responsible for monitoring will be trained by 5/24/17. Random checks will also be performed by the Resident Care Director or designee. The Executive Director will monitor for ongoing compliance.</p> <p>The Tylenol for resident #5 was obtained on 4/13/17. The med carts will be audited by the 11-7 shift Med Tech starting 5/11/17 to ensure all ordered medication is available in the facility, or running low so it may be ordered in time. The Resident Care Director will review the audits to ensure compliance, and will be reviewed by the Executive Director ongoing.</p>	
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 DUNN - EXECUTIVE DIRECTOR	
Date 5/13/17	
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Violation Report: 22199 - 04/12/2017 - Harvey, Jason
 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 #6 did not indicate a diagnosis or purpose for Ocuville 100-60mg.
 The Medication Administration Record for resident #7 did not indicate a diagnosis or purpose for Tums.
 The home did not properly maintain the Medication Administrator Record (MAR) of resident #3, staff incorrectly transcribing the blood glucose test results in the individual glucometer for the month of March 2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

- The correct diagnoses for Ocuville and Tums were obtained and indicated on the MAR for resident #6 and #7 on 4/13/17. All diagnoses will be immediately indicated on the MAR by the LPN or Med Tech who takes the order to prevent the same occurrence from happening in the future. LPNs and Med Techs will be in serviced on correct procedure by 5/24/17. The MARs will be reviewed during monthly changeover. The MARs will be monitored moving forward for compliance by the Resident Care Director, or designee. *Adm will overs ee to ensure ongoing compliance. Op. 6-20-17*
- Staff responsible for obtaining glucometer readings will be in serviced by 5/24/17 on proper use and accurately transcribing the reading onto the MAR in order to follow the prescriber's order. MARs will be randomly spot checked for accuracy against the glucometer readings by the Resident Care Director. The Executive Director will monitor going forward for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/13/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEE DINNAL - EXECUTIVE DIRECTOR Date 5/13/17

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Plan of correction implementation status as of 6-20-17 (Date)

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

Violation Report: 22199 - 04/12/2017 - Harvey, Jason
 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
 On 4/11/2017 at 6:30am staff person A transcribed a glucometer reading of 163 on resident #2's medication administration record (MAR), resident #2 did not have a reading of 163 in their glucometer.
 On 4/11/2017 at 6:30am staff person A transcribed a glucometer reading of 133 on resident #8's medication administration record (MAR), resident #8 did not have a reading of 133 in their glucometer.

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 responsible for obtaining glucometer readings will be in serviced by 5/24/17 on proper use and accurately transcribing the reading onto the MAR in order to follow the prescriber's order. MARs will be randomly spot checked for accuracy against the glucometer readings by the Resident Care Director. The Executive Director will monitor going forward for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/13/2016	05/06/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Lee Dwinak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LEE DWINAK - EXECUTIVE DIRECTOR	5/13/17

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Violation Report: 22199 - 04/12/2017 - Harvey, Jason
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The last page of resident #9's non-standardized form completed on 9/16/16 (in lieu of a Resident's Assessment Support Plan), did not include notation that the resident or designated person is unable or refused to sign the document.

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.

Effective 5/15/17 the approved RASP will be utilized with a signature area where the resident or responsible party will sign the document. A notation will be made on the document if the resident is unable or refuses to sign. Compliance will be monitored by the Dementia Program Director, with oversight by the Resident Care Director.


Adm will oversee to ensure ongoing compliance.
Q. 6-20-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEE DORNAL - EXECUTIVE DIRECTOR</i>	Date <i>5/13/17</i>
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Violation Report: 22199 - 04/12/2017 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
The home is using non-standardized forms in lieu of the approved Resident's Assessment Support Plan. On 9/16/16 the home used non-standardized forms to complete resident #9's required Resident's Assessment and 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.

Effective 5/15/17, the approved RASP will be utilized to replace the non-standardized form that was in use. The people responsible to complete the RASP already no how to use it, no further training is required, except they were given notification to start using it by 5/15/17.

The Adm or designee will perform periodic random reviews to ensure staff are only using standardized forms where required. 6/20/17.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
LEE DRINN - EXECUTIVE DIRECTOR *5/13/17*

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(Date)

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(Date)

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