

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

September 18, 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 08/08/2024 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: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *08/08/2024*

Inspection Dates and Department Representative

08/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *38*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *28* Residents Served: *16*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *1*

Inspections / Reviews

08/08/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2024*

09/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

09/18/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident [redacted] reported to staff they were having difficulty urinating on [redacted] Testing was ordered by the home's nurse practitioner on [redacted] however the resident was not seen by a physician to assess the resident's symptoms until [redacted] when the resident was sent out to the hospital by the home.

Plan of Correction

Accept ([redacted] - 09/18/2024)

Resident [redacted] was asked on [redacted] if [redacted] wanted to go to the hospital by the Executive Director and Resident [redacted] refused. ED did not document refusal. ED will immediately and moving forward document refusals of care. ED and Medication technician asked Resident [redacted] again on [redacted] if [redacted] wanted to go to the hospital. [redacted] then agreed. In-service provided to staff [redacted] and [redacted] on timeliness in securing care for residents and documentation on progression or refusals of care. Director of Health and Wellness and Executive Director are responsible for maintaining compliance by consistent reviews of nursing notes.

Proposed Overall Completion Date: 09/07/2024

Licensee's Proposed Overall Completion Date: 09/07/2024

Implemented ([redacted] - 09/18/2024)