



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Mr. Matthew Torres
Executive Director
5485 Perkiomen Avenue Operations LLC
5485 Perkiomen Avenue
Reading, Pennsylvania 19606

RE: Berkshire Commons, Genesis Healthcare
License: 221990

Dear Mr. Torres:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 12, 2018 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 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE


- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff Person(s) A & B have not completed the following mandatory elements of the staff annual training for 2017: Medication self-administration; instruction on meeting the needs of the resident through the use of the Pre-admission screening form, the medical evaluation, and the RASP; and, Personal care 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.


- 2 Staff persons did not complete all mandatory elements of staff annual training for 2017.
- Annual staff training schedule for 2018 has been updated to include-medication self-administration, instructions on meeting the needs of the resident through the use of pre-screen form, medical evaluation and RASP, and personal care needs
- Please see attached 2018 training plan. All staff will be trained by the end of 2018. (Attachment #1)
- Staff training plans will be audited annually to ensure areas of required training are covered.
- This will be monitored by executive Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page)	 ED
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Wendy Long ED	Date	5/8/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/17/18</u> (Date)	Plan of correction implementation status as of <u>5/17/18</u> (Date)
The above plan of correction was approved by <u></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 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following poisonous items were located in the bathroom of Room #244. The resident lives on the secured dementia care unit and is not able to safely handle and identify poisonous materials: Colgate Total labeled if accidentally swallowed get medical help or contact poison control center right away, roll on antiperspirant labeled if accidentally swallowed get medical help or contact poison control center right away and sugar berries hand cream labeled do not eat or swallow.

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.

- When violation was found, items were immediately placed in locked cabinet.
- Staff will be re-educated on what is considered a poisonous material-with labels that read "seek medical attention if swallowed" or "contact poison control center if swallowed". Also re-educate on proper storage of poisonous materials by 5/31/18.
- Staff to ensure to properly secure personal care items after each use.
- See attachment # 2 for in-service record.
- Random audit by Dementia Program Director to ensure compliance.
- Ongoing compliance monitored by Executive Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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 (Initials)

Plan of correction implementation status as of 5.17.18
 (Date)

- Fully Implemented
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Violation Report: 22199 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Located outside the shower in the bathroom of Room #120 was a 3 foot X 2 foot rug that did not have a slip resistant backing, posing a possible fall risk.

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.

- Mat was immediately removed from room on 4/12/18 and replaced with a new one.
- An audit of all rooms and the bathroom mats was completed by housekeeping supervisor. Any mat found to be not in good repair was replaced by a new one.
- Housekeeping staff will be checking bathroom mats in all rooms weekly to ensure they are in good repair and will replace as needed.
- Ongoing compliance to be monitored by Executive Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Long ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Long ED* | Date *5/8/18*

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Violation Report: 22199 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is unable to hear the fire alarm while in her bedroom or if the TV is on. The resident does not have an assistive device located in the room to alert the resident in the event of a fire.

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 told surveyor that she was unable to hear the fire alarm when TV is on or she is in bedroom.
- On 4/13/18 a fire alarm test was conducted to reassess resident # 1 ability to hear the alarm. At the time of the alarm test resident had her TV on and a fan was also running in her room. Activities Director witnessed that resident # 1 heard the alarm when it went off and she independently evacuated her room.

The administrator shall monitor monthly and be responsible for ongoing compliance.

[Signature]
 5/17/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* ED

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Wendy Long ED Date 5/8/18

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Violation Report: 22199 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is self-administering Neosporin and Vagisil and has not been assessed to do so from a physician.

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 was assessed to be able to self-administer Neosporin and Vagisil. Order obtained from physician allowing resident to self-administer Neosporin and Vagisil.
- Re-education to be provided to residents that any medications they have in their room must have an order from physician to use them and keep in their room.
- Re-education will be provided to staff to obtain orders for resident medications to be kept in room for them to self-administer. Will be completed by 5/31/18. Attachment #4
- Monthly audits to be completed by Resident Care Director to ensure residents don't have medications in room without orders.
- Ongoing compliance monitored by executive Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22199 - 04/12/2018 - Yellenic, Cindy
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 There was a loose white round pill in the 3rd drawer of the 2nd floor medication cart.

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.

- A loose white round pill was found in med cart.
- Pill was immediately removed and discarded properly.
- Bi-Weekly medication cart audits will be completed by 11p-7a shift med tech to ensure medications are organized, stored in a clean area and in accordance to the manufacturer's instructions.
- All staff will be educated on the new med cart audit tool by 5/31/18.
- See attachment # 5.
- Ongoing compliance monitored by the Executive Director or designee.

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Signature of Legal Entity Representative
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Violation Report: 22199 - 04/12/2018 - Yellenic, Cindy
 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 #3's glucometer is not calibrated to the correct date and time.
 The home's medication policy states two med techs will count and sign off at the beginning of each shift that the narcotic count is correct. On 3-28-18 at 3:00pm and on 4-6-18 at 3:00pm the narcotic count sheet was not signed by the med tech's.

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 # 3 glucometer was not calibrated.
- A new glucometer was ordered.
- Staff re-education will be provided regarding making sure all glucometers are calibrated to correct date and time by 5/31/18. Attachment #3
- Monthly audits will be performed by RCD to ensure compliance with glucometer calibrations.
- Ongoing compliance monitored by Executive Director.

- Both med techs did not sign narcotic count sheet on 3/28/18 and 4/6/18 at 3pm.
- Disciplinary action will be completed for staff that failed to follow protocol for counting narcotics.
- Re-education will be provided to all nurses and med techs regarding proper narcotic count procedures by 5/31/18. Attachment #3
- Random audits of narcotic book by RCD.
- Ongoing compliance monitored by Executive Director or designee.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/12/2017 05/17/2017

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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.

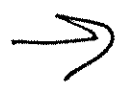
2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order for Flonase. The MAR was not initialed after the Flonase was administered on 4/11/18 at 8:00pm.
 Resident #5 has a physician's order for Midodrine. The MAR did not have a diagnosis for the medication.
 Resident #5 has a physician's order for Tylenol 325mg. The MAR did not have the new order listed, however the medication was in the medication cart.
 Resident #6 has a physician's order for Mag 64. The MAR was not initialed on 4-9, 4-10, and 4-11-18 at 8:00am after the medication was administered.
 Resident #7 has a physician's order for Vitamin B-12. The MAR was not initialed after the medication was administered on 4-6-18.
 Resident #8 has a physician's order for Namenda. The MAR was not initialed on 4-7-18 at 8:00pm after the medication was administered.

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.

-Please see attached paper.



Repeat Violation: Yes	Date(s) of Previous Violation(s)	04/12/2017
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Signature of Legal Entity Representative
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Wendy Long ED

Printed Name and Title of Legal Entity Representative
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Date 5/8/18

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- Resident MAR's were noted to have missing initials after medication were administered.
- Re-education will be provided to staff regarding proper procedure for documentation during med administration. Review the 3 checks for med administration. See attachment # 3.
- Daily audits to be done by each shift to review MAR's for missing initials.
- See attachment # 6.
- Ongoing compliance monitored by Executive Director or designee.
- Resident # 5 did not have a diagnosis for midodrine on MAR.
- Diagnosis added to MAR.
- Re-education to be provided to nurses/med techs to ensure all medications have a diagnosis.
- Audits will be done during monthly change over to ensure all medications have a diagnosis.
- Ongoing compliance monitored by Executive Director or designee.

Wendy Long ED

5/8/18

5/17/18