

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

April 5, 2024

[REDACTED]
5485 PERKIOMEN AVENUE OPERATIONS LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2024, 02/29/2024 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]

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/29/2024*

Inspection Dates and Department Representative

02/14/2024 - On-Site: [REDACTED]
 02/29/2024 - Off-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: *1st and 2nd floor* Capacity: *26* Residents Served: *24*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *2*

Inspections / Reviews

02/14/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2024*

Inspections / Reviews (*continued*)

04/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

04/05/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident [redacted] and Resident [redacted] were found engaged in a sexual act by staff members of the home on [redacted]. A report was not made to the Area Agency on Aging regarding the incident.

Resident [redacted] reported being punched in the back by Resident [redacted] on [redacted]. The suspected abuse was not reported to the Area Agency on Aging.

Plan of Correction

Accept [redacted] - 04/05/2024)

An In-service was presented to staff members on [redacted]. They were educated on reporting suspected abuse cases to a department head immediately upon suspicion. The ED and DHW will be responsible to maintain compliance with daily check ins with floor staff, effective immediately. AAA was notified on [redacted] of the suspected case of abuse within the community

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 04/05/2024)