

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

September 12, 2025

[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 08/05/2025 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: *06/14/2026*  
 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: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/14/1995* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *251* Waking Staff: *188*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/05/2025*

**Inspection Dates and Department Representative**

*08/05/2025 - 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: *NA* Capacity: *14* Residents Served: *11*  
 Hospice  
 Current Residents: *12*  
 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: *13* Have Physical Disability: *1*

**Inspections / Reviews**

**08/05/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2025*

**09/12/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/12/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

09/12/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:00 A. M., the privacy coding was not omitted from the License Inspection Summary from 8/8/24 and 11/7/24 placed at the home's front desk.

Plan of Correction

Accept (█ - 09/12/2025)

Privacy coding was removed immediately and shredded with the auditor present on 8/5/2025. The Executive Director is responsible for printing all license inspection summaries. Executive Director to omit all privacy coding.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented (█ - 09/12/2025)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/26/25 and 7/27/25, from 7A.M. to 11P.M., 37 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept (█ - 09/12/2025)

8/5 and 8/6 Executive Director remained on site in the community until CPR certified staff were in the building. On 8/7 CPR and First Aid Class was completed by A+ Safety, seven people were in attendance. All Med Tech's are now CPR and First Aid trained. Our community bus driver also obtained certification. Executive Director or designee to maintain CPR and First Aid audit form. Audit of CPR and First Aid certified staff to be conducted monthly by Executive Director or designee.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented (█ - 09/12/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care Staff person A did not receive training in Medication self-administration training, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, Personal care service needs of the resident, Safe management techniques, and Care for

65f - Training Topics (continued)

residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1/24 to 12/31/24.

Plan of Correction

Accept ( ) - 09/12/2025

Executive Director provided training to [redacted] on 8/6/2025. Annual Training for 2025 was completed by Staff Person A on 8/20/2025. All staff members have been audited for completion of annual training. Administrative assistant or designee to maintain schedules and track attendance of annual training. Audits to be completed monthly for 3 months.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented ( ) - 09/12/2025

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, The Older Adult Protective Services Act, Falls and accident prevention, and New population groups during training year 1/1/24 to 12/31/24.

Plan of Correction

Accept ( ) - 09/12/2025

Executive Director provided training to [redacted] on 8/6/2025. Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, The Older Adult Protective Services Act, Fall and accident prevention, and New population groups for 2025 was completed by Staff Person A on 8/20/2025. All staff members have been audited for completion of training. Administrative assistant or designee to maintain schedules and track attendance of annual training. Audits to be completed monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented ( ) - 09/12/2025

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 3:15 P.M., Resident #5's enabler bar was found not properly secured to the bed.

Plan of Correction

Accept ( ) - 09/12/2025

During inspection the enabler bar for Resident #5 was immediately corrected and secured to the bed. Executive Director completed an audit of all residents with enabler bars for proper securing to the bed on 8/6/25. Executive Director or designee to complete a weekly audit of enabler bars weekly x 8 weeks.

Licensee's Proposed Overall Completion Date: 10/05/2025

81b - Resident Personal Equipment (continued)

Implemented ( ) - 09/12/2025

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded the evacuation time of 15 minutes during the following drills:  
12/12/2025: 18 minutes 38 seconds.

Plan of Correction

Accept ( ) - 09/12/2025

Fire Drill was completed for the same shift (11p-7a) the following week on 12/19/2024 with an evacuation time of 9:03. Director of health and wellness completed training in reference to failed fire drill on 12/13/24. Continued monthly fire drills are completed by Fire & Life Safety Solutions. Ongoing annual training by Fire Safety and Emergency Preparedness by a certified staff person, Maintenance Director.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented ( ) - 09/12/2025

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At approximately 3:00 P.M. the home's medication cart contained a used Novolog 100 units/ml flexpen for resident ( ) that did not have the date of opening. According to the manufacturer's instructions the pen should be used within 28 days of opening if kept at room temperature.

Plan of Correction

Accept ( ) - 09/12/2025

Medication was disposed of by Med Technician immediately during inspection. Executive Director provided education to all Med Techs and Nurse starting on 8/6/25. Residents who require the used of insulin pens will have an audit completed weekly to ensure medication is dated when opened. If no date is present, staff are to destroy medication and replace it with a new pen with correct open date. Audits will be completed by Med Technicians on 11p-7a shift weekly. Executive Director or designee will review for completion weekly x 8 weeks.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ( ) - 09/12/2025

185a - Implement Storage Procedures

**8. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*At 3:15 P.M. Resident #2 glucometer was not calibrated to the correct date or time.*

*Repeated violation 7/23/25*

**Plan of Correction**

**Accept (█ - 09/12/2025)**

*Executive Director provided training to all Med Tech's / Nurse starting on 8/6/2025 for blood glucose monitoring. All residents requiring blood glucose monitoring via finger stick will have their glucometer audited daily to ensure correct date, correct time, correct reading. Audits will remain with the MAR's. Audits are to be completed by Med Tech on 11p-7a shift. Executive Director or designee will review audits for completion weekly x 4 weeks and then monthly x3.*

**Licensee's Proposed Overall Completion Date: 12/05/2025**

**Implemented (█ - 09/12/2025)**

**187d - Follow Prescriber's Orders**

**9. Requirements**

2600.

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

**Description of Violation**

*Resident #3 is prescribed Tamsulosin HCL 0.4 mg at bedtime. However, the resident's medication administration record does not document that the medication was administered on 8/1/25.*

*Resident #4 is prescribed Miconazole Powder 2% applied 2 times per day. However, the resident's medication administration record does not document the medication was administered 8/1/25 through 8/4/25 from 7 A.M. to 3 P.M. and on 8/1/25 from 3 P.M. to 11 P.M.*

*Repeated violation 7/23/25*

**Plan of Correction**

**Accept (█ - 09/12/2025)**

*All MAR's were audited by the Executive Director on 8/6/2025. MAR's have been audited weekly starting on 8/29/25, to be audited weekly x 4 weeks for continued compliance by Executive Director or designee. All Med Techs and Nurse have been educated by Executive Director starting on 9/5/2025.*

**Licensee's Proposed Overall Completion Date: 09/13/2025**

**Implemented (█ - 09/12/2025)**