

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

April 20, 2026

[REDACTED] CEO ADMINISTRATOR
EVERGREEN ELDER CARE INC
1201 MUSEUM ROAD
READING,, PA, 19611

RE: THE VILLA ST. ELIZABETH
1201 MUSEUM ROAD
READING, PA, 19611
LICENSE/COC#: 20576

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026 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: THE VILLA ST. ELIZABETH License #: 20576 License Expiration: 11/18/2026
 Address: 1201 MUSEUM ROAD, READING, PA 19611
 County: BERKS Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: EVERGREEN ELDER CARE INC
 Address: 1201 MUSEUM ROAD, READING, PA, 19611
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 02/20/1992 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 02/10/2026

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 92 Residents Served: 42
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/10/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2026

04/07/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/14/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/09/2026

Inspections / Reviews *(continued)*

04/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2026

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

The home's licensing inspection summary, dated 4/3/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted]) - 04/07/2026

- 1. Regulation 2600.3.C is very important as it permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found.
- 2. A violation may occur when any of the described literature is not on display or the most recent versions has not been updated.
- 3. The cause of this violation was a report issued in between the license inspections was not available.
- 4. To fix this violation right away, an administrator printed and posted the ancillary report at time of discovery.
- 5. To ensure on-going compliance to Regulation 2600.3.C, the administrator will routinely check physical display documents and any portal updates for most current information.
- 6. The administrator will be directly responsible for on-going compliance to this regulation.

NOTE: The report in question was in consideration to a complaint that was contested and ultimately provided no corrective action

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented ([redacted]) - 04/20/2026

18 - Compliance With Laws

2. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The influenza poster was not posted as required by the Influenza Awareness Act (NH 1785).

Plan of Correction

Accept ([redacted]) - 04/07/2026

- 1. Regulation 2600.18 is very important as it ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2600
- 2. A violation may occur when any of the described literature is not on display or the most recent versions has not been updated.
- 3. The cause of this violation was a department provided influenza poster was moved due to holiday decorators.
- 4. To fix this violation right away, an administrator located and moved the poster to a more conspicuous display panel at time of discovery.
- 5. To ensure on-going compliance to Regulation 2600.18, the administrator will routinely check physical display

18 - Compliance With Laws (continued)

documents and any email updates for most current information.

6. The administrator will be directly responsible for on-going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented () - 04/20/2026

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 9:40 a.m. the cover for the thermostat installed in the 3rd floor bathroom was missing leaving the motherboard of the thermostat exposed.

Plan of Correction

Accept () - 04/07/2026

1. Regulation 2600.95 as it ensures furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

2. A violation may occur when any of the home's furniture or equipment is in a state of disrepair.

3. The cause of this violation was an ancillary thermostat plastic cover was removed from the wall device.

4. To fix this violation right away, a property manager returned the plastic top piece immediately while the inspectors were on site.

5. To ensure on-going compliance to Regulation 2600.95, the property manager has completed an inventory checklist of any of the additional devices throughout the home and purchased reserves. This item has also been included in the property managers daily physical site walkthrough.

6. The property manager will be directly responsible for on-going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented () - 04/20/2026

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:25 a.m. the exit door located in the Cottage area near room 134 could not be opened due to an accumulation of ice and snow against the bottom of the door.

100b Removal Snow/Obstructions (continued)

Plan of Correction

Accept () - 04/07/2026

- 1. Regulation 2600.100b is very important as it minimizes the risk of injury to residents when they are using outside areas for evacuation or recreation.
- 2. A violation may occur when any of the home's areas or egress are obstructed by ice or snow.
- 3. The cause of this violation was an accumulation of snow from the night before obstructing the tertiary exit.
- 4. To fix this violation right away, a property manager removed the snow from the area immediately while the inspectors were on site.
- 5. To ensure on going compliance to Regulation 2600.100b, the property manager and contracted snow service have updated their inclement weather coverage zones.
- 6. The property manager will be directly responsible for on going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14 3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented () - 04/20/2026

121a - Unobstructed Egress

6. Requirements

2600.

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

Description of Violation

At 9:25 a.m. the exit door located in the Cottage area near room 134 could not be opened due to an accumulation of ice and snow against the bottom of the door.

