

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

January 11, 2023

[REDACTED]  
PHOEBE BERKS HEALTH CARE CENTER, INC.  
[REDACTED]

RE: PHOEBE BERKS VILLAGE  
1 READING DRIVE  
WERNERSVILLE, PA, 19565  
LICENSE/COC#: 20536

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/19/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *PHOEBE BERKS VILLAGE*      License #: *20536*      License Expiration: *07/30/2023*

Address: *1 READING DRIVE, WERNERSVILLE, PA 19565*

County: *BERKS*      Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *PHOEBE BERKS HEALTH CARE CENTER, INC.*

Address: [REDACTED]

Phone: [REDACTED]      Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0*      Total Daily Staff: *119*      Waking Staff: *89*

**Inspection Information**

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

Reason: *Incident*      Exit Conference Date: *12/19/2022*

**Inspection Dates and Department Representative**

12/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *103*      Resident Served: *82*

**Secured Dementia Care Unit**

In Home: *Yes*      Area: *na*      Capacity: *37*      Resident Served: *27*

**Hospice**

Current Resident : *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0*      Are 60 Years of Age or Older: *82*

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

Have Mobility Need: *37*      Have Physical Disability: *1*

**Inspections / Reviews**

12/19/2022 Partial

Lead Inspector: [REDACTED]      Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**