

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

April 14, 2026

[REDACTED]
PHOEBE BERKS HEALTH CARE CENTER, INC.
[REDACTED]
[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 03/04/2026 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]
Human Services Licensing Supervisor

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: *120* Waking Staff: *90*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/04/2026*

Inspection Dates and Department Representative

03/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *103* Residents Served: *92*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *37* Residents Served: *28*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *1*

Inspections / Reviews

03/04/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/04/2026*

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

Inspections / Reviews *(continued)*

04/14/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] Staff person E recorded a video of Resident [REDACTED] nude from the waist up and rubbing their breasts against a couch/chair in the common area of the secure memory care unit and showed said video to staff person D on that same day. Staff person D did not report the incident. The facility did not report this allegation of abuse to the local Area Agency on Aging until [REDACTED] when another staff person notified administration of the alleged incident.

Repeat violation: [REDACTED]

Plan of Correction

Accept ([REDACTED] 04/14/2026)

1. Immediate Corrective Action Taken:

2/8/26 – Upon awareness of this incident, Executive Director immediately called Area Agency on Aging for potential abuse report and PCHA came into the building to ensure Resident #1 was safe and to suspend staff members C and E. Staff members C and E were provided verbal education on the policy of photo/recording of residents, abuse definitions and reporting requirements.

2/10/26 – Nurse's meeting held. Nurses were educated on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/24/26 and 2/26/26 – Staff meetings held. Staff were educated on abuse policy, HIPAA and no photos/video recording of residents. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/27/26 – 3/5/26 – Staff that did not attend meetings were educated by PCHA/nurse manager on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

3/4/26 – 3/27/26 – Additional staff education was conducted by PCHA/Nurse Manager for focus on Resident Rights after DHS visit on 3/4/26. This also included privacy, review of abuse reporting and timeliness of reporting.

2. Audit to Identify Other Potential Issues:

2/9/26 –Upon completion of the investigation and staff interviews by HR and PCHA , no other residents impacted.

3. Monitoring to Ensure Ongoing Compliance:

Beginning 3/9/2026, the Personal Care Home Administrator or designee will review and audit all reportable incident reports to ensure that the local Area Agency on Aging has been contacted if needed.

4. Quality Assurance and Performance Improvement (QAPI) Review:

Starting 4/21/2026 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([REDACTED] - 04/14/2026)

16c - Written Incident Report

2. Requirements

2600.

16c Written Incident Report (continued)

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Staff person E recorded a video of Resident [redacted] nude from the waist up and rubbing their breasts against a couch/chair in the common area of the secure memory care unit and showed said video to Staff person D on that same day. Staff person D did not report the incident. The facility did not report this allegation of abuse to the Department until [redacted] when another staff person notified administration of the alleged incident.

Repeat violation [redacted]

Plan of Correction

Accept [redacted] - 04/14/2026)

1.Immediate Corrective Action Taken:

2/8/26 Upon awareness of this incident at approximately 10 pm, PCHA came into the building to ensure Resident #1 was safe and to suspend staff members C and E. Staff members C and E were provided verbal education on the policy of photo/recording of residents, abuse definitions and reporting requirements. PCHA completed and submitted incident report on 2/9.

2/10/26 Nurse’s meeting held. Nurses were educated on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/24/26 and 2/26/26 Staff meetings held. Staff were educated on abuse policy, HIPAA and no photos/video recording of residents. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/27/26 3/5/26 Staff that did not attend meetings were educated by PCHA/nurse manager on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

3/4/26 3/27/26 Additional staff education was conducted by PCHA/Nurse Manager for focus on Resident Rights after DHS visit on 3/4/26. This also included privacy, review of abuse reporting and timeliness of reporting.

2. Audit to Identify Other Potential Issues:

2/9/26 Upon completion of the investigation and staff interviews by HR and PCHA , no other residents impacted.

3. Monitoring to Ensure Ongoing Compliance:

Beginning 3/9/2026, the Personal Care Home Administrator or designee will monitor 24 hour report for any incidents or conditions that may require an investigation that meets criteria to report to DHS.

