

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

July 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 06/13/2024 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: *06/14/2025*
 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: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *06/13/2024*

Inspection Dates and Department Representative

06/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *51*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *1st Floor* Capacity: *28* Residents Served: *25*
 Hospice
 Current Residents: *10*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *2*

Inspections / Reviews

06/13/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/06/2024*

07/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/05/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

07/05/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2024

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

On [redacted] Resident [redacted] struck Resident [redacted] in the face, resulting in a scratch to Resident [redacted] nose. These two residents have had previous history of altercations.

Repeat Violation 5/15/2024

Plan of Correction

Accept ([redacted] - 07/05/2024)

On [redacted] residents were immediately separated and 1:1 supervision initiated for resident [redacted] In-service provided to staff on 1:1 supervision for resident [redacted] Skin assessment completed for resident [redacted] Office of Aging was called. Executive Director, Director of Health and Wellness and Dementia Program Director met to discuss further interventions. Call placed to Nurse Practitioner on [redacted] by Executive Director due to original decrease in medications for resident [redacted] resulting in aggressive behaviors and to discuss plan of care for continued aggression. Resident [redacted] sent to ER for change of mental status on [redacted]. Resident [redacted] was sent back with no new orders. Call placed to Behavioral Health on [redacted] for an emergency visit of Resident [redacted] Resident [redacted] was seen by Behavioral Health on [redacted] Resident [redacted] was seen by Nurse Practitioner on [redacted]. New orders written for increase in medication on [redacted]. Executive Director had a conversation with Resident [redacted] legal guardian in regards to one on one companionship on [redacted] Executive Director contacted outside agency on [redacted] to initiate 24 hour 7 day a week companionship for Resident [redacted] Companionship by outside agency began [redacted]. Companionship for Resident [redacted] is still in place. Director of Health and Wellness is responsible for monitoring Resident [redacted] 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 [redacted] and other residents in our community effective immediately. There have been no further incidents with Resident [redacted] since [redacted].

Licensee's Proposed Overall Completion Date: 07/05/2024

Implemented ([redacted] - 07/05/2024)