

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

January 6, 2026

[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 10/16/2025 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: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/16/2025*

Inspection Dates and Department Representative

10/16/2025 - 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: *Gardens* 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: *86*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

10/16/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2025*

12/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/19/2025*

Inspections / Reviews *(continued)*

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

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 10:00 a.m. near room [redacted] in the hallway, a laptop on the medication cart was unlocked, unattended, and accessible to residents' records.

Repeat Violation: [redacted] et al, [redacted] et al,

Plan of Correction

Accept [redacted] - 12/17/2025)

10/16/25 - Immediate verbal education provided to LPN by DHS and Administrator that computer must be locked and not just PCC. LPN immediately locked computer.

10/16/25 - 10/24/25 Administrator provided an in-service to staff members regarding regulation and need to lock entire computer.

10/16/25 - Spot audits were completed by Administrator while doing rounds with no concerns found.

Ongoing- New staff will be educated on regulations regarding HIPAA privacy to include locking laptop when not being utilized during general orientation.

Ongoing - Administrator to continue spot audits weekly for the next 90 days or until compliance is maintained.

Ongoing monthly - This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (RY - 01/06/2026)

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

Staff interviews indicate that Resident [redacted] has a possessive behavior over Resident [redacted] for the last 2 months. Both residents have been involved in [redacted] activity in common areas of the Secured Dementia Care Unit, and the administrator and residents' family were notified of the [redacted] activity by staff. Staff interviews indicate Resident [redacted] has become agitated many times when staff attempts to provide care to Resident [redacted]

Resident [redacted] has a key to their bedroom and takes Resident [redacted] to their bedroom to perform [redacted] activities behind a locked door. Staff has witnessed Resident [redacted] performing digital penetration to Resident [redacted] and [redacted] their [redacted]. In the last 2 months, Staff witnessed Resident [redacted] performing [redacted] on Resident [redacted] who had dried feces on the anterior thighs, spreading feces to Resident [redacted]'s face and arms. Staff tried to redirect the residents by explaining to Resident [redacted] about being covered in feces which Resident [redacted] went to smell their arm, and stated to staff "that's not

42b Abuse (continued)

█ that's dinner" and consumed feces.

Resident █ and Resident █ are both diagnosed with █ and determined to have poor █ by a qualified medical professional. Resident █'s assessment and support plan, dated █, indicates the resident is oriented to self only and requires daily reorientation by staff. Resident █ and Resident █ are unable to consent to █ activity due to their cognitive impairment. The Department findings were discussed with Staff person A who stated that the relationship between Resident █ and █ was consensual.

Repeat Violation: █

Plan of Correction

Accept █ - 12/17/2025)

- 10/16/25 Immediate intervention Administrator verbally directed staff to intervene if Resident █ and Resident █ engage in physical contact and to not allow in private area or in each other's rooms.
- 10/17/25 Administrator reported to local Area Agency on Aging. Internal investigation initiated. 15 minute checks initiated on both Resident █ and Resident █ Skin check completed for Resident █ with no concerns noted. No other residents on the unit were identified as being in a physical/█ relationship.
- 10/17/25 10/24/25 Administrator and Nurse Manager continued conversations with Resident █ and Resident █'s POAs, combined family meeting set for 10/27/25
- 10/17/25 10/31/25 Administrator and Nurse Manager conducted abuse reporting requirements, prevention and recognition education. Education completed on 10/31/2025
- 10/24/25 During investigation, Resident █ was found to be seeking Resident █ out on multiple occasions and attempting to initiate relationship with Resident █ Upon completion of the investigation and staff interviews, no staff confirmed that any penetration occurred. Resident █ and Resident █ often sought each other out. No evidence was found that Resident █ was coerced into physical intimacy.
- 10/27/25 Administrator held a combined family meeting with both Resident █ and Resident █ family members to discuss residents' relationship, cognitive status and abilities. All parties agree that residents can continue supervised relationship in common areas only. Nurse Manager updated both Resident's RASPs accordingly.
- 10/27/25 10/31/25 Administrator and nurse manager completed education with memory support staff on combined family meeting and appropriate interventions per RASPs.
- 11/26/25 and 11/28/25 Executive Director and Administrator were educated on █ Expression, Supporting Resident Rights Policy via email and teams in which capacity to consent to █ activity is defined.
- Ongoing 15 minute checks to continue with Resident █ and Resident █ when they are together in common areas.
- Ongoing New staff will continue to be educated on forms of abuse, prevention and how to report.
- Ongoing All nursing supervisors will be educated on the █ Expression, Supporting Resident Rights Policy and capacity to consent to █ activity by 12/5/2025.
- Ongoing monthly This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented █ - 01/06/2026)

225c - Additional Assessment

3. Requirements

225c Additional Assessment (continued)

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident's assessment, dated does not address the residents' behaviors with Resident over the last 2 months. The home has not assessed these behaviors of Resident and there is no plan in place to keep Resident and safe.

