

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

October 9, 2025

[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 licensing inspections on 09/24/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

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: [REDACTED]  
 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: *49* Waking Staff: *37*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/24/2025*

**Inspection Dates and Department Representative**

*09/24/2025 - 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: *N/A* Capacity: *14* Residents Served: *11*  
 Hospice  
 Current Residents: *10*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

*09/24/2025 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND