

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

January 22, 2026

[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 12/05/2025, 12/15/2025 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:** RITTENHOUSE VILLAGE AT MUHLENBERG      **License #:** 22802      **License Expiration:** 05/17/2026  
**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:** 82      **Waking Staff:** 62

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Fine      **Exit Conference Date:** 12/15/2025

## Inspection Dates and Department Representative

12/05/2025 - On-Site: [REDACTED]  
 12/15/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 104      **Residents Served:** 67

## Secured Dementia Care Unit

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

## Hospice

**Current Residents:** 11

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 67  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 15      **Have Physical Disability:** 0

## Inspections / Reviews

12/05/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/15/2026

01/15/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/20/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 01/19/2026

Inspections / Reviews *(continued)*

01/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2026

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

On [REDACTED] at approximately 9:23 a.m. on the 3rd floor in the North Hall outside of room [REDACTED], the narcotic medication log was found in a slot on the side of the medication cart, and the computer was unlocked. This narcotic log and the computer were unlocked and unattended, available for any unauthorized person to view.

Plan of Correction

Accept [REDACTED] - 01/15/2026)

- Med tech was administering medication to a resident in their apartment on the 3rd floor North Hall on 12/5/25 at approximately 9:23am, did not ensure that the narcotic log was secure and the computer was closed and unavailable for any unauthorized person to view.
- DHS inspector brought this to the attention of the med tech at the time it was noted on 12/5/25.
- The med tech immediately secured the narcotic log in the top drawer of the medication cart and secured the computer, making it unavailable for any unauthorized person to view
- Executive Director educated all med techs on 12/9/25 on the following:
  - Proper storage and security of narcotic logs and controlled substance documentation
  - Narcotic documentation is required to remain secure at all times when not in active use
  - Computers containing resident information are required to be locked or logged out when unattended
  - Confidentiality and HIPAA requirements.
- Executive Director will conduct random audits of medication carts, narcotic logs, and computer workstations weekly for 30 days to ensure compliance. Thereafter, audits will be completed monthly. Any identified noncompliance will be addressed immediately through staff counseling and corrective action.
- Executive Director will report the results of audits of medication carts, narcotic logs, and computer workstations to the Continuous Quality Management Committee monthly beginning 1/2026.
- Compliance was achieved immediately upon identification of the deficiency on 12/5/25 and will be maintained ongoing.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 01/22/2026)

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

On [REDACTED], the resident in room [REDACTED] utilizes a bedside mobility device. The device is not securely attached to the bed; it could be moved parallel to the mattress 3 inches to the right and left.

On [REDACTED] the resident in room [REDACTED] utilizes a bedside mobility device. The device is not securely attached to the bed, pulling out 2 inches away from the mattress and could be rocked parallel to the mattress 3 inches to the right and left.

## 81b - Resident Personal Equipment (continued)

On [REDACTED] the residents in Rooms [REDACTED] and [REDACTED] all utilize bedside mobility devices. The bedside mobility devices in these rooms are not securely attached, pulling completely out from under the mattress.

Repeated Violation: [REDACTED] et al

## Plan of Correction

Accept [REDACTED] 01/15/2026)

- On 12/5/25, during DHS inspection, bedside mobility devices were observed unsecured in Rooms [REDACTED], [REDACTED], and [REDACTED]
- On 12/8/25, all identified bedside mobility devices were immediately removed from use and properly reinstalled per manufacturer guidelines to ensure secure placement under the mattress.
- Executive Director re-educated Maintenance Director and Director of Housekeeping on 12/8/25 the following:
  - Policies regarding resident assistive devices, environmental safety, and equipment checks.
  - Proper installation and securement of bedside mobility devices
  - Requirement to immediately report and remove any unsafe or unsecured equipment
- Executive Director re-educated all staff on 12/23/25 on the following:
  - Proper installation and securement of bedside mobility devices
  - Requirement to immediately report and remove any unsafe or unsecured equipment
- Director of Housekeeping/Designee will conduct daily visual safety checks of bedside mobility devices for 14 days beginning 12/8/25 and report any concerns or issues to the Executive Director.
- Director of Housekeeping will conduct visual safety checks and audit bedside mobility devices weekly beginning 12/22/25 and report any concerns or issues to the Executive Director.
- Executive Director will audit bedside mobility devices monthly beginning 1/2026.
- Executive Director will report the results of audits on bedside mobility devices to the Continuous Quality Management Committee monthly beginning 2/2026.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 01/22/2026)