

Department of Human Services
Bureau of Human Service Licensing

February 24, 2022

[REDACTED], SENIOR EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: BERKSHIRE COMMONS, GENESIS
HEALTHCARE
5485 PERKIOMEN AVENUE
READING, PA, 19606
LICENSE/COC#: 22199

Dear [REDACTED] Moylan,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021, 06/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BERKSHIRE COMMONS, GENESIS HEALTHCARE* License #: *22199* License Expiration: *06/14/2022*
Address: *5485 PERKIOMEN AVENUE, READING, PA 19606*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/15/2021*

Inspection Dates and Department Representative

04/13/2021 - On-Site: [REDACTED]

06/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *NA`* Capacity: *29* Residents Served: *24*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *2*

Inspections / Reviews

04/13/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/19/2021*

07/16/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/23/2021*

07/19/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2021*

02/24/2022 - Document Submission

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 #1 was not signed by the resident.

Plan of Correction

Do Not Accept

The contract was updated and signed by the resident.

Update: 07/16/2021

The Adm must enhance the Plan of Correction (POC) by adding how the home will prevent future violations and who will be responsible for ongoing compliance-a position, not a staff name.

Original contract that was cited was returned with a signature.

Resubmission Verification should include a new admission with a properly executed contract or a transfer of a resident from the PC side to the SDCU side with a properly executed contract addendum.

AG, 7-16-21

Plan of Correction

Accept

The contract was updated and signed by the resident. The admissions director is responsible for ensuring all paperwork required for signatures are signed by all parties involved. We have implemented a second person (RCD) to check all paperwork within the first 24 hours of admission.

Update: 07/19/2021

documentation provided 7-19-21

Document Submission

Implemented

Updated Contract with signature

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room #'s108 and 220.

Plan of Correction

Do Not Accept

Emergency Numbers have been printed and posted in all resident rooms by telephone extensions. All numbers have been placed in a plastic sleeve and nailed to the walls to ensure they remain in all rooms at all times

Update: 07/16/2021

Upon Resubmission of the POC, the Adm will indicate the staff position that will be responsible for ongoing compliance in the future.

AG, 7-16-21

91 - Telephone Numbers (continued)

Plan of Correction

Accept

Emergency Numbers have been printed and posted in all resident rooms by telephone extensions. All numbers have been placed in a plastic sleeve and nailed to the walls to ensure they remain in all rooms at all times. Our Administrator Assistant will be responsible for ensuring all rooms have the emergency numbers posted for the residents monthly

Document Submission

Implemented

Picture of emergency numbers displayed by telephone in each room

181d - Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers medications and stores medications in his/her room. On 6/15/21 at 1:30pm, there was a bottle of [redacted] unlocked in resident's #1's room,

Plan of Correction

Accept

The resident has been educated on keeping [redacted] door locked when not in the room. Also, the resident was made aware that if [redacted] chooses to not lock [redacted] door, [redacted] medication must be placed in [redacted] locked security drawer in [redacted] room. Staff to make weekly checks to ensure this is being done

Document Submission

Implemented

Resident has been successful at managing his medications in his room.

185a - Implement Storage Procedures

1. 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

Resident #3's Prodigy glucometer was not calibrated with the correct date.

Plan of Correction

Do Not Accept

Glucometer was calibrated and corrected to reflect the correct date.

Update: 07/16/2021

Upon Resubmission of the POC, the Adm will include any staff signature sheets for training that took place. Also required will be the ongoing steps to maintain compliance and who will be responsible for that task.

AG, 7-16-21

Plan of Correction

Accept

Glucometer was calibrated and corrected to reflect the correct date. The glucometers will be checked by our RCD monthly. Med Tech/ Nurse training on calibrating Glucometers is scheduled for 7/26/21.

185a - Implement Storage Procedures (continued)

Update: 07/19/2021

Upon completion of the Glucometer Training, the Adm will submit the training documentation in the Portal for verification of the 185a violation documentation.

AG, 7-19-21

Document Submission

Implemented

Inservice to staff was given in regards to maintaining glucometer calibration.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4's preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Do Not Accept

The preadmission Screening Form was updated to show the determination for needs being met in the home.

Update: 07/16/2021

Upon Resubmission of the POC, he Adm will include the staff position that will be responsible for ongoing compliance and the steps to be taken to ensure compliance.

Also if there are any new admissions since the renewal inspection, please send in a copy of a Pre Admission Screening to demonstrate compliance.

AG, 7-16-21

Plan of Correction

Accept

The preadmission Screening Form was updated to show the determination for needs being met in the home. The admissions director is responsible to ensure that the prescreen has been completed for their chart. We have implemented a check-off sheet of all the required paperwork needed for the chart upon admission

Update: 07/19/2021

Upon submission of the Verification Portion of the POC process, the home will send in a copy of the check off sheet that is actually in use to show compliance.

AG, 7-19-21

Document Submission

Implemented

Completed prescreening form and we currently use a check list to ensure nothing is missed

RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN

256 106 0038

IDENTIFICATION

1. NAME OF AGENCY/FACILITY BERKSHIRE COMMONS, GENESIS HEALTHCARE		TELEPHONE NUMBER (610) 779-3993
FACILITY ADDRESS 5485 PERKIOMEN AVENUE, READING 19606	E-MAIL FOR FACILITY (NOT the WEB site URL) HOLLY.MOYLAN@GENESISHCC.COM	3. COUNTY BERKS
2. NAME OF LEGAL ENTITY 5485 PERKIOMEN AVENUE OPERATIONS LLC		TELEPHONE NUMBER
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 5485 PERKIOMEN AVENUE READING PA 19606	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) HOLLY.MOYLAN@GENESISHCC.COM	4. DATE CERTIFICATE EXPIRES 06/14/2021
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Holly Moylan, Senior Executive Director		5. CERTIFICATE NUMBER 221990
7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES	MO# 19 223364594 \$30.-	FEIN OR SSN 26-0840797
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) 75		
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> OTHER	
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Holly Moylan
 NAME (Type or Print)
Senior Executive Director
 TITLE

Holly Moylan
 SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
 (Where the legal entity is a corporation, the signature must be of a corporate officer.)
2/26/2021
 DATE