

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

June 27, 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 05/07/2025, 05/14/2025 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: 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: 129	Waking Staff: 97

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint, Incident		Exit Conference Date: 05/14/2025

Inspection Dates and Department Representative	
05/07/2025 - On-Site:	[REDACTED]
05/14/2025 - Off-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 103		Residents Served: 86	
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 37	Residents Served: 30
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 86	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 43		Have Physical Disability: 0	

Inspections / Reviews		
05/07/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/14/2025

Inspections / Reviews *(continued)*

06/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/27/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

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

On [redacted] at 11:00 a.m. Resident [redacted] reported allegations of potential abuse while in the home during an evaluation at Tower Health Hospital. The Department of Human Services received an incident report from the home on [redacted] at 4:30 p.m. greater than 24 hours after the incident occurred.

Resident [redacted] had an order for [redacted] to be applied to each knee daily at 8:00 a.m. and removed 12 hours later at 8:00 p.m. The home only had 1 [redacted] to apply to the resident’s knee on [redacted]. The medication error was not reported to the Department of Human Services.

Plan of Correction

Accept [redacted] - 06/27/2025)

On Sunday, April 18, 2025 at approximately 11:00 am the Executive Director was notified of the allegation and completed the Reportable Incident and submitted it to the Department of Human Services using the date it was reported to the Case Manager at the hospital and not the time it was reported to [redacted] which was within the required reporting requirements. Upon receipt of this Violation Report, the Executive Director reviewed this with BHSL Licensing Supervisor and this part of the violation is being withdrawn by BHSL.

On March 28, 2025, the Med Tech failed to follow medication availability procedures. Therefore, a reportable incident was not completed due to PCHA or Nurse Manager being unaware. On April 1, 2025 all Med Techs were supplied with a "Med Tech Survival Guide" with details of what do to in all circumstances of medications not being available in the medication cart. (Documents attached).

On March 28, 2025 the same Med Tech reordered medication and it was delivered that evening, preventing further medication omissions.

On April 3, 2025 Resident saw orthopedic doctor, who wrote and ordered "would benefit from additional PT. Discontinue Lidocaine Patch".

On June 12, 2025, the Personal Care Administration completed staff meetings, where staff were educated on medication administration and ordering procedures were. This included when medication is unavailable, who to notify to prevent a resident from not receiving an ordered medication. (Sign in sheet attached).

Moving forward, a progress note report will continue to be run every morning and if a note identifies that a medication was not available, the Med Tech will continue to notify the Administrator or designee to complete a reportable incident with the required time frame. This will be audited weekly by the Nurse Manager and audit results will be reviewed with PCHA and Executive Director at Quality Assurance and Performance Improvement meetings.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 06/27/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] to be applied to both knees daily at 8:00 .m. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home. Only one of the two prescribed [redacted] was available in the home for staff to apply.

Plan of Correction

Accept [redacted] - 06/27/2025)

On March 28, 2025, the Med Tech failed to follow medication availability procedures. Therefore, a reportable incident was not completed due to PCHA or Nurse Manager being unaware.

On April 1, 2025, PCHA read communication report and noted that medication was not given due to not being available. [redacted] provided resource for all Med Techs with a "Med Tech Survival Guide" with details of what do to in all circumstances of medications presenting to be not available. (Documents attached).

On Mach 28, 2025 the medication was ordered and arrived at the community in the evening. (see attached reorder and receipt of delivery attached).

On April 3, 2025 Resident saw [redacted] Orthopedic Physician who discontinued the medication. (order attached.)

On June 12, 2025, the Personal Care Administration completed staff meetings, where staff were educated on medication administration and ordering procedures were. This included when a medication is unavailable and who to notify to prevent a resident from not receiving an ordered medication. (Sign in sheet attached).

Moving forward, a progress note report will continue to be run every morning and if a note identifies that a medication was not available, the Med Tech will continue to notify the Administrator or designee to complete a reportable incident with the required time frame. This will be audited weekly by the Nurse Manager and audit results will be reviewed with PCHA and Executive Director at Quality Assurance and Performance Improvement meetings.

Licensee's Proposed Overall Completion Date: 06/12/2025

Implemented [redacted] - 06/27/2025)

188b - Medication Error Reporting

3. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] had an order for [redacted] to be applied to each knee daily at 8:00 a.m. and removed 12 hours later at 8:00 p.m. The home only had 1 [redacted] to apply to the resident's knee on [redacted] The resident's physician was not notified.

Plan of Correction

Accept [redacted] - 06/27/2025)

On 3/28/2025 the Med Tech did not report to the PCHA or the Nurse Manager that the medication was not available and charted in the MAR "Didn't have" and did not notify the pharmacy to send the medication. Therefore, a reportable incident was not completed due to PCHA or Nurse Manager being unaware. On April 1, 2025, all Med Techs have been supplied with a "Med Tech Survival Guide" with details of what do to in all circumstances. Copy attached. On June 12, 2025 there were mandatory staff meetings scheduled to again review the policies in place when a medication is unavailable and who to notify to prevent recurrence. Ongoing compliance will be monitored by PCHA or Designee for ongoing compliance.

On Mach 28, 2025 the medication was ordered and arrived at the community in the evening. (see attached reorder and receipt of delivery attached).

188b - Medication Error Reporting (continued)

On April 3, 2025, Resident saw [REDACTED] Orthopedic Physician who discontinued the medication. (order attached.) A progress note report is run every morning and any note that says "med not available" the Administrator or designee will go through the MAR so what medication it was and do the reportable incident with the required time frame. This will be tracked by the attached audit sheet.

Licensee's Proposed Overall Completion Date: 06/12/2025

Implemented ([REDACTED]) - 06/27/2025)

225c - Additional Assessment

4. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [REDACTED] current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 06/27/2025)

During the annual inspection on 9/10/2024 it was identified that RASPs were out of compliance with previous PCHAs, the Interium PCHA updated all RASPs prior to and during that time. A DME and RASP tracker has been completed for ongoing compliance. See attached. The PCHA or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/12/2025

Implemented ([REDACTED]) - 06/27/2025)