

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

June 13, 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 05/15/2024 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]
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: 6107793993 **Email:** MARCIA.GDOWIK@GENESISHCC.COM

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 24 **Total Daily Staff:** 98 **Waking Staff:** 74

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 05/15/2024

Inspection Dates and Department Representative

05/15/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 29 **Residents Served:** 23

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 24 **Have Physical Disability:** 1

Inspections / Reviews

05/15/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/09/2024

06/13/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/13/2024

Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

06/13/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident # 1 has been engaged in an increase in aggressive behaviors recently. Specifically on [REDACTED] the resident left 3 bruises and 2 skin tears on Resident #2's arm. On [REDACTED] and again on [REDACTED] she/he slapped residents in the Home's Secure Dementia Care Unit. This could be attributed to a recent decrease in medications. ordered by the consulting physician.

Plan of Correction**Accept [REDACTED] - 06/13/2024)**

On [REDACTED] residents were immediately separated. Office of Aging was called. Call placed to legal guardian with each incident. Call placed to legal guardian requesting one on one companionship on [REDACTED] Resident #1 was seen on [REDACTED] by Nurse Practitioner for review of behaviors. Medication adjustment made. Call placed to Nurse Practitioner on [REDACTED] by Executive Director due to original decrease in medications resulting in aggressive behaviors and to discuss plan of care for continued aggression. Resident #1 sent to ER for change of mental status on [REDACTED]. Resident #1 was sent back with no new orders. In-service completed with staff for one on one companionship for Resident #1 on [REDACTED]. Call placed to Behavioral Health on [REDACTED] for an emergency visit. Resident #1 was seen by behavioral health [REDACTED] Resident #1 was seen by Nurse Practitioner on [REDACTED]. New orders written for increase in medication on [REDACTED]. Executive Director had conversation with legal guardian on [REDACTED] in regards to one on one companionship. Executive Director contacted outside agency on [REDACTED] to initiate 24 hour 7 day a week companionship for Resident #1. Companionship by outside agency began [REDACTED]. Companionship for Resident #1 is still in place. Director of Health and Wellness is responsible for monitoring Resident #1's behavior and effects of increase in medication effective immediately. Executive Director is responsible for ensuring 24 hour 7 day a week companionship is in place until behaviors reside for the safety of Resident #1 and other residents in our community effective immediately.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented [REDACTED] - 06/13/2024)