

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

May 21, 2025

[REDACTED]
DISCOVERY READING LEASING LLC
[REDACTED]

SUITE 201
[REDACTED]

RE: RITTENHOUSE VILLAGE AT
MUHLENBERG
2900 LAWN TERRACE
READING, PA, 19605
LICENSE/COC#: 22802

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2025 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: RITTENHOUSE VILLAGE AT MUHLENBERG License #: 22802 License Expiration: 05/01/2025
 Address: 2900 LAWN TERRACE, READING, PA 19605
 County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: DISCOVERY READING LEASING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 11/17/2009 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 04/22/2025

Inspection Dates and Department Representative

04/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 104 Residents Served: 82
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 13
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

04/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2025

05/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/20/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/30/2025

Inspections / Reviews *(continued)*

05/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires to be checked on every 2 hours by staff. On [REDACTED], the resident did not receive the assistance with checking on the resident every two hours as required.

Plan of Correction

Accept [REDACTED] - 05/20/2025)

Immediate Action Taken: The team member responsible for completing the checks was suspended and subsequently terminated on 4/4/2025 due to non-compliance with the check-in requirements.

Retraining of Staff: The Executive Director and the Director of Health and Wellness retrained all team members on the importance of the task sheet and adherence to the Residential Assessment Support Plan, specifically the requirement for 2-hour checks. This training session took place on 4/30/2025.

Memo of Understanding: A Memo of Understanding was developed on 4/4/2025 to reinforce the expectations regarding task sheet completion and the critical nature of following the support plan to ensure resident care and safety.

Additional Training on Resident Rights: The Office of Aging conducted a training session on 4/30/2025 that focused on Resident Rights, emphasizing the importance of delivering services as outlined in the support plan and the rights of residents to receive proper care.

Implementation of Weekly Audits: Effective 5/1/2025, the Executive Director and Director of Health and Wellness will conduct weekly audits of the task sheets to ensure accurate completion and adherence to the check-in requirements. This will help identify any issues promptly and ensure compliance. Documentation of these audits will be kept in the task sheet tracking system. Daily audits were conducted from 3/31/2025 to 4/30/2025 to identify issues, provide training, and receive feedback from caregivers. This proactive approach has helped address concerns and improve compliance.

Ongoing Training and Support: Continuous training will be provided by the Executive Director and Director of Health and Wellness to all team members on task sheet completion and any specific violations identified during audits. This will ensure that staff remain informed and competent in their responsibilities.

Responsible Parties:

Executive Director

Director of Health and Wellness

All team members involved in resident care

Please see the attached supporting documentation.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [REDACTED] - 05/21/2025)