

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 2, 2024

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BERKSHIRE COMMONS, GENESIS HEALTHCARE* License #: *22199* License Expiration: *06/14/2024*
 Address: *5485 PERKIOMEN AVENUE, READING, PA 19606*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/1997* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/16/2023*

Inspection Dates and Department Representative

11/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *54*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SCDU* Capacity: *28* Residents Served: *23*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

11/16/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2023*

12/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/01/2024*

Inspections / Reviews (*continued*)

01/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

01/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

The Area Agency on Aging arrived at Berkshire Commons on 11/1/2023 stating they were there to investigate an allegation of abuse. The home did not immediately develop and implement a plan of supervision or suspend staff member #1 or Staff member #2 .

Plan of Correction

Accept ([redacted] - 01/02/2024)

The Executive Director of the building will be responsible for ensuring there is a plan in place for a staff member accused of abuse and its ongoing compliance. The HR director will be responsible for monitoring the incident from that point on as it relates to keeping contact with the alleged staff member. The executive director will immediately speak to the accused staff and have them removed from the schedule until the outcome of the allegation is resolved. If there is a finding of abuse, that staff member will be terminated effective immediately. IF the allegations are unfounded, the staff member will be put back on the schedule and continue to work at the facility. The executive director had a staff meeting with all department heads to review the steps that are needed as a mandatory reporter in an abuse case 12.15.23. This policy and reg will be reminded and reviewed at the next department head meeting which occurs monthly. The next meeting will be 1.23.24. The actions mentioned will be put into place immediately as of 12.27.23

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented ([redacted] - 01/02/2024)

16c - Written Incident Report

2. 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

The home was made aware of an allegation of abuse from The Area Agency on Aging on 11/1/23, the allegation of abuse was not reported to the Department until 11/15/2023.

Plan of Correction

Accept ([redacted] - 01/02/2024)

The executive director and/or the resident care director are responsible for reporting any suspicion of abuse, founded or not. They are to report it immediately to DHS and the AAA. They will also be held responsible for monitoring compliance throughout the year. All department heads have been made aware and signed off on the reporting abuse necessity. See attached. This process has gone into effect as of 12.15.23 The staff have been made aware that the reporting must be done within 24 hours of the alleged incident, however, they are to report abuse to a mandatory reporter immediately. The executive director and the resident care director are responsible for ongoing compliance effective 12.15.23

Licensee's Proposed Overall Completion Date: 12/30/2023

Implemented ([redacted] - 01/02/2024)