4. Quality Assurance and Performance Improvement (QAPI) Review:

Starting 4/21/2026 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community’s quality management program.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] - 04/14/2026)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] Staff person E recorded a video of Resident [redacted] nude from the waist up and rubbing their breasts against a

42c Treatment of Residents (continued)

couch/chair in a sexual manner in the common area of the secure memory care unit to explain to other staff Resident behavior. Staff person E showed the video to Staff person D at the facility on the same day. On Staff person E offered to show Staff person B the video of Resident in the parking lot of the facility; however, Staff person B declined to see the video. Staff person A observed Staff person E and Staff person D laughing while watching the video on

Plan of Correction

Accept - 04/14/2026

1. Immediate Corrective Action Taken:

2/8/26 Executive Director called Area Agency on Aging for potential abuse report, PCHA came into the building to ensure Resident #1 was safe and to suspend staff members C and E. Staff members C and E were provided verbal education on photo/recording policy and abuse when suspended.

2/10/26 Nurse's meeting held. Nurses were educated on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/24/26 and 2/26/26 Staff meetings held. Staff were educated on abuse policy, HIPAA and no photos/video recording of residents. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/27/26 3/5/26 Staff that did not attend meetings were educated by PCHA/nurse manager on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

3/4/26 3/27/26 Additional staff education was conducted by PCHA/Nurse Manager for focus on Resident Rights (Dignity) after DHS visit on 3/4/26. This also included privacy, review of abuse reporting and timeliness of reporting. Staff intervene, maintaining a resident dignity by only involving those who need to take action. All sensitive situations with residents will be handled in a dignified fashion.

2. Audit to Identify Other Potential Issues:

No other potential issues were identified during or upon completion of the investigation. Through 24 hour report and daily rounds, any sensitive matter will be identified and monitored for interventions in a dignified manner.

3. Monitoring to Ensure Ongoing Compliance:

Beginning 3/9/2026, the Personal Care Home Administrator or designee will monitor 24 hour report and through daily rounds ongoing compliance in managing resident care needs in a dignified manner.

4. Quality Assurance and Performance Improvement (QAPI) Review:

Starting 4/21/2026 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented - 04/14/2026

42s - Privacy

4. 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

On staff person E recorded a video of Resident nude from the waist up and rubbing their breasts against a couch/chair in the common area of the secure memory care unit against facility policy and without the knowledge of consent of the resident and/or the resident's power of attorney. Staff person E showed the video of Resident to

42s - Privacy (continued)

Staff person C and D.

Plan of Correction

Accept [REDACTED] 04/14/2026)

1. Immediate Corrective Action Taken:

2/8/26 – Executive Director called Area Agency on Aging for potential abuse report, PCHA came into the building to ensure Resident #1 was safe and to suspend staff members C and E. Staff members C and E were provided verbal education on photo/recording policy and abuse when suspended. Educated that staff are prohibited from taking/using photographs or recordings in any manner that would demean or humiliate a resident(s) using any type of equipment (i.e. camera, smart phone, or other electronic device).

2/10/26 – Nurse's meeting held. Nurses were educated on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/24/26 and 2/26/26 – Staff meetings held. Staff were educated on abuse policy, HIPAA and no photos/video recording of residents. Copy of abuse policy provided to nurses highlighting proper consent for photos/videos and prohibited uses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

2/27/26 – 3/5/26 – Staff that did not attend meetings were educated by PCHA/nurse manager on abuse policy, HIPAA and cell phone usage. Copy of abuse policy provided to nurses. Abuse policy reviews timeliness of reporting and calling Area Agency on Aging.

3/4/26 – 3/27/26 – Additional mandatory staff education was conducted by PCHA/Nurse Manager for focus on Resident Rights (Dignity) after DHS visit on 3/4/26. This also included privacy, review of abuse reporting and timeliness of reporting. Staff intervene, maintaining a resident dignity by only involving those who need to take action. All sensitive situations with residents will be handled in a dignified fashion.

2. Audit to Identify Other Potential Issues:

No other potential issues were identified during or upon completion of the investigation.

3. Monitoring to Ensure Ongoing Compliance:

Beginning 3/9/2026, the Personal Care Home Administrator or designee will monitor annual and as needed trainings/education relation to resident privacy, dignity and abuse.

4. Quality Assurance and Performance Improvement (QAPI) Review:

Starting 4/21/2026 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [REDACTED] - 04/14/2026)