

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395938	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/02/2025
NAME OF PROVIDER OR SUPPLIER: COMPLETE CARE AT BERKSHIRE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 5501 PERKIOMEN AVENUE READING, PA 19606		
STATE LICENSE NUMBER: 044502				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated survey in response to a complaint completed on February 2, 2025, it was determined that Complete Care at Berkshire LLC was not in compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> Staffing Manager or designee will schedule the daily nursing staff to meet the minimum ratios of 1 CNA per 10 residents during 7AM-3PM shift, 1 CNA per 11 residents 3PM-11PM shift, and 1 CNA per 15 residents during 11PM-7AM shifts. NHA, DON, Staffing Coordinator re-inserviced on new staffing ratio / PPD requirements. Nursing staff ratio audits will be conducted by DON or designee daily as well as running the actual hours worked report from timeclock software, to ensure all hours are verified. Reports will be reviewed at monthly QAPI meetings. 	<p>Completion Date: 03/03/2025</p> <p>Status: APPROVED</p> <p>Date: 02/11/2025</p>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

Pennsylvania Department of Health

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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for two of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 1 through January 21, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on January 19, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night shift (11:00 p.m. to 7:00 a.m.) on January 17, 2025.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 2 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1. Staffing Manager or designee will staff the daily nursing staff to meet the minimum nursing staff to resident ratios and maintain a minimum of 3.2 hours of direct care for each resident. 2. NHA, DON, Staffing Coordinator reinserviced on new staffing ratio / PPD requirements. 3. Nursing staff ratio audits will be conducted by DON or designee daily as well as running the actual hours worked report from timeclock software. 4. Reports will be reviewed at monthly QAPI meetings.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/11/2025

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P 5640	Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for three of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 1 through January 21, 2025, revealed the following total nursing care hours below minimum requirements: Friday, January 17, 2025: 3.11 care hours per resident. Sunday, January 19, 2025: 2.79 care hours per resident. Monday, January 20, 2025: 3.05 care hours per resident.	P 5640		



Certified End Page

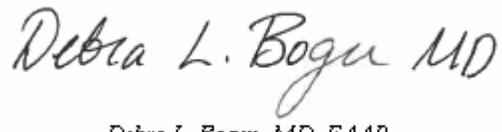
COMPLETE CARE AT BERKSHIRE LLC

STATE LICENSE NUMBER: 044502

SURVEY EXIT DATE: 02/02/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY