



July 12, 2019

Ms. Windy Long
Executive Director
5485 Perkiomen Avenue Operations LLC
5485 Perkiomen Avenue
Reading, Pennsylvania 19606

RE: Berkshire Commons, Genesis Healthcare
License: 221990

Dear Ms. Long:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 2, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/9/2019 at approximately 9:30pm Resident #1 was resistant to staff assisting her to be changed and dressed for bed. According to staff person A, who witnessed the incident, three staff persons undressed and changed the resident's brief in a common living area of the home while the resident shouted at staff to be left alone. Staff person A did not report the incident immediately. The incident was reported to management on 3/12/2019. The home did not report the incident to the department's regional office until 3/14/2019.

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.

2600.15(a)

Staff person A was immediately educated on the proper procedure and time frame for reporting suspected abuse

All Staff will be educated on procedure and time frame for reporting suspected abuse no later than 5/31/19. See attachment #1 for inservice record

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Maylan, Senior Executive Director</i>	Date <i>5/8/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-13-19
 (Date)

The above plan of correction was approved by *AG*
 (Initials)

Plan of correction implementation status as of 6-13-19
 (Date)

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

Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 3/9/2019 at approximately 9:30pm Resident #1 was resistant to staff assisting her to be changed and dressed for bed. According to staff person A, who witnessed the incident, three staff persons undressed and changed the resident's brief in a common living area of the home while the resident shouted at staff to be left alone. Staff person A did not report the incident immediately. The incident was reported to management on 3/12/2019. The home did not report the incident to the department's regional office until 3/14/2019.

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.

2600.16(c)

Staff person A was immediately educated on the proper procedure and time frame for reporting suspected abuse

All Staff will be educated on procedure and time frame for reporting suspected abuse no later than 5/31/19. See attachment #1 for inservice record

The Administrator will also ensure that there is a process in place for the home to submit Incident Reports within the required 24 hour timeframe. This is to include nights, weekends and holidays. The home will train staff on this process and retain a copy of the process directions or policy and procedures. 6-13-19

AG

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 3/9/2019 at approximately 9:30pm Resident #1 was resistant to staff assisting her to be changed and dressed for bed. According to staff person A, who witnessed the incident, three staff persons undressed and changed the resident's brief in a common living area of the home while the resident shouted at staff to be left alone. The resident was not treated with dignity and respect.

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.

2600.42(c)

The 3 staff members that were involved were suspended and subsequently terminated

All staff will be re-educated on resident rights focusing specifically on dignity and respect no later than 5/31/19.

All staff will receive education annually regarding resident rights see Attachment 2 for inservice record and staff training plan Attachment 3

Ongoing compliance will be monitored by Executive Director and/or designee

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Holly Maylan

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

Holly Maylan, Senior Executive Director

Date

5/8/19

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
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 A did not receive annual training for 2018 in medication self-administer and instrution on meeting needs of the resident based on preadmission screening, assessment tool, medical evaluation 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.

2600.65(f)

Staff Person A did not receive all mandatory elements of required annual staff training for 2018.

Annual training plan was updated for 2019 to ensure that it includes Medication Self Administration and instruction on meeting the needs of the resident based on Prescreen, assessment tool, Medical evaluation and support plan, See attachment 3

Staff training plans will be audited annually to ensure they cover all required trainings elements

Ongoing compliance will be monitored by Executive Director and/or designee

The home will ensure that Staff Person A makes up the required training and has made up the total number of hours missed from Training Year 2018. 6-13-19

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/12/2018	
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Maylan, Senior Executive Director* **Date** *5/8/19*

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There were two dented cans observed in the home's pantry: 1 can of Campbell's tomato juice and 1 can of Hunt's tomato ketchup. The cans were found on shelves with other canned food, not on the separate shelf designated for dented cans.

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.

2600.103(i)

The two dented cans were removed from inventory and placed on the designated shelf for dented cans.

All dietary staff will be educated on identifying dented cans and placing them in the designated area for dented cans in the pantry.

Chef manager will audit pantry monthly for compliance

See attachment #4 for copy of the inservice record and audit tool

Ongoing compliance will be monitored by Executive Director and/or designee

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The exit door leading from the first floor secured dementia care unit does not open freely.

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.

2600.121(a)

The rubber strip along the bottom of the door was shaved down to allow the door to open freely
Maintenance director will audit all egress routes to ensure that they are unlocked and unobstructed
Please attachment #5 for picture of door and audit tool to be used
Ongoing compliance will be monitored by Executive Director and/or designee

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Holly Maylan, Senior Executive Director* Date *5/8/19*

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher located in the home's secured dementia care unit court expired on 10/18/18.

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.

2600.131(f)

ATS came to the facility on 4/10/19 to inspect and tag the fire extinguisher in secured dementia care court yard

Maintenance director will audit all fire extinguishers to ensure they are inspected and dated

Please see attachment #5 for picture of extinguisher and audit tool

Ongoing compliance will be monitored by Executive Director and/or designee

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs do not document that alternating exits are being used during fire drills. The fire drill logs for drills conducted on 4/25/18, 5/25/18, 6/23/18, 7/29/18, 8/30/18, 10/29/18, 11/30/18, 1/26/19, and 2/23/19 all indicate the exit route used as "fire safe areas".

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.

2600.132 (f)

The fire drill log has been updated to indicate the exit routes to show that alternate routes have been used and will continue to be used for fire drills, please see attachment #7

Ongoing compliance will be monitored by Executive Director and/or designee

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Violation Report: 22199 - 04/02/2019 - Harvey, Jason
 PCH Name: BERKSHIRE COMMONS GENESIS HEALTHCARE

1. REGULATION 55 Pa.Code §2600

2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION

The home's smoking policy indicates smoking is permitted on the 2nd floor patio only. However, the home has an outdoor patio area on the 1st floor of the memory care unit that has a sign designating it as a smoking area. There is also an ashtray in this area.

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.

2600.144(b)

All signage as well as the ashtray have been removed from the memory care outdoor patio area.

A 30 day notice has been sent to all residents/families to make them aware that the memory patio will no longer be used as a designated smoking area. Please see attachment #8 for letter to families and Exhibit E of contract that indicates designated smoking areas.

Ongoing compliance will be monitored by Executive Director and/or designee

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Holly Maplan

Printed Name and Title of Legal Entity Representative
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Holly Maplan, Senior Executive Director

Date

5/8/19

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Violation Report: 22199 - 04/02/2019 - 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

Resident #2 receives blood glucose monitoring before lunch with insulin administered on a sliding scale. On 3/21/2019 the resident's blood glucose was 250, requiring 4 units of insulin. The Medication Administration Record (MAR) indicates 6 units of insulin were 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.

2600.187(d)

Staff education was provided regarding administering insulin per sliding scale coverage

Resident Care Director will monitor MAR's monthly to ensure proper documentation on MAR's for sliding scale coverage

Please see Attachment #9 for inservice record and audit tool

Ongoing compliance will be monitored by Executive Director and/or designee

Repeat Violation: No

Date(s) of Previous Violation(s):

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Holly Maylan

Printed Name and Title of Legal Entity Representative
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Holly Maylan, Senior Executive Director

Date *5/8/19*

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