

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

March 18, 2026

[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 review on 01/28/2026 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: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/28/2026*

Inspection Dates and Department Representative

01/28/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *41*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Homestead* Capacity: *14* Residents Served: *14*
 Hospice
 Current Residents: *5*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

01/28/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2026*

03/18/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/18/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/18/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident. The home did not note attempts made to acquire the resident's signature.

Plan of Correction

Accept [REDACTED] - 03/18/2026)

Executive Director completed an audit of all memory support resident contracts for resident signatures and/ or noted attempts to acquire the resident's signature. Executive Director provided education for resident signatures on all admission contracts. Executive Director provided education on updated No Objection Statement for Secured Dementia Care. Education was provided to Admissions Director, Business Office Manager, Administrative Assistant, Director of Health and Wellness, Dementia Program Director. Admissions Director or Designee is responsible for obtaining resident signatures on all admission contracts. The Business Office Manager or Designee will audit all memory support admission contracts for completion weekly for 30 days. This includes resident's signature or noted attempts to acquire resident signatures.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 03/18/2026)

231e - No Objection Statement

2. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident does not object to the admission; however, the home does have documentation of the resident's designated person not objected to the admission of resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/18/2026)

Executive Director provided education on updated, No Objection Statement form for Secured Dementia Care. Education was provided to Admissions Director, Business Office Manager, Administrative Assistant, Director of Health and Wellness, Dementia Program Director. Admissions Director or Designee is responsible for completion of the No Objection Statement Form. The Business Office Manager is responsible for auditing all new admissions for completion of the no objection form weekly for 30 days.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 03/18/2026)

234e - Involvement/Participation

3. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

234e Involvement/Participation (continued)

Description of Violation

Resident [REDACTED] initial support plan was finalized on [REDACTED]. Neither the resident nor the resident's designated person were involved in the development of the support plan.

Plan of Correction

Accept [REDACTED] - 03/18/2026)

Executive Director completed an audit for resident or responsible party involvement/ participation in resident's support plan on 3/3/2026. Education was provided to the Director of Health & Wellness and to the Dementia Program Director. DHW or Designee to audit Memory support RASP for resident or responsible party involvement/ participation weekly for 30 days.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 03/18/2026)

252 - Record Content

4. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

Description of Violation

Resident [REDACTED] record does not include the documentation of health care services for the services of visiting nurse or home health agencies.

Plan of Correction

Accept [REDACTED] - 03/18/2026)

Executive Director and Director of Health & Wellness met with Accentcare Home Health Regional Manager, [REDACTED] and Account Executive, [REDACTED] on 2/12/2026. A process has been put into place for home health communication forms to be completed during home health visits while receiving home health services. These forms will remain part of the residents record. Executive Director provided education to DHW and Med Techs. Executive Director completed an audit of residents currently receiving home health services for completed communication forms during visits on 3/4/2026. DHW or Designee to continue audits weekly for 30 days.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 03/18/2026)