

Department of Human Services
Bureau of Human Service Licensing

July 13, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 review on 04/12/2022, 04/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *06/14/2023*
Address: *5485 PERKIOMEN AVENUE, READING, PA 19606*
County: *BERKS* Region: *NORTHEAST*

Administrator

██████████ Phone: ██████████ Email: ██████████

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/14/1997* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/13/2022*

Inspection Dates and Department Representative

04/12/2022 - On-Site: ██████████
04/13/2022 - On-Site: ██████████

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *28* Residents Served: *23*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *2*

Inspections / Reviews

04/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2022*

06/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2022*

06/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/21/2022*

07/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

There was no verification in the personnel file that Staff Member A has a GED or graduated from High School.

Plan of Correction

Do Not Accept

Info was obtained and inserted into the staff chart.

Completion Date: 04/26/2022

Plan of Correction

Accept

Info was obtained and inserted into the staff chart as of 5/10/22

HR to do monthly checks to ensure all info is needed at the time of hire

ED to do quarterly Audits

Completion Date: 06/07/2022

Update: 06/11/2022

Please send proof of staff A's training.

Document Submission

Implemented

Info was obtained and inserted into the staff chart as of 5/10/22

HR to do monthly checks to ensure all info is needed at the time of hire

ED to do quarterly Audits

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency numbers posted near the landline telephones in the hallway on the 2nd floor or the bedroom of Resident 1.

Plan of Correction

Do Not Accept

The phone list WAS in the room of the resident in question, upon inspection. Phone lists were added to the wall by the phones in all of our hallways.

Completion Date: 04/15/2022

Plan of Correction

Accept

The phone list WAS in the room of the resident in question, upon inspection. Phone lists were added to the wall by the phones in all of our hallways.

Housekeeping and maintenance to do monthly checks to ensure numbers have not been removed or damaged.

Completion Date: 06/07/2022

Update: 06/11/2022

Please send proof of compliance (picture).

91 - Telephone Numbers *(continued)*

Document Submission **Implemented**

The phone list WAS in the room of the resident in question, upon inspection. Phone lists were added to the wall by the phones in all of our hallways.

Housekeeping and maintenance to do monthly checks to ensure numbers have not been removed or damaged.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification letter to the local fire department did not include the home's capacity.

Plan of Correction **Do Not Accept**

Letter resent with the capacity of our building

Completion Date: 05/17/2022

Plan of Correction **Accept**

Letter resent with the capacity of our building.

The Admin, Assistant is responsible for sending a yearly letter and copying ED on the email.

A date has been uploaded to Google calendar to remind her EVERY YEAR to send the letter in January.

Completion Date: 06/07/2022

Update: 06/11/2022

Please send copy of update letter to fire department.

Document Submission **Implemented**

Letter resent with the capacity of our building.

The Admin, Assistant is responsible for sending a yearly letter and copying ED on the email.

A date has been uploaded to Google calendar to remind her EVERY YEAR to send the letter in January.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a clothing article found behind the 2nd floor dryer in the memory care unit.

Plan of Correction **Do Not Accept**

A shelf was placed above the washer and dryer in our memory support to help prevent items from falling behind the equipment

Completion Date: 04/28/2022

Plan of Correction **Accept**

A shelf was placed above the washer and dryer in our memory support to help prevent items from falling behind the equipment.

A staff meeting will be held to reiterate the importance of combustible materials near heat sources.

A check sheet will be put in place to ensure the laundry area is checked daily for items.

Completion Date: 06/07/2022

125a - Combustible Storage *(continued)*

Update: 06/11/2022

Who will be responsible to ensure ongoing compliance?

Document Submission

Implemented

A shelf was placed above the washer and dryer in our memory support to help prevent items from falling behind the equipment.

A staff meeting will be held to reiterate the importance of combustible materials near heat sources.

A check sheet will be put in place to ensure the laundry area is checked daily for items. The Dementia Program Director is to ensure compliance on her unit and Maintenance will be responsible for the rest of the building

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a required monthly fire drill in the months of 12/2021 and 1/2022.

Plan of Correction

Do Not Accept

Drills have been continuously done monthly. January was missed due to active COVID cases in our building.

Completion Date: 02/01/2022

Plan of Correction

Accept

Drills have been continuously done monthly. January was missed due to active COVID cases in our building.

A fire drill was conducted on 12/21.

ED to check updates from DHS monthly on protocols during COVID

Completion Date: 06/07/2022

Update: 06/11/2022

Please send current fire drill log.

