

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

May 8, 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 03/07/2024 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: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/15/2024*

Inspection Dates and Department Representative

03/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *53*

Secured Dementia Care Unit
 In Home: *Yes* Area: *n/a* Capacity: *26* Residents Served: *22*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *2*

Inspections / Reviews

03/07/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2024*

04/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/08/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

Inspections / Reviews (*continued*)

05/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2024

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

Resident [redacted] has a prescription for [redacted] ablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] mg tablets, [redacted] tablets, [redacted] tablets, Whole Produce Fruits tablets and Whole Produce vegetable tablets that are all scheduled to be administered at 9am. As per interviews and nursing notes it was verified that on 3-3-24, the resident was taken out of the home by a family member and was not administered any morning medications/supplements by the home. An incident report was not submitted to the Department regarding the medication error.

Plan of Correction

Accept [redacted] - 04/26/2024)

Staff education provided and completed on 4/12/2024 that included responsibilities of med tech when a resident leaves the community with their family or friend, whom the med tech should report a missed medication to, how to notify the physician and follow up with the physician. DHW and ED are responsible for ensuring reportable incident is completed and sent to DHS, effective immediately.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 05/08/2024)

42I - Personal Clothing

2. Requirements

2600.

42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

Resident [redacted] was found smoking in the home on [redacted] and was subsequently denied the ability to smoke by the home. The home has a smoking evaluation questionnaire to be answered regarding the resident's ability to smoke safely which indicates if any question is answered as "yes" the resident must be supervised when smoking. The resident was assessed by the home on [redacted] and it was determined the resident could not smoke safely. The resident was not offered the opportunity to smoke with supervision. and instead, was prohibited from smoking in the home.

Plan of Correction

Accept [redacted] - 05/08/2024)

Smoking materials removed from resident on [redacted]. Resident [redacted] was discharged from the facility on 3/12/2024. Effective immediately, 5/3/2024, Director of Health and Wellness to ensure smoking assessment is completed and reviewed with resident and or family members. If supervision is required per the smoking assessment, the Director of Health and Wellness and Executive Director will designate an employee to supervise smoking resident. Director of Health and Wellness will be held responsible for maintaining and monitoring compliance. Director of Health and Wellness will complete admission, annual and significant change smoking assessments. The Executive Director is responsible for ensuring supervision is provided to residents that require supervision for smoking effective 5/3/2024. Executive Director to provide a sign in and sign out sheet for residents to smoke with a staff member if needed effective 5/1/2024.

Licensee's Proposed Overall Completion Date: 05/03/2024

42I - Personal Clothing (continued)

Implemented [redacted] - 05/08/2024)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

As per interviews and nursing notes, Resident [redacted] was found smoking inside the home on [redacted]. The resident was discovered by staff and was found to be smoking outside of the home's designated smoking area.

Plan of Correction

Accept [redacted] - 05/08/2024)

Resident was immediately guided to correct smoking area on 2/23/2024. Verbal education provided by Executive Director to resident and resident's companion on 2/23/2024 on location of proper smoking area. Resident [redacted] was discharged from the facility on 3/12/2024.

Executive Director completed education with the remainder of smoking residents on 4/12/2024 to ensure that they are able to locate and access the resident smoking area. Executive Director is responsible to ensure the smoking area remains in compliance and Director of Health and Wellness is responsible to continue to use proper smoking assessments to determine eligibility effective immediately, 4/12/2024.

Rounds to be completed in the building daily by designated department head to ensure compliance that remaining smoking residents adheres to the regulation effective 5/3/2024. Executive Director is responsible for auditing records of rounds completed effective 5/3/2024.

Licensee's Proposed Overall Completion Date: 05/03/2024

Implemented [redacted] - 05/08/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has a prescription for [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, [redacted] tablets, Whole Produce Fruits tablets and Whole Produce vegetable tablets which are all scheduled to be administered to the resident at 9am. On 3-3-24, the resident was taken out of the home by a family member and no morning medications/supplements were administered to the resident as per the physician's orders.

Plan of Correction

Accept [redacted] - 05/08/2024)

Medication Technician notified the provider on 3/3/2024 via fax that the medication was missed. Director of Health and Wellness and medication technician is responsible for ensuring a fax back from the doctor is received and it is documented that it was sent effective 5/3/2024.

Director of Health and Wellness provided In-service on 4/10/2024 to medication technicians on proper procedure

187d - Follow Prescriber's Orders (continued)

of following prescriber's orders and how to notify the prescriber if the medication is missed. Director of Health and Wellness is responsible to ensure compliance with daily verbal report from nursing staff effective immediately, 5/3/2024. See attached.

Licensee's Proposed Overall Completion Date: 05/03/2024

Implemented [REDACTED] 05/08/2024)