

Department of Human Services
Bureau of Human Service Licensing

August 16, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2021, 06/08/2021 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 **Licence #:** 22199 **Licence Expiration Date:** 06/14/2022
Address: 5485 PERKIOMEN AVENUE, READING, PA 19606
County: BERKS **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6107793993 **Email:** [REDACTED]

Legal Entity

Name: 5485 PERKIOMEN AVENUE OPERATIONS LLC
Address: 5485 PERKIOMEN AVENUE, READING, PA, 19606
Phone: 6107793993 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 84 **Waking Staff:** 63

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/09/2021

Inspection Dates and Department Representative

07/09/2021 - Off-Site: [REDACTED]
06/08/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 28 **Resident Served:** 26

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 34 **Have Physical Disability:** 1

Inspections / Reviews

8/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *08/16/2021*

8/16/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/28/2021, Resident #1 and Resident #2 engaged in a physical altercation that resulted in no injury. The home did not report this incident to the department.

Plan of Correction

Accept

The report was updated and sent to DHS. Staff was educated on reporting abuse in ALL cases, no matter physical contact or not.

Completion Date: 08/09/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send in the copy of the signature sheets for the staff training on all 19 elements that have to be reported to the Northeastern Regional Office.

Also please ensure that there is a process in place for the Supervisory or management Team to submit reports on Weekends and Holidays to the Department's Regional Office to comply with the 24 hour timeframe.

Documentation should be sent in the Portal.

AG, 8 9 21

Document Submission

Implemented

Attached is the sign-on sheet along with the paperwork and slide that was presented to staff on reporting abuse