



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 29, 2018

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 October 30, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22199 - 10/30/2017 - Novak, Ryan
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 refused the prescribed medications on the following days and the prescriber was not notified regarding the refusals: 9-24 & 9/25/17 all 8am medications, 9/27/17 all pm medications, on 9/29/17 potassium, and on 10/4-10/6/17 colestipol.

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 #1 passed away at Hospital [redacted] 17, therefore we did not update physician on refused medications discovered during this inspection. Going forward all medication refusals will be documented on back of MAR. Medication refusal report will be completed whenever resident refuses a medication. This report will be faxed to the PCP to review and sign off. A note will be written in PCC to document refusal. Audits will be conducted by the Administrator or designee to ensure compliance.

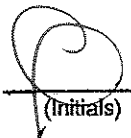
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Holly Maylan* *Matthew Torres*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Holly Maylan, ED* *Matthew Torres* Date *12/28/17*

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

The above plan of correction is approved as of 1-26-18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-26-18
(Date)

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

Violation Report: 22199 - 10/30/2017 - Novak, Ryan
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 17, the cognitive screening was completed on [redacted] 17 which is more than 72 hours prior to admission.

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 #1: All admissions to Memory Support Unit will have cognitive screening done within 72 hours prior to admission to secure dementia unit. Education was provided to all staff that complete cognitive screening. Administrator or designee will audit screening dates prior to admission.

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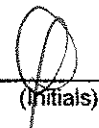
Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Novak*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Novak* *Matthew Torres* Date *12/20/17*

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