

Department of Human Services
Bureau of Human Service Licensing

December 22, 2020

HOLLY MOYLAN, ADMINISTRATOR
5485 PERKIOMEN AVENUE OPERATIONS LLC
5485 PERKIOMEN AVENUE
READING, PA 19606

RE: BERKSHIRE COMMONS, GENESIS
HEALTHCARE
5485 PERKIOMEN AVENUE
READING, PA, 19606
LICENSE/COC#: 22199

Dear Ms. Moylan,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2020, 10/19/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *BERKSHIRE COMMONS, GENESIS HEALTHCARE* License #: *22199* License Expiration Date: *06/14/2021*
Address: *5485 PERKIOMEN AVENUE, READING, PA 19606*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: *Holly Moylan* Phone: *6107793993* Email:
Holly.Moylan@Genesisihcc.com; lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: *5485 PERKIOMEN AVENUE OPERATIONS LLC*
Address: *5485 PERKIOMEN AVENUE, READING, PA, 19606*
Phone: *6107793993* Email: *HOLLY.MOYLAN@GENESISHCC.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/20/2020*

Inspection Dates and Department Representative

09/29/2020 - Off-Site: Ryan Yankowy
10/19/2020 - Off-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *29* Residents Served: *24*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

09/29/2020 - Partial

Lead Inspector: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *11/18/2020*

11/13/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *11/30/2020*

12/22/2020 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 hit Resident #2 in the face on 2/25/20. Resident #2 sustained multiple fractures in the orbital area, nasal bone and sinus area. Resident #1 physically abused Resident #2.

Plan of Correction

Directed

On 2/25/2020 at 4:30 p.m. Resident #1's husband was called in to provide 1 on 1 supervision until we could have her evaluated for an in-patient psychiatric stay. On 2/26/2020 Resident # 1 was admitted to Chestnut Hill Behavior Center for medication adjustments. Resident #1 returned to the facility on 3/5/2020 and was on 1 on 1 supervision until she had a change in condition on 5/24/2020. As of 6/10/2020 1 on 1 supervision was weaned until removed on 6/22/2020, and she was discharged to the hospital on 6/23/2020 and then transferred to Skilled Nursing from the hospital on 6/29/2020. Staff have been educated that if a resident is agitated to ensure that the resident is under supervision until the agitation ceases to ensure that other residents are not in danger and to send resident out if the agitation does not dissipate.

Directed Plan of Correction:

11-13-2020

Upon return receipt of this updated POC the home will include verification of staff training referenced in this initial submission. AG

Completion Date: 11/30/2020

Document Submission

Implemented

Attached copy of staff education