

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

October 23, 2025

[REDACTED], EXECUTIVE DIRECTOR
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 review on 07/17/2025 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: *07/30/2026*
 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: *117* Waking Staff: *88*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/17/2025*

Inspection Dates and Department Representative

07/17/2025 - On-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: *N/A* 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: *31* Have Physical Disability: *0*

Inspections / Reviews

07/17/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/16/2025*

08/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/02/2025*

Inspections / Reviews *(continued)*

10/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the Chapter 2600 regulations was not posted in a conspicuous and public place in the home.

Repeat violation 9/10/2024 et al.

Plan of Correction

Accept (█) - 08/18/2025)

Immediately- The Executive Director (acting Personal Care Home Administrator) printed a copy of the Chapter 2600 regulations and put them in the community's regulatory binder (which already included our current license and recent licensing inspection summaries).

8/12/25- The Executive Director provided verbal education to the PCHA as to the violation and location of documents during her Day 1 Orientation.

Weekly On-Going- The Personal Care Home Administrator (PCHA) will check to ensure these document remain available and in the proper location during rounds.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:00 a.m. by room 405, two medication carts were observed with the narcotic record books and empty residents' medication packet wrappers unlocked, unattended, and accessible on top of the medication carts. Additionally, one of the laptops on the medication cart was left unlocked, unattended, and accessible to the residents' medication records.

At 10:02 a.m. by room 90, on the medication cart an unlocked laptop, a narcotic book and many empty medications packet wrappers that were unattended, and accessible to the residents' medication records.

At 10:10 a.m. by room 72, the narcotic book, empty medication packet wrappers, the destruction drug logbook, and a laptop were all observed on the top of the medication cart unlocked, unattended, and accessible of the residents' medication records.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25- Verbal education completed immediately with staff and confidential records were were locked immediately.

8/14/25- All nursing staff were educated on confidentiality expectations as it relates to regulation 17 at our staff meeting.

17 - Record Confidentiality (continued)

Weekly On-Going- PCHA to complete walking rounds weekly on alternating shifts in order to audit med carts for record confidentiality.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The entrance features a video camera for monitoring and recording purposes. The posting doesn't address the recording purposes.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25- The Executive Director was notified of the regulations regarding video recording during the inspection, including notifying residents of both videoing and recording in common areas.

8/15/25- Weekly On-Going- PCHA to complete walking rounds and ensuring correct posting is in place.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

81b - Resident Personal Equipment

4. 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

Room 189a has an enabler bar that is not covered, there was a pillowcase folded on top of the enabler. The enabler was separated 3 1/2 inches from the bed, and it has an opening measuring approximately 12 x 6 inches.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25- The enabler bar in Room 189a was secured by Phoebe staff and covered correctly.

7/25/25- All other bed enablers were checked and confirmed to be in compliance.

8/14/25- All nursing staff were educated on the regulation clarification related to bed enablers, including the safety reasons for the clarification and how staff can ensure compliance.

Weekly On-Going- The PCHA will ensure all enabler devices remain safely compliant with the regulatory clarification.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:00 a.m. by room 405 in the secured dementia care unit, two medication carts with 2 hand sanitizer bottles of 8 oz, 2 sanitized cloth containers of 13.44 oz, and one 8 oz hand lotion were located on top of the medication carts. The manufacture's label indicated "If swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 08/18/2025)

7/17/25- Verbal education completed immediately with staff and poisonous materials locked immediately.

8/14/25- All nursing staff were educated on locking poisonous materials.

Weekly On-Going- The PCHA will complete walking rounds on altering shifts in order to audit poisonous materials.

Weekly On-Going- Poisonous materials will be confirmed to be locked during med cart audits by third shift med techs

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 10/23/2025)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1-inch accumulation of lint in the lint trap of the dryer located in the home's secured dementia care unit. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 08/18/2025)

7/17/25- The less than 1/4" of lint was removed by the inspector at the time of the inspection.

8/14/25- All personal care nursing staff were educated by the Executive Director at our staff meeting on the importance of lint removal and dryer fire prevention.

Weekly On-Going- The PCHA will complete walking rounds on alternating shifts to check dryers for lint removal after each use.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 10/23/2025)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

At approximately 9:30 a.m. a chair blocked the egress from the home's Secured Dementia Care Unit ,Poppy Lane, to the outside of the home.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25- The chair was moved from the immediate egress area at the time of inspection.

