

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

March 5, 2025

[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 12/03/2024 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: 07/30/2025
 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

Type: C-2 LP Date: 08/04/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 113 Waking Staff: 85

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 12/03/2024

Inspection Dates and Department Representative

12/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 103 Residents Served: 83

Secured Dementia Care Unit
 In Home: Yes Area: Village Gardens Capacity: 37 Residents Served: 28

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

12/03/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2025

01/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/10/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2025

Inspections / Reviews *(continued)*

03/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/05/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] and resident [redacted] engaged in a physical altercation with each other on [redacted]. The incident was not reported to the Department until [redacted].

Plan of Correction

Accept [redacted] - 01/13/2025)

On 9/13/2024, the incident occurred after the Administrator and Nurse Manager left for the weekend. LPN supervisors will be retrained on 9/16/2024 to do reportable incidents in the Administrator's absence to ensure timely reporting of Reportable Incidents. Training will be ongoing Administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 03/04/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at 6:24pm resident [redacted] and resident [redacted] witnessed yelling at each other in the dining room. Resident [redacted] pushed resident [redacted] who fell backward and hit their head. Resident [redacted] suffered a contusion to the back of their head and suffered back pain for several weeks as a result.

Plan of Correction

Accept [redacted] - 01/13/2025)

Resident [redacted] was sent to the hospital via ambulance on [redacted]. Resident returned to the facility at 3:30 am on 9/14/2024. Report from ER nurse stated, negative CT scan of head/neck, all labs within normal limits, no medication changes. Residents are continually monitored to not be near each other and are easily redirected to another area by staff. Ongoing compliance will be monitored by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [redacted] - 03/04/2025)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were no lids placed over the garbage cans located in the 2nd floor kitchenette area and the memory care kitchenette area.

85d - Trash Receptacles (continued)

Plan of Correction

Accept [redacted] - 01/13/2025)

On 12/3/2024, Lids were obtained and placed on the garbage cans at the time of inspection. Staff was educated on 12/4/2024. Dining room audits are now being completed on a regular basis. (see attached audits) Ongoing compliance will be monitored by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [redacted] - 03/04/2025)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the home's memory care unit did not include a thermometer.

Plan of Correction

Accept [redacted] - 01/10/2025)

On the 12/4/2024 and new thermometer was put into the first aid kit. The first kit audit sheet was updated to include the thermometer (see attached). First aid kits are audited on a monthly basis (see attached) and items are to be replaced when used. Ongoing compliance will be monitored by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] - 03/04/2025)

96b - First Aid Location

5. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

During the onsite inspection, staff persons working in the Village Gardens area (the home's secure dementia unit) indicated they did not know where the first aid kit was located because they normally work in the home's Village Commons area. The activities aide and two dietary aides all indicated they weren't familiar with the first aid kit location in the Village Gardens.

Plan of Correction

Accept [redacted] - 01/10/2025)

On 12/4/2024 staff were reeducated on the location of the First Aid Kits (see attached). All new staff will be educated on the location and contents of the first aid kits and it will be added to the department specific orientation checklist. Administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] - 03/04/2025)

103g - Storing Food

6. Requirements

2600.

103g - Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Slices of frozen French toast were stored in the freezer located in the memory care unit. The French toast slices were in a metal tin that was loosely covered with plastic wrap that did not cover the entire tin.

Plan of Correction

Accept [redacted] - 01/13/2025)

The slices of French toast were removed and disposed on the day of inspection, 12.3.2024. Dining room audits started on 12/6/2024 and are now being completed on a regular basis. (see attachment) Ongoing compliance will be monitored by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [redacted] - 03/04/2025)

185a - Implement Storage Procedures

7. 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 [redacted] requires Blood glucose checks to be documented twice daily. On [redacted] the blood glucose reading at 7am was documented as [redacted] but the actual reading in the glucometer was [redacted]. On [redacted] the blood glucose reading at 7am was documented as [redacted] but the actual reading in the glucometer was [redacted].

Plan of Correction

Accept [redacted] 01/10/2025)

On 12/4/2024 staff was reeducated on the importance of glucose monitoring. Glucose monitoring audits continue on a regular basis (see attached) for any discrepancies. Administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] - 03/04/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] Resident [redacted] was not administered their prescribed [redacted] at 8:00am. The resident's medication administration record (MAR) was documented to indicate that the medication was administered when it was not. The missed medication administration was discovered during a routine count of narcotics.

Plan of Correction

Accept [redacted] - 01/13/2025)

A reportable incident was filed on 9/27/2024 of the missed dose, staff member was reeducated by Staff Development of the 5 rights of medication administration on 9/28/2024. Medication cart audits are done on a regular basis (see attached). Ongoing training for medication administration by unlicensed staff is ongoing with med pass observations. Administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/11/2025

187b - Date/Time of Medication Admin. (continued)

Implemented (██████) 03/04/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident ██████ has an order for ██████ one half tablet twice daily at 8am and 7pm. On ██████ resident ██████ was not administered the medication at 8am.