Document Submission

Implemented

Drills have been continuously done monthly. January was missed due to active COVID cases in our building.

A fire drill was conducted on 12/21.

ED to check updates from DHS monthly on protocols during COVID

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most current fire inspection completed by a fire expert was completed 3/4/2021.

Plan of Correction

Do Not Accept

An annual drill WAS conducted, and documentation was found

Completion Date: 03/14/2022

Plan of Correction

Accept

An annual drill WAS conducted, and documentation was found

132b - Safety Inspection/Fire Drill (continued)

Binder being put together for annual inspections, so paperwork will not be misplaced again, by ED

Completion Date: 06/07/2022

Update: 06/11/2022

Please send proof of current safety drill/inspection letter.

Document Submission

Implemented

An annual drill WAS conducted, and documentation was found

Binder being put together for annual inspections, so paperwork will not be misplaced again, by ED

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill completed 3/15/2022 at 4:17pm did not include the time needed to complete the drill.

Plan of Correction

Do Not Accept

Corrections made

Completion Date: 04/13/2022

Plan of Correction

Accept

Corrections made

The fire company was informed of having to add the time of completion needed to complete the drill to all paperwork sent to ED after the drill is done on 4/20/22

Completion Date: 06/07/2022

Update: 06/11/2022

Who is responsible to ensure ongoing compliance.

Document Submission

Implemented

Corrections made

The fire company was informed of having to add the time of completion needed to complete the drill to all paperwork sent to ED after the drill is done on 4/20/22. The Executive Director will be responsible for ongoing compliance.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 2 had their prescribed [redacted] medication discontinued on [redacted] The medication was still available on the Medication cart on [redacted]

Plan of Correction

Do Not Accept

Medication was discarded immediately

Completion Date: 04/13/2022

183d - Prescription Current (continued)

Plan of Correction

Accept

Medication was discarded immediately

Inservice provided to staff during monthly training on discarding medications after death or discontinuation.

Completion Date: 06/07/2022

Update: 06/11/2022

Who will be responsible to ensure ongoing compliance?

Please attach proof of staff training.

Document Submission

Implemented

Medication was discarded immediately

Inservice provided to staff during monthly training on discarding medications after death or discontinuation.

Resident Care Director will be responsible for ongoing compliance.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident 3 is prescribed a [redacted] inhaler. On [redacted], the inhaler was observed to have been opened but was not dated with the open date.

Plan of Correction

Do Not Accept

The date was added immediately and going forward

Completion Date: 04/13/2022

Plan of Correction

Accept

The date was added immediately and going forward.

Med Tech trainer to review with med techs during next meeting

Med Tech trainer gave a copy of the training manual to ED to review and ensure this is covered in the class

Completion Date: 06/07/2022

Update: 06/11/2022

Please send proof of staff training.

Document Submission

Implemented

The date was added immediately and going forward.

Med Tech trainer to review with med techs during next meeting

Med Tech trainer gave a copy of the training manual to ED to review and ensure this is covered in the class

187a - Medication Record

1. Requirements

187a - Medication Record (continued)

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 3 received their PRN medication of [REDACTED] but the effectiveness of the medication was not documented.

Plan of Correction

Do Not Accept

Records are kept in our PCC system. Med administration and results are added for all residents in their MAR.

Completion Date: 04/13/2022

Plan of Correction

Accept

Records are kept in our PCC system. Med administration and results are added for all residents in their MAR. 6/21/22 will be retraining for med techs on proper documentation

Completion Date: 06/21/2022

Update: 06/11/2022

Who will be responsible to ensure ongoing compliance?

Please send proof of staff training.

Document Submission

Implemented

Records are kept in our PCC system. Med administration and results are added for all residents in their MAR. 6/21/22 will be retraining for med techs on proper documentation. Resident Care Director will be responsible for ongoing compliance

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The RASP dated [REDACTED] for Resident 4 does not indicate that their bed is equipped with a bed rail.

Plan of Correction

Do Not Accept

Added Immediately

Completion Date: 04/13/2022

Plan of Correction

Accept

Added Immediately. RASP checks are done monthly by DPD on memory and RCD, in general, to ensure these specific items are not missed again.

Completion Date: 06/10/2022

Update: 06/11/2022

Please send RASP update for resident 4.

Document Submission

Implemented

Added Immediately. RASP checks are done monthly by DPD on memory and RCD, in general, to ensure these specific items are not missed again.