



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: holly.moylan@genesishcc.com
MAILING DATE: June 4, 2020

Ms. Wendy 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 30, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BERKSHIRE COMMONS, GENESIS HEALTHCARE*
Address: *5485 PERKIOMEN AVENUE,, READING, PA 19606*
County: *BERKS* Region: *NORTHEAST*

License Number: *22199*

Administrator

Name: *Holly Moylan* Phone: *6107793993* Email: *WENDY.LONG@GENESISHCC.COM*

Legal Entity

Name: *5485 PERKIOMEN AVENUE OPERATIONS LLC*
Address: *5485 PERKIOMEN AVENUE, READING, PA, 19606*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

01/30/2020 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st & 2nd floor* Capacity: *29* Residents Served: *27*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On Sunday, 1/12/20, during the overnight shift, there were only 3 staff who worked the 11 p.m. to 7 a.m. shift. Considering the needs of the 61 residents- 4 residents are 1 assists and 4 residents are 2 assists, located on two (2) different floors, both in and out of the home's Secured Dementia Care Units, this is an insufficient number of staff available to assist residents in the event of a fire or emergency.

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.)

On 1/30/2020, the facility transferred the one resident that was a 2 assist transfer that was residing on floor 2 to an open room on the ground floor of the building after receiving permission from the residents designated person, so that all 2 assist residents were located on the ground level of the building.

Staffing levels were increased on the overnight shift effective 1/30/2020 at 11 p.m. to ensure that there were sufficient staff that are trained in Fire Safety and Emergency Preparedness, including evacuation procedures, based on the current needs of the resident population living in the facility at that time. Staff education was provided on February 4 and February 6, 2020 to review required staffing levels based on the current needs of the residents.

The ED and Resident Care Director will review staffing ratio's for the overnight shift bi-weekly at the labor management meetings to ensure that appropriate staffing levels are being met based on the current resident needs on the overnight shift. The ED and Resident Care Director will either adjust staffing levels or work with residents to be placed on the ground level when their care needs increase to ensure that we have sufficient staff to meet the current needs of the residents.

Legal Entity Representative

Holly Moylan

Signature

Holly Moylan, Sr. Executive Director

Printed Name and Title

3/10/2020
Date

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The above plan of correction is approved as of 4-24-2020
(Date)

Plan of correction implementation status as of 4-24-2020
(Date)

The above plan of correction was approved by ag
(Initials)

Implemented
 Not Implemented

January 27, 2020

Holly Moylan
Executive Director
Berkshire Commons
5485 Perkiomen Ave
Reading, PA 19606

Dear Ms. Moylan,

On January 27th, 2020 a fire safety inspection was conducted at the above-mentioned facility in accordance with the life safety provisions of 55 PA Code Chapter 2600. The information provided below is based on this and previous site visits.

The building housing your residents is a Type 2A building and is equipped with a fully supervised automatic sprinkler system and automatic fire alarm system with smoke detectors and pull stations. The openings to the stair towers are rated for ninety minutes and the walls are of non-combustible construction, creating at least a ninety-minute fire rated barrier, in accordance with the International Building Code. The building separation fire walls located on each residential floor provide for at least one hour of protection. All ratings were physically during the site visit and should be maintained in accordance with the Authority Having Jurisdiction or the contents of this letter are null and void.

There are four (4) areas of refuge in your building. The areas of refuge shall be located in the fire stair towers and the unaffected common areas on each floor, beyond the building separation fire rated doors. All areas of refuge meet the intent of section 123(d) of 55 PA Code, Chapter 2600 and the International Building Code. The occupant load of the area of refuge is sufficient to handle in excess of 100% of the residents potentially evacuated from the fire area. Within the area of refuge, a portable radio or

some other form of communications shall be provided. Based on the design and construction of your building the evacuation time, as required by 132(d), from the resident area to the designated areas of refuge (fire safe areas) as identified above or to the exterior of the building shall be a maximum of 15 minutes.

Any and all construction, renovation, and modifications to the fire protection system, fire alarm system, fire walls, protective fire openings such as doors and frames must be completed in accordance with the authority having jurisdiction and applicable Uniform Construction Code. Any such activity must be reported to the Fire Safety Expert to ensure the areas of refuge or calculated evacuation time is not compromised. Failure to do so voids the contents of this letter.

If you have any questions or need additional information or clarification, please do not hesitate to contact me at 267-496-3600 or robert.muller@flss.net.

Sincerely,



Robert C Muller

ICC Fire Inspector # 8117966

Inspection Report

Mifflin Court
450 East Philadelphia Avenue
Shillington, PA 19607-2731



Robert C Muller
ICC Fire Inspector # 8117966