

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

February 21, 2024

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

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2024 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: *PHOEBE BERKS VILLAGE* License #: 20536 License Expiration: 07/30/2024  
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: 115 Waking Staff: 86

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Interim* Exit Conference Date: 01/04/2024

**Inspection Dates and Department Representative**

01/04/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 103 Residents Served: 82

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Village Gardens* Capacity: 37 Residents Served: 31

**Hospice**

Current Residents: 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: 33 Have Physical Disability: 0

**Inspections / Reviews**

**01/04/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/04/2024

**02/13/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 02/20/2024  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 02/16/2024

Inspections / Reviews (*continued*)

02/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident # [redacted] uses a bedside mobility device. The bedside mobility device was uncovered and had an opening within the rail measuring 6 inches by 9 inches which would require a cover to meet FDA guidelines.

Repeat violation: 6/28/22

Plan of Correction

Accept [redacted] - 02/13/2024)

Cover was placed on bedside mobility device on [redacted] day it was discovered. Yearly the therapy team will conduct test all residents who reside in personal care who have a bed mobility device in place to ensure they can continue to use it safely. The results of these test will be reviewed with administrator and or designee and updates will be added to resident RASP as needed. Administrator or designee will conduct monthly random audits of residents who have bedside mobility devices in place to ensure they are within compliance. If during audits devices are found to be out of compliance they will be fixed immediately. Education will then be provided to the staff who work in the neighborhood where the out of compliance device was found. These audits will then be reviewed at our quarterly QA meeting by the administrator or designee.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/21/2024)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on [redacted] at 3:30pm had a recorded evacuation time of 9min 49sec. Per the home's most recent fire safety letter, the home has a safe evacuation time of 8 minutes.

Plan of Correction

Accept [redacted] - 02/13/2024)

See attached. Due to us having several occurrences of exceeding our previous evacuation time of 8-minutes. We contacted [redacted] of Fire & Life Safety Solutions LLC to retime us. This took place on January 18, 2023, and our time was extended to 15-minutes. We had one drill since the re-time, and we were within our newly allotted time. To ensure compliance and assist with training Fire Safety & Solutions will be running our drills for the next few months. After, each drill the administrator and or designee will review fire drill records to ensure all regulations were met. If they did not meet regulatory compliance another drill will be held the same month unannounced. These records then will be reviewed by the administrator or designee at our quarterly QA meeting.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/21/2024)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill conducted on [REDACTED], only 80 residents out of 81 total residents in the building evacuated.

During the fire drill conducted on [REDACTED], only 81 residents out of 82 total residents in the building evacuated.

Plan of Correction

Accept [REDACTED] 02/13/2024)

On our last fire drill, which was held [REDACTED], all residents who were present did evacuate to fire safe areas. After, each drill the administrator and or designee will review fire drill records to ensure all regulations were met. If they did not meet regulatory compliance another drill will be held the same month unannounced. Any resident who is found to not be in compliance will receive a 30-day notice to relocate to another facility due to not following fire safety regulations. If during the repeat drill the resident who previously did not comply evacuates the resident and their responsible party will be given the opportunity to submit a safety plan with a commitment, they agree to evacuate for all future drills. The notice will then be retracted but any infarctions thereafter will result in an automatic 30-day notice to vacate. These records then will be reviewed by the administrator or designee at our quarterly QA meeting.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] 02/21/2024)

185a - Implement Storage Procedures

4. 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

The home's controlled substance policy includes the off-going and oncoming nursing staff counting the home's narcotics and logging the count once it has been verified. On [REDACTED], the off-going nursing staff signed the narcotic count sheet before the count was completed with the oncoming nursing staff in both the personal care and secured dementia care communities.

Plan of Correction

Accept [REDACTED] - 02/13/2024)

The staff person who worked in the traditional personal care previously violated the same regulation and received a first and final discipline as a result. Due to the repeat occurrence of the same regulation that employee was terminated on [REDACTED]. The nursing staff members who working in the memory support unit were provided on the spot verbal education the day the incident occurred. Education was provided to nurse and med-tech staff on 1/24/24 at their monthly meeting on the appropriate handling of narcotics. Administrator or designee will continue with random monthly audits of the narcotics and their subsequent logs. Additionally, narcotic logs are handed in weekly to the administrator or designee weekly they will be reviewed. as Any discrepancies will be immediately investigated with education to all parties involved and discipline and or terminations will occur as appropriately. The findings of these audits will be reviewed at the quarterly QA meeting.

Licensee's Proposed Overall Completion Date: 02/19/2024

185a - Implement Storage Procedures (*continued*)

*Implemented* [REDACTED] - 02/21/2024)