

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

October 23, 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 09/09/2025, 09/15/2025 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: 119 Waking Staff: 89

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 09/16/2025

Inspection Dates and Department Representative

09/09/2025 - On-Site: [REDACTED]
09/15/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	103	Residents Served:	88
Secured Dementia Care Unit			
In Home:	Yes	Area:	N/A
Capacity:	37	Residents Served:	31
Hospice			
Current Residents:	1		
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:	0
Have Mobility Need:	31	Have Physical Disability:	0

Inspections / Reviews

09/09/2025 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/19/2025

10/22/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/23/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/24/2025

Inspections / Reviews *(continued)*

10/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. 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 9:33 a.m. near room [redacted], a laptop on a medication cart was unlocked, unattended, and accessible to the residents' medication administration records.

Plan of Correction

Accept [redacted] - 10/22/2025)

9/9/25 - DHS provided verbal education immediately provided to LPN that computer must be fully locked when walking away that you cannot just lock PCC.

9/29/25 and 10/2- staff meeting conducted and reviewed how to lock the computer

8/18/25 and Ongoing Weekly- PCHA will continue audits to ensure compliance

10/16/2025 - In-service provided to staff members that were present and continuing to in-service remaining staff members

Ongoing- New staff will be educated on how to lock a computer and the privacy reasons for regulation

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [redacted] - 10/23/2025)

81b - Resident Personal Equipment

2. 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

Residents residing in room [redacted] and [redacted] both use a bedside mobility device for turning and positioning in bed. The bedside mobility devices observed in resident room's [redacted] and [redacted] were not firmly attached to the beds, and moved freely when moved posing a possible hazard to the residents.

Plan of Correction

Accept [redacted] - 10/22/2025)

9/9/25 - Bedside mobility bars in rooms [redacted] and [redacted] were immediately removed

9/9/25- 9/26/25- PCHA assessed all remaining enabler bars for safety in the same manner DHS assessed at visit.

Upon assessment and discussion with residents and families, all devices were removed.

9/23/25- DHS supervisor educated PCHA on ways that DHS measures safety with enabler bars

9/29/25 - During staff meeting education was provided on mobility bars to ensure resident safety

10/6/25- Based on information by DHS on 9/23/25, facility updated policy to use FDA approved HALO safety wing enabler moving forward.

Ongoing- PCHA will meet with new residents and families regarding the policy.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 10/23/2025)

141a 1-10 Medical Evaluation Information

3. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted]’s medical evaluation dated [redacted] did not include on page 5, if the personal care home can safely meet the resident’s needs.

Plan of Correction

Accept [redacted] - 10/22/2025)

9/10/25- Verbal order received by physician to alter and check off DME that the personal care home can safely meet the needs of the resident.

9/10/25- In-service provided to Nurse Manager by PCHA on new DME and to review DME for accuracy and completion.

Ongoing weekly- PCHA will continue audits of new DMEs for new residents and annual or significant changes to ensure accuracy and completion.

Licensee’s Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 10/23/2025)

181f Record of Medication

4. 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 [redacted] medication.

Description of Violation

Resident [redacted]’s record did not include a current list of medications. The list in the resident’s record did not include [redacted] and [redacted].

Plan of Correction

Accept [redacted] - 10/22/2025)

9/9/25- DHS directed PCHA to remove medications from resident room, which [redacted] did immediately. PCHA then reminded resident of regulation. However, resident stated [redacted] did not want the medications any longer, so they were disposed of.

9/15/25- PCHA reviewed regulation with residents during Resident Council.

9/22/25- PCHA educated resident families that any OTC items must be approved by the physician via a letter to families.

9/29/25- PCHA provided education during staff meeting regarding room checks and regulation.

Licensee’s Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] 10/23/2025)

187a Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] is prescribed blood glucose checks to be completed daily before meals. However, resident [redacted]s medication administration record does not include the blood glucose checks.

Plan of Correction

Accept ([redacted] - 10/22/2025)

9/10/25- Nurse Manager received clarified order for blood sugar checks before meals and immediately updated MAR.

9/10/25- Education was provided to Staff who took the original order about receiving physician verbal orders, and transcription of medication orders for personal care procedures.

Ongoing weekly- Nurse Manager conducts audits on physician orders to ensure transcription accuracy.

Licensee's Proposed Overall Completion Date: 10/21/2025

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

187b Date/Time of Medication Admin.

6. 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

Resident [redacted] is prescribed [redacted] solution to be applied topically daily at 8:00 a.m. At 11:20 a.m. resident [redacted] September medication administration record did not include the initials of the staff person who administered the medication on [redacted] at 8:00 a.m.

Repeat Violation [redacted]

Plan of Correction

Accept ([redacted] - 10/22/2025)

9/9/25- PCHA provided verbal education was immediately provided to the Med Tech on proper documentation requirements.

9/9/25- Med Tech immediately initialed for the administered cream.

9/29/25- PCHA conducted staff meeting and education was provided on recording on the MAR/TAR at the time of medication administration.

Ongoing, as needed- Staff Development Coordinator will train new med techs on all procedures for administering medications.

Ongoing weekly- Nurse Manager will audit MAR's for completion after med passes. Nurse Manager also completes unscheduled MAR observations.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented ([redacted] 10/23/2025)

187d Follow Prescriber's Orders

7. Requirements

2600.

187d Follow Prescriber's Orders (continued)

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

Description of Violation

Resident [redacted] is prescribed blood glucose checks to be completed daily before meals. However, resident [redacted] did not receive any prescribed blood glucose checks before meals from [redacted] through [redacted].

Repeat violation [redacted] et al, [redacted] al, [redacted]

Plan of Correction

Accepted [redacted] - 10/22/2025)

9/10/25 Nurse Manager received clarification order for blood sugar checks before meals and updated MAR.

9/10/25 Education was provided to Staff who took the original order about receiving physician verbal orders, and transcription of medication orders for personal care procedures.

Ongoing weekly Nurse Manager will conduct random audits of physician orders for accuracy.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 10/23/2025)

225c - Additional Assessment

8. Requirements

2600.

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

Description of Violation

Resident [redacted]'s assessment, dated [redacted] does not include diagnoses: [redacted] with [redacted], and [redacted].

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] - 10/22/2025)

9/10/2025 It was identified by the nurse program manager that the only missing diagnosis was [redacted] with [redacted]. The remainder of the diagnosis did not show on the printed RASP due to there being more than one diagnosis in each block. RASP was updated to reflect missing diagnosis and to only have one diagnosis per block

9/10/2025 Education was completed by PCHA with nurse manager on having one diagnosis per block

Ongoing weekly PCHA will complete audits of RASPs for completion and accuracy.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [redacted] - 10/23/2025)