8/14/25- All Personal Care nursing staff were educated by the Executive Director on the importance of egress passageways and fire safety prevention at our staff meeting.

Weekly On-Going- The PCHA will complete walking rounds on alternating shifts to ensure all egress paths remain clear.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

123b - Emergency Procedures Posted

8. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25- The Executive Director returned the community's emergency procedures to the foyer table in the living room.

8/12/25- The new PCHA was verbally educated during █ Day 1 Orientation to the emergency procedures binder location.

Weekly On-Going- The PCHA will complete walking rounds to ensure the emergency procedures binder remains in its conspicuous and public place.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/23/2025)

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A piece of lint, one disposable plastic 8 oz cup, many dryer sheets, one napkin, a plastic disposable clear glove and crumbled up papers were observed behind the laundry room's dryers located across from room 80.

8 mattresses, a wooden cabinet and a step ladder were located next to the hot water heater in the mechanical room.

Repeat violation: 9/10/24 et al

125a - Combustible Storage (continued)

Plan of Correction

Accept () - 08/18/2025

7/17/25- The Director of Environmental services removed small items immediately during inspection.

7/18/25- The Maintenance team removed all other belongings from the mechanical room.

Weekly On-Going- The PCHA will monitor all heat source areas to ensure no combustible items are stored closely to them.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented () - 10/23/2025

141a - Medical Evaluation

10. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2 was admitted to the home on [redacted] an initial medical evaluation was not completed.

Plan of Correction

Accept () - 08/18/2025

7/17/25- Verbal education completed immediately with Nurse Manager, who was not an employee at the time of the initial DME completion. Nurse Manager is aware of the regulation.

8/14/25- Audit began by PCHA and continuing to ensure an initial medical evaluation has been completed for every resident. Document completed if any past issues are found.

Weekly and On-going - The PCHA will be checking admissions packet before resident moves in.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented () - 10/23/2025

141b1 - Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept () - 08/18/2025

7/17/25 - Verbal education immediately completed with nurse manager.

8/14/25 - Audit began by PCHA and continuing for annual due dates of DME.

Weekly and On-going - Once initial audit is completed, PCHA will continue to audit DME due dates weekly for 3 months.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented () - 10/23/2025

171b5 - First Aid Kit

12. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the facility bus used to transport residents does not include antiseptic and a thermometer.

Plan of Correction

Accept (█ - 08/18/2025)

7/17/25- Driver was verbally educated on regulation

7/18/25- All needed first aid kit supplies were ordered.

8/15/25- First Aid kits were audited by driver and staff development director and found to be in full compliance.

Monthly and Ongoing- First aid kits will be audited for all supplies and to ensure contents is not expired.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 10/23/2025)

181d -Storing Medication

13. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #3 self-administers medications and stores medications in █ room. Resident #3 did not have a key for the medicine cabinet and reported they do not lock their door when leaving the apartment.

Resident #4 self-administers medications and stores medications in █ room in a basket by the bed and in the unlocked medication cabinet in the bathroom of the apartment. Resident #4 stated they do not like to lock the door when leaving the apartment.

Plan of Correction

Accept (█ - 08/18/2025)

7/17/25 - Verbal education completed with resident #3 and resident #4.

7/21/25 - Key was provided for resident #3. Resident #4 to lock medications in cabinet.

Weekly and On-going - Room audits will be completed by nurse manager to ensure medications are properly stored.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█ - 10/23/2025)

181f - Record of Medication

14. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident 4's record did not include a current list of medications. The list in the resident's record did not include

181f - Record of Medication (continued)

Pantoprazole, Creo Vitamins, Budesonide, Calcium, Melatonin that were observed in the resident's room.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25 - Nurse manager immediately did a verbal education with resident and staff.

7/18/25 - Orders were sent for OTC items and MAR was updated.

Weekly and On-going - Nurse manager will be conducting weekly MAR audits.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 10/23/2025)

183d - Prescription Current

15. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Nystatin powder prescribed for Resident #5 were in the home's medication cart however the medication was discontinued on 6/06/25

Melatonin 5mg tablets prescribed for Resident #6, were in the home's medication cart; however, the medication was discontinued on 7/09/25.