Plan of Correction

Accept ██████ - 01/13/2025)

A reportable incident was filed on 9/27/2024 of the missed dose, staff member was reeducated by Staff Development on 9/28/2024 of the 5 rights of medication administration. Medication cart audits are done on a regular basis (see attached). Ongoing training for medication administration by unlicensed staff is ongoing with med pass observations. Administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented ██████ - 03/04/2025)

202 - Prohibitions

10. Requirements

2600.
202. The following procedures are prohibited:

- 1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

Resident ██████ was admitted to the home's personal care community on ██████. Due to an incident during which resident ██████ eloped from the building on ██████, and the resident's diagnosis of ██████, the home intends to admit Resident ██████ into the home's secure dementia unit once a room becomes available. Currently the home regularly places resident ██████ in the secure dementia unit during the daytime hours, and escorts them back to personal care later in the day to sleep. As Resident ██████ has not been admitted to the home's secure dementia unit, this is not permitted and is considered a restraint.

Plan of Correction

Accept ██████ - 01/10/2025)

On 12/13/2024 Resident was transferred to the Memory Care Support Unit when a room became available. Family was in agreement but no documentation was signed. Going forward Administrator or designee will get written confirmation to allow Resident to reside in Memory Care during the day if needed, until a room becomes available instead of verbal consent. Administrator made this decision based on weather conditions and Resident having a plan to leave for safety purposes, Resident was engaged in various activities. Administer or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented ██████ 03/04/2025)

225a Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted to the home's personal care community on [redacted]. The home did not complete an initial assessment of the resident's needs.

Plan of Correction

Accept [redacted] 01/13/2025)

Staff has been reeducated on the importance of completing RASP's on 12/4/2024 in a timely manner The RASP for the Commons was completed on 12/4/2024 and the RASP when Resident was transferred to the Gardens was completed on 12/14/2024 (see attached)

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [redacted] - 03/04/2025)

225c Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] most current support plan was completed [redacted]. The home did not have documentation of an annual support plan completed for resident [redacted] as of [redacted].

Plan of Correction

Accept [redacted] - 01/10/2025)

On 12/4/2024 the RASP was completed and updated (see attached) an audit tool is in place to monitor DME and RASP competition dates . Administrator or Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [redacted] - 03/04/2025)

227d Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] has an enabler bar attached to their bed. The resident's support plan dated 2/23/24 does not include:

- The specific need for the device
- The intended use
- Any risks associated with the device
- Identification of the specific device to be used

227d - Support Plan Medical/Dental (continued)

- If a cover is required to meet FDA guidelines

Resident [redacted] was in a physical altercation with another resident on [redacted] that resulted in resident [redacted] being pushed to the ground and suffering a contusion to their head. Resident [redacted] support plan dated 2/23/24 does not document the resident's history of physical aggression toward other residents.

Resident [redacted] was in a physical altercation with resident [redacted] on [redacted] during which resident [redacted] yelled at and pushed resident [redacted], causing resident [redacted] to hit their head. Resident [redacted] support plan dated [redacted] was not updated to reflect resident [redacted] history of verbal and physical aggression towards other residents.

Plan of Correction

Accept [redacted] - 01/13/2025)

Resident [redacted] RASP was updated on [redacted] to include the specific need for the enabler bar, the intended use, any risks associated with the device, identification of the specific device to be used and that it is covered. Resident [redacted] RASP addendums reflect that Resident aggressive behaviors and that [redacted] is followed by psych.

Resident [redacted] RASP addendum was updated on 12/4/2024 to reflect that this was an isolated incident.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented ([redacted] - 03/04/2025)

231e - No Objection Statement

14. 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 home's personal care community on [redacted] but currently spends most of the day in the home's secured dementia care unit (SDCU) due to safety concerns and diagnosis of dementia. The home did not have documentation that resident [redacted] and resident [redacted] designated person have consented to resident [redacted] spending time in the secure dementia unit.

Plan of Correction

Accept [redacted] - 01/13/2025)

On 12/13/2024 Resident was transferred to the Memory Care Support Unit when a room became available. Family was in agreement but no documentation was signed. Going forward Administrator or designee will get written confirmation to allow Resident to reside in Memory Care during the day if needed, until a room becomes available instead of verbal consent. Administrator made this decision based on weather conditions and Resident having a plan to leave. Administer or designee will monitor for ongoing compliance. On 12/12/24 the POA signed the no objection agreement to live in a SDCU.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented ([redacted] - 03/04/2025)