

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

March 9, 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 12/23/2025, 12/31/2025 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:** 07/04/1995 **Issued By:** Dept L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Inspection Information

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

Reason: Incident **Exit Conference Date:** 12/31/2025

Inspection Dates and Department Representative

12/23/2025 - On-Site: [REDACTED]

12/31/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 40

Secured Dementia Care Unit

In Home: Yes **Area:** Homestead **Capacity:** 14 **Residents Served:** 12

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 40

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 13 **Have Physical Disability:** 1

Inspections / Reviews

12/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/05/2026

02/13/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/03/2026

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/20/2026

Inspections / Reviews (*continued*)

02/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/03/2026

03/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

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] at 8:00 a.m., the following prescribed medications were not administered to Resident [redacted], [redacted], and [redacted]. On [redacted] [redacted] was not administered at 8:00 a.m., 12:00 p.m. The home did not report this incident to the department until [redacted] at 3:45 p.m.

Resident [redacted] was not administered [redacted] and [redacted] at 9:00 a.m. from [redacted]. The home did not report this incident to the department until [redacted] at 4:45 p.m.

On [redacted], Resident [redacted] did not have glucometer test stripes available in the home and missed blood sugar checks at 12:30 p.m. and 4:30 p.m. The home was unable to administer [redacted] [redacted] to Resident [redacted]. The home did not report this incident to the department until [redacted] at 4:45 p.m.

Resident [redacted] was not administered the prescribed [redacted] from [redacted] at 9:00 a.m. and [redacted] on [redacted] at 9:00 a.m. The home did not report this incident to the department until [redacted] at 1:15 p.m.

Plan of Correction

Accept [redacted] - 02/27/2026)

Executive Director was educated by Market Resource Operator on 12/23/2025. Medication Technicians and DHW were educated on reportable incidents and reporting on 2/16/26. Executive Director audited all reportable incidents from 1/1/26 through 2/16/26 for compliance on 2/17/2026. Incident Report audits to continue through 2/28/26 for continued Compliance. Audits to be completed by Executive Director or designee.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented [redacted] - 03/09/2026)

141b1 Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted]'s most recent medical evaluation was completed on [redacted]. The resident's medical evaluation does not have the medical professional section completed.

Resident [redacted]'s most recent medical evaluation was completed on [redacted]. The resident's medical evaluation does not have the medical professional section completed.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (████ 02/13/2026)

Executive Director reviewed resident █████ and █████ medical evaluations with provider on 1/8/2026. Medical professional information was completed on 1/8/2026 by provider. Executive Director completed medical evaluation audit of medical professional information completion on 2/5/26. Executive Director or designee to review all medical evaluations when completed by the provider for completion.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented (████ 03/09/2026)

185a - Implement Storage Procedures

3. 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

On █████ at 12:30 p.m. and 4:30 p.m., Resident █████'s glucometer test stripes were not available in the home to check the resident's blood sugar level.

Resident █████ was prescribed trazadone on █████ by the prescriber; however, the home faxed the script to the pharmacy on █████

Plan of Correction

Accept (████ 02/13/2026)

Missed Medication training was completed on 11/18/25 for med tech's/ nurses by Executive Director. Provider was notified via phone about glucometer test strips not being available from mail order pharmacy. Training provided to med tech's about faxing orders to the pharmacy when orders are received by provider. Communication form updated to include faxing date and time. As well as the pharmacy name being faxed. Executive Director or Designee to audit new orders/ scripts being faxed to the pharmacy for delivery of medication being ordered weekly x 4 weeks beginning 2/9/26.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented (████ - 03/09/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident █████ is prescribed █████. However, this medication was not administered to resident █████ on █████ at 2:00 p.m. because the medication was not available in the home.

Resident █████ is prescribed █████ and █████. However, these medications were not administered to resident █████ at 8:00 a.m. from █████ because the medications were not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident [redacted] is prescribed [redacted] one tab thrice daily and [redacted] one tab twice daily. [redacted] was not administered to the resident on [redacted] at 9:00 p.m., [redacted] at 9:00 a.m. and 2:00 p.m. because the medications were not available in the home. Resident [redacted] did not receive [redacted] from [redacted] - [redacted] at 9:00 a.m. because the medications were not available in the home.

Resident [redacted] is prescribed blood glucose level checks before every meal. On [redacted] at 12:30 p.m. and 4:30 p.m. the home did not have any glucometer strips available in the home. The home was unable to administer [redacted] [redacted] on [redacted] at 12:30 p.m. and 4:30 p.m. and complete the prescribed blood glucose checks because the glucometer strips were not available at the home.

Resident [redacted] is prescribed [redacted] and [redacted]. However, the [redacted] was not administered to the resident at 9:00 a.m. from [redacted] and the [redacted] was not administered on [redacted] at 9:00 a.m. because the medications were not available in the home.

Resident [redacted]'s prescribed medications were not administered on [redacted] and [redacted] at 8:00 a.m., [redacted], [redacted] and [redacted] because they were not available in the home.

On [redacted] at 12:00 p.m. and 5:00 p.m., [redacted] was not administered to resident [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 02/13/2026)

11/18/25, Executive Director educated med techs 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 completed daily MAR audits during the month of December. Executive Director completed the January MAR audit on 2/2/26.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [redacted] - 03/09/2026)

188b - Medication Error Reporting

5. 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] is prescribed [redacted] and [redacted]. However, resident [redacted] was not administered the prescribed medications on [redacted] & [redacted] at 8:00 a.m., and [redacted] was additionally not administered on [redacted] at 12:00 p.m. and 5:00p.m. These medication errors were not reported to the prescriber.

Resident [redacted] is prescribed [redacted] and [redacted]. However, resident [redacted] was not administered these medications on [redacted] at 8:00 a.m. These medication errors were not reported to the prescriber.

Resident [redacted] is prescribed [redacted]. However, resident [redacted] was not administered [redacted] on [redacted] at 12:30p.m. and 4:30 p.m. The medication error was not reported to the prescriber.

Resident [redacted] is prescribed [redacted] and [redacted]. However, resident [redacted] was not administered [redacted] on [redacted] at 9:00 a.m. and [redacted] was not administered on [redacted] at 9:00 a.m. These medication errors were not reported to the prescriber.

Resident [redacted] is prescribed [redacted] take one tab thrice daily and [redacted] take one tab twice daily. However, resident [redacted] was not administered [redacted] on [redacted] at 9:00 p.m., [redacted] at 9:00 a.m. and 2:00 p.m. [redacted] was not administered from [redacted] and [redacted] at 9:00 a.m. The medication errors were not reported to the prescriber.

Resident [redacted] is prescribed [redacted]. However, resident [redacted] was not administered the medication on [redacted] at 2:00 p.m. The medication error was not reported to the prescriber.

Plan of Correction

Accept [redacted] - 02/13/2026)

11/18/25, Executive Director educated med techs 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. Director reviewed all resident charts. Documentation attached that provider was notified.

Licensee's Proposed Overall Completion Date: 02/05/2026

Implemented [redacted] - 03/09/2026)