Plan of Correction

Accept () - 04/07/2026

- 1. Regulation 2600.121a is very important as it keep exits unblocked so people can escape in an emergency situation.
- 2. A violation may occur when any of the home's emergency egress are obstructed.
- 3. The cause of this violation was an accumulation of snow from the night before obstructing the tertiary exit.
- 4. To fix this violation right away, a property manager removed the snow from the area immediately while the inspectors were on site.
- 5. To ensure on going compliance to Regulation 2600.121a, the property manager and contracted snow service have updated their inclement weather coverage zones.
- 6. The property manager will be directly responsible for on going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14 3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented () - 04/20/2026

132g - Fire Drills Days/Times

8. Requirements

132g - Fire Drills Days/Times (continued)

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping-hour fire drills when additional staff persons are present as evidenced by the following drills:

4/8/25 at 5:22 a.m. with 4 staff

7/27/25 at 2:21 a.m. with 4 staff

12/16/25 at 11:45 p.m. with 5 staff.

The staff schedule indicates that only 3 staff are scheduled during 3rd shift hours from 11:00 p.m. to 7:00 a.m.

Plan of Correction

Accept ([redacted]) - 04/07/2026

- 1. Regulation 2600.132G is very important as staggering drill dates and times ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures.
 - 2. A violation may occur when drills are not performed at staggered times or with varied attendance
 - 3. The cause of this violation was an overnight drill not completed with least amount of staff present
 - 4. To fix this violation right away, a drill was completed on 2/12/2026 @ 4:10a with average staff coverage (3-5) 3 Present 6min 46sec
 - 5. To ensure on-going compliance to Regulation 2600.132G, the administrator has reviewed drill schedule to confirm staggered/varied personnel with respect to census.
 - 6. The administrator will be directly responsible for on-going compliance to this regulation.
- *NOTE The Villa boasts a physical administrator presence 24/7/36

Completion Date: 2/12/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

*NOTE The Villa boasts a physical administrator presence 24/7/36

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented ([redacted]) - 04/20/2026

133.2 - Exit Signs Direction

9. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit sign near room 144, did not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 2/10/26, the home served 42 residents.

133.2 - Exit Signs Direction (continued)

Plan of Correction

Accept (█) - 04/07/2026)

1. Regulation 2600.133.2 is very important as Large homes (i.e., serving more than eight people) have hallways and rooms that may visually obstruct exit paths. Labeling exit paths helps people escape during a fire or other emergency.
2. A violation may occur when exit signs are not visible or clearly marked
3. The cause of this violation was an ancillary exit sign had arrow inserts that may be comprehended as confusing in nature during an emergency or unfamiliar with the home.
4. To fix this violation right away, plastic inserts were re-installed on the exit sign
5. To ensure on-going compliance to Regulation 2600.133.2, the property manager has completed an assesment of any exit signs within the community with misplaced plastic inserts. Reserve inserts have been stocked by maintenance.
6. The property manager and fire specialist will be directly responsible for on-going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented (█) - 04/20/2026)

183b - Meds and Syringes Locked

10. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/10/26 at 1:54 p.m. Ibuprofen was unlocked, unattended, and accessible in the first aid kit stored in the 1st floor dining room.

Plan of Correction

Accept (█) - 04/07/2026)

1. Regulation 2600.183b is very important as ensures that medication will be administered safely and in accordance with best practices by trained professionals.
2. A violation may occur when the described objects are not locked
3. The cause of this violation was OTC ibuprofen packets stocked in a sealed first aid emergency kit
4. To fix this violation right away, the packets were removed immediately from the kit by the administrator in the presence of the inspectors
5. To ensure on-going compliance to Regulation 2600.183b., the administrator has updated its service contract and supply order information for emergency kits to exclude any OTC packets.
6. The administrator will be directly responsible for on-going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented (█) - 04/20/2026)

190a - Completion Medication Course

12. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A’s last medication administration annual practicum was completed [redacted] The home did not complete an annual practicum with staff person A by 11/18/25.

Staff person B completed the initial medication administration standard course on [redacted] The home did not complete an annual practicum with staff person B by 1/14/26.

Staff person C completed the initial medication administration standard course on [redacted] The home did not complete an annual practicum with staff person C by 5/9/25.

Plan of Correction

Accept ([redacted] - 04/07/2026)

- 1. Regulation 2600.190a is very important as staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.
- 2. A violation may occur when a staff person is not trained through an approved department provider or does not meet the ongoing training updates
- 3.The cause of this violation was a staff persons credential periodic review dates were surpassed prior to the re-training completed due to unavailability of credentialed contractors to remain compliant.
- 4.To fix this violation right away, the Villa sponsored expedited train the trainer authorization of an administrator and re-credentialed all Villa medication technicians.
- 5.To ensure on-going compliance to Regulation 2600.190a., the Villa now has a licensed train the trainer on site for ongoing credentialing of all staff persons.
- 6. The administrator and train the trainer will be directly responsible for on-going compliance to this regulation.

Completion Date: 2/10/2026

SansWrite Access Error 3/14-3/23/2026

Email POC 3/14/2026

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented ([redacted] - 04/20/2026)