



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: July 6, 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' licensing inspection on May 17, 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.

Sincerely,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22199 - 05/17/2017 - Deluca, Amy
 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
 The home failed to implement policies and procedures for the safe use of medications. On 4/29/17 during the 3pm narcotic count between staff person A and staff person B, it was discovered that one of the four blister packs, 30 pills, of Resident #1's Oxycodone was missing. Staff person A had left the cart unlocked in the Wellness Center failing to ensure the medication cart was secure when not in use. It was also noted through interviews that when staff were counting the narcotics they were not looking at both the log and the narcotics when counting. The outgoing shift was reading from the log and the incoming shift was looking at the narcotics. Since medications went missing staff are now standing side by side and looking at both the medications and the log.
 On 5/6/2017 at approximately 03:00am it was discovered during a change in shift that 85 Oxycodone pills were missing from a bottle belonging to resident # 2. It was determined through staff interview that the pills in this bottle weren't previously being counted because surgical tape had been placed across the lid and the number of pills in the bottle was written in marker on the tape. Staff were instructed not to perform a count on bottles of narcotics that were sealed with tape. The home's actual policy states that a count be performed of all Schedule II-IV drugs at the change of shifts or at any time in which narcotic keys are surrendered from one staff to another. The home's failure to follow that policy and count all narcotics resulted in Oxycodone pills disappearing from the bottle.

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 that are responsible for medication administration have been inserviced on proper procedures including: maintaining custody of the med cart keys at all times, keeping the med cart locked when not actively dispensing medications, counting all schedule II-IV drugs side by side with an LPN or another Med Tech while looking at both the log and narcotic, no bottles are to be taped shut, and all schedule II-IV drugs must be counted at each shift or when the keys are surrendered to another staff member. The facility will replace the missing medication as needed at no cost to the resident.

All staff involved in not following proper procedures have been started in our Individual Performance Improvement Process, and a record of this placed in their employee file. The RCD will monitor ongoing, and report findings to Executive Director 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 Dwinial*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEE DWINIAL - EXECUTIVE DIRECTOR* Date *6/30/17*

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The above plan of correction is approved as of <u>6/30/17</u> (Date)	Plan of correction implementation status as of <u>6/30/17</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