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

January 6, 2026

[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 11/18/2025 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: [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: *85* **Total Daily Staff**: *136* **Waking Staff**: *102*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *11/18/2025*

Inspection Dates and Department Representative

11/18/2025 - 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**: *SDCU* **Capacity**: *14* **Residents Served**: *12*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *15*

Have Physical Disability: *1*

Inspections / Reviews

11/18/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/22/2025*

12/23/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/30/2025*

Inspections / Reviews *(continued)*

12/29/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/05/2026*

01/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] did not receive their scheduled medication [redacted] at 9:00 a.m. The home did not report this incident to the department until [redacted] at 4:23 p.m.
On [redacted] Aging investigated a complaint of abandonment involving resident [redacted] that was not reported.

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

On 11/18/25, Executive Director was educated by DHS inspector during investigation. 16c was reviewed by Executive Director. Executive Director to ensure all incidents requiring DHS notification are completed within 24hours.

Licensee's Proposed Overall Completion Date: *12/22/2025*

Implemented [redacted] 01/06/2026)

42b - Abuse

2. 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

Resident [redacted] with a recent history of [redacted] with multiple stents in LAD in [redacted], was admitted to the home on [redacted]. Resident [redacted] was sent to the hospital on [redacted] after having substernal pressure-like chest pain radiating to the left shoulder that started at rest. Per hospital records, the resident was seen by [redacted] at the hospital and had 100% occlusion of their prior stent in mid LAD with good amount of [redacted] burden noted and was diagnosed with a [redacted] Resident [redacted] had been prescribed 90mg tablet of [redacted] twice a day for blood clot prevention. The home's Medication Administration Record indicates that resident [redacted] was not administered the last 5 prescribed doses of this medication prior to hospitalization due to the medication not being available in the home with no documented response from the prescriber regarding these missed medications.

Plan of Correction ***Accept[redacted] - 12/23/2025)***

11/18/25, All medication technicians were educated on missed medications reports. New missed medication report was created and shared with all medication technicians. New process was created for medication technicians to email all request to providers with email access. All other providers requiring faxed information were explained. 11/19/25, Executive Director spoke with Pharmacy Manager at The Medicine Shoppe via email correspondence regarding incident of missed medications. 11/25/25, Executive Director and Provider placed call to The Medicine Shoppe and spoke with the Pharmacy Manager. 12/3/25 Pharmacy Manager provided a list of residents with less

42b Abuse (continued)

than five refills remaining. All request were signed by provider on 12/4/25.

Licensee's Proposed Overall Completion Date: *12/22/2025*

Implemented [redacted] - 01/06/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] did not receive their prescribed medication of [redacted] tablets 1 tablet orally twice a day for clot prevention on [redacted] and the a.m. dose on [redacted]

Plan of Correction ***Accept [redacted] - 12/23/2025)***

11/18/25, All medication technicians were educated on missed medications reports. New missed medication report was created and shared with all medication technicians. New process was created for medication technicians to email all request to providers with email access. All other providers requiring faxed information were explained. MAR audits were completed on 11/19/25 & 11/20/25. 12/1/25, MAR audits to be completed daily x 30 days by Executive Director or Designee.

Licensee's Proposed Overall Completion Date: *01/01/2026*

Implemented [redacted] - 01/06/2026)

188b - Medication Error Reporting

4. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] did not receive their prescribed medication [redacted] tablets 1 tablet orally twice a day for clot prevention on [redacted], and on [redacted] at 9:00 a.m. The resident's Legal Guardian indicated that they were not notified that the resident had not received multiple doses of their cardiac medication until the resident's hospitalization on [redacted]

Plan of Correction ***Accept [redacted] - 12/29/2025)***

11/18/25, All medication technicians were educated on missed medications reports. New missed medication report was created and shared with all medication technicians. New form reflects physician being notified, pharmacy notified, Family/ Responsible party notified. New process was created for medication technicians to email all request to providers with email access. All other providers requiring faxed information were explained. Executive Director or designee will review medication error reporting to ensure notifications were made.

Licensee's Proposed Overall Completion Date: *12/30/2025*

Implemented [redacted] - 01/06/2026)

188c - Medication Error Documentation

5. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident [redacted] did not receive their prescribed medication [redacted] tablets 1 tablet orally twice a day for clot prevention on [redacted], and on [redacted] at 9:00 a.m. Berkshire Commons progress notes indicate that the home contacted the doctor on [redacted] and [redacted]. However, there is no documentation of a response from the doctor.

Plan of Correction ***Accept ([redacted] - 12/29/2025)***

11/18/25, All medication technicians were educated on missed medications reports. New missed medication report was created and shared with all medication technicians. New process was created for medication technicians to email all request to providers with email access. All other providers requiring faxed information were explained. Executive Director or designee to review responses received for medication errors and ensure new instructions are followed.

Licensee's Proposed Overall Completion Date: *12/30/2025*

Implemented [redacted] 01/06/2026)