Plan of Correction

Accept (█) - 08/18/2025)

7/17/25 - Verbal education completed with nurse/medication technicians immediately. Discontinued medication was immediately removed from med cart.

8/14/25 - Education provided to all med techs regarding regulation and Med cart audits to be completed weekly by third shift.

Weekly and On-going - Nurse manager will be reviewing Med cart audits as received.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 10/23/2025)

185a - Implement Storage Procedures

16. 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 #5 has an order for blood glucose checks at 07:00 a.m., 11:00 a.m., 04:00 p.m. and 08:00 p.m. On 7/15/25 at 11:00 a.m., the resident had a blood glucose reading of 234 observed in the residents glucometer that was recorded on the medication administration record as 243. On 7/15/25 at 04:00 p.m. and 8:00 p.m. the resident had blood glucose readings of 148 documented on the resident's medication administration record however neither blood glucose reading was observed in the resident's glucometer.

Repeat violation: 1/15/25, 12/3/24 and 9/10/24 et al

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 08/18/2025

7/17/25 - Verbal education completed immediately with medication technician on diabetic training.

8/8/25 - Written warning given to medication technician for medication error. Family and PCP immediately made aware of missing blood glucose readings. Incident report completed. Daily sheets to be completed for each resident receiving insulin to ensure glucose checks are completed.

Weekly and On-going -Nurse manager will be performing weekly glucometer audits.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 10/23/2025

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

Resident #5 has an order for blood glucose checks at 07:00 a.m., 11:00 a.m., 04:00 p.m. and 08:00 p.m. On 7/15/25 at 04:00 p.m. and 08:00 p.m., the home did not complete the blood glucose checks for the resident.

Resident #7 is prescribed Ciclopirox Solution 8% to be applied daily at 08:00 a.m. However, Resident #7 was not administered the medication on 07/09/25.

Repeat Violation: 5/7/25 et al, 3/26/25 et al, 1/15/25, 12/3/24, 9/10/24 et al

Plan of Correction

Accept (█) - 08/18/2025

7/17/25 - Verbal education was immediately completed with LPN on duty of properly marking off items on the MAR for resident #7. Resident #7 was administered medication but was not marked off on the MAR. Med error for missed glucose checks immediately reported to the PCP, family and DHS. Daily sheets to be completed for each resident receiving insulin to ensure glucose checks are completed;

8/14/25 - Discussed at staff meeting, where team agreed to hold themselves accountable and each other.

Weekly and On-going - Nurse manager will be completing weekly glucometer audits and MAR audits.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 10/23/2025

224a - Preadmission Screen Form

18. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #4's preadmission screening form, dated [REDACTED], did not include a signature of the preadmission screen form designee to complete the determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 08/18/2025)

7/17/25 - Verbal education was immediately completed with nurse manager in regards to signing all preadmission screens as soon as they are completed.

8/14/25 - Audit began by PCHA and continuing for accuracy of preadmission screening form.

Weekly and On-going - Once initial audit is completed, PCHA will continue to audit Prescreens weekly for 3 months or until compliance is met.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ([REDACTED] - 10/23/2025)

225c - Additional Assessment

19. Requirements

2600.

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

Description of Violation

Resident #3 was assessed by their physician to self administer their own medications. Resident 3's assessment, dated [REDACTED] noted that staff will administer the resident's medications, and does not include that the resident can self-administer medications.

Repeat violation: 5/7/25 et al, 3/26/25 et al, 12/3/24, 9/10/24 et al

Plan of Correction

Accept ([REDACTED] - 08/22/2025)

7/17/25 - Verbal education immediately completed with Nurse Manager in regards to RASP accuracy.

8/14/25 - Audit began by PCHA to review for accuracy of due dates and RASP details to ensure accurate reflection of residents.

8/18/25- Personal Care Home Administrator updated RASP to reflect resident's current medication administration needs with support provided by community staff.

Weekly and On-going - Once initial audit is completed, PCHA will continue to audit RASPs weekly for 3 months or until compliance is met.

Licensee's Proposed Overall Completion Date: 08/19/2025

Implemented ([REDACTED] - 10/23/2025)