

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

May 2, 2025

[REDACTED]
5485 PERKIOMEN AVENUE OPERATIONS LLC
[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 04/01/2025 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: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/01/2025*

Inspection Dates and Department Representative

04/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *36*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *29* Residents Served: *13*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *2*

Inspections / Reviews

04/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2025*

04/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/21/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2025*

Inspections / Reviews (*continued*)

04/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/03/2025

05/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [redacted] resides in the home's secure dementia care unit. Resident [redacted] frequently wanders throughout the home and goes into other resident's rooms. On [redacted] resident [redacted] was punched on the shoulder twice when they wandered into resident [redacted] room. On [redacted] resident [redacted] suffered a bruise to their wrist when they wandered into resident [redacted] room and resident [redacted] slammed the dresser drawer on resident [redacted] wrist. Resident [redacted] also has exit seeking behaviors and often pushes on the exit doors causing the alarm to go off.

The support plan dated [redacted] for resident [redacted] was not updated with a plan to address the resident's wandering and exit seeking behaviors.

The support plan dated [redacted] for resident [redacted] was not updated regarding the incident that occurred on [redacted] in which resident [redacted] punched resident [redacted] when resident [redacted] wandered into their room.

Plan of Correction

Accept [redacted] - 04/28/2025)

The support plan for resident [redacted] was updated on 4/1/2025 by Executive Director.

The support plan for resident [redacted] was updated on 4/1/2025 by Executive Director.

All memory care support plans were audited on 4/24/25 by Executive Director.

25% of memory care support plans to be audited monthly for 3 months then quarterly.

The Director of Health and Wellness and Dementia Program Director were educated on 234.d- Support plan shall be revised at least annually and as the resident's condition changes on 4/25/25.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [redacted] - 05/01/2025)