

Department of Human Services  
Bureau of Human Service Licensing

February 24, 2022

[REDACTED]  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/20/2021, 01/05/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *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: *0* Total Daily Staff: *80* Waking Staff: *60*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *01/05/2022*

**Inspection Dates and Department Representative**

12/20/2021 - On-Site: [REDACTED]

01/05/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *56*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *29* Residents Served: *23*

**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: *24* Have Physical Disability: *2*

## Inspections / Reviews

12/20/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/12/2022*

02/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/04/2022*

02/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**103h - Thawing Food****1. Requirements**

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

**Description of Violation**

*A tray of frozen beef was defrosting on the counter of the kitchen near the sink.*

**Plan of Correction****Accept**

*Dietary staff was educated and in serviced on proper methods of defrosting food and why.*

**Update:** 02/24/2022

*please confirm that the food was tossed on the day of investigation.*

*AG, 2-24-22*

**Document Submission****Implemented**

*Yes, food was tossed that day. The education was done that day as well.*