Repeat Violation: et al, et al, et al, et al,

Plan of Correction

Accept - 12/17/2025)

10/16/25 - Immediate Intervention - Nurse manager updated Resident and Resident's assessment and support plan to address their relationship along with plans to keep Resident and Resident safe.

10/17/25 - No other residents on the unit were identified as being in a physical relationship therefore no other RASPs need to be updated.

10/17/25 - Administrator completed education with nurse manager on when and how to update RASPs, ensuring completion of frequency and responsible party section, and ensuring there is a signature when a family member is involved and participated in the RASP completion.

10/20/2025 - Administrator began RASP audits of 2 random charts per week to ensure RASPs are updated, completed in full and ensure the resident's designated person is involved in the development and revisions of support plan along with signatures if they participated.

Ongoing - Administrator will continue to randomly check 2 resident's charts per week to ensure RASPs are updated Ongoing monthly - This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented - 01/06/2026)

234c Support Plan Responsible Person

4. Requirements

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

Resident's addendum to the support plan dated does not identify the individual responsible for addressing the resident's behaviors. The frequency and responsible party section was left blank.

Plan of Correction

Accept - 12/17/2025)

10/17/25 - Immediate intervention - Administrator updated frequency and responsible party section of RASP addendum for resident

10/17/25 - Administrator completed education with nurse manager on when and how to update RASPs, ensuring completion of frequency and responsible party section, and ensuring there is a signature when a family member is involved and participated in the RASP.

10/20/2025 - Administrator began RASP audits of 2 random charts per week to ensure RASPs are updated, completed in full and ensure the resident's designated person is involved in the development and revisions of support plan along with signature

234c - Support Plan Responsible Person (continued)

Ongoing - Administrator will continue to randomly check 2 resident's charts per week to ensure RASPs are updated and completed in full.
Ongoing monthly - This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] - 01/06/2026)

234d - Support Plan Revision

5. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The assessment dated [redacted] for Resident [redacted] and [redacted] for Resident [redacted] notes that both residents require moderate supervision while in the home due to [redacted] impairment. Resident [redacted] was observed by staff performing a [redacted] with Resident [redacted] where Resident [redacted] consumed feces of Resident [redacted]. The home did not update the support plans of Resident [redacted] and Resident [redacted] regarding how the home plans to manage these behaviors.

Plan of Correction

Accept [redacted] - 12/17/2025)

10/17/25 - Nurse manager updated RASPs for resident [redacted] and resident [redacted] on how the staff are to manage behaviors for both residents.
10/17/25 - Administrator completed education with nurse manager on when and how to update RASPs, ensuring completion of frequency and responsible party section, and ensuring there is a signature when a family member is involved and participated in the RASP.
10/27/25 - RASPs for both Resident [redacted] and Resident [redacted] updated with new interventions and information for managing their behaviors and relationship.
Ongoing - Administrator will randomly check 2 residents per week to ensure RASPs are updated and completed in full.
Ongoing monthly - This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] 01/06/2026)

234e - Involvement/Participation

6. Requirements

2600.
234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident [redacted]'s support plan was finalized on [redacted]. The resident's designated person was not involved in the development of the support plan.

234e - Involvement/Participation (continued)

Plan of Correction

Accept [redacted] **12/17/2025)**

10/17/25 - Nurse manager reviewed RASP for Resident [redacted] via telephone with the POA.

10/17/25 - Administrator completed education with nurse manager on when and how to update RASPs, ensuring completion of frequency and responsible party section, and ensuring there is a signature when a family member is involved and participated in the RASP

10/20/2025 - Administrator began RASP audits of 2 random charts per week to ensure RASPs are updated, completed in full and ensure the resident's designated person is involved in the development and revisions of support plan.

10/27/25 - POA for Resident [redacted] reviewed and signed current RASP

Ongoing - Administrator will continue to randomly check 2 resident's RASPs per week to ensure RASPs are updated, completed in full and ensure the resident's designated person is involved in the development and revisions of support plan. Care conferences have been scheduled with family members to continue participation and review of RASPs.

Ongoing monthly – This POC will be reviewed monthly and continuing for one quarter as part of the community's Quality Management/QAPI program.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] **- 01/06